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Principles of psychological management

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Introduction

Physicians are often taught that pharmacological treatments are the most effective and least expensive methods of treating mental disorders. While it is true that the parents of youth who receive mental health services often have to bear a greater share of the financial burden, that burden exists because insurance companies often do not treat medical and mental illnesses with parity. Additionally, access to trained child and adolescent therapists is limited for several reasons: (a) limited numbers of clinicians are trained to deal specifically with child and adolescent issues, especially with those youth who have severe mental disorders (e.g. schizophrenia) or a combination of mental disorders and developmental disabilities, neurological disorders, or serious medical disorders; (b) many managed care panels limit the numbers of mental health clinicians they will add to their provider panels, which means that providers cannot be reimbursed for service delivery if they treat patients covered by those insurance companies; and, (c) low reimbursement rates for psychologists and social workers result in clinicians refusing to accept specific types of insurances, shifting the burden of cost to the patient's parents.

Other obstacles to referring a patient to receive psychological and psychosocial treatment include: (a) the fact that when parents and youth are in psychological distress, they want immediate relief, but psychotherapy is a time-consuming process; (b) some treatment interventions with positive outcomes often take longer to be effective than some medications do; (c) the whole family (especially parents) must devote time, energy, and effort

to implementing treatment intervention; (d) youth must be transported to the treating clinician, the process of which can be disruptive to the family routine; and, (e) parents are expected to change their behaviors to support their child's treatment gains. Although parents, teachers, and some adolescents will demand pharmacological interventions first, primary care physicians should consider the use of psychological and psychosocial treatments as a first line of treatment, either alone or in combination with the prescribing of medicines.

The rationale for psychological and psychosocial interventions alone or in conjunction with pharmacotherapy includes: (a) some parents do not want their children medicated; (b) some children do not physically tolerate the medications; (c) some children reach a maximum dose on medication and can no longer be given higher doses; (d) some youth are on multiple medications and are at the point where adding more medication or increasing doses can cause serious neurological, gastrointestinal, or emotional side effects; and (e) many behavioral problems are not resolved with medication when there is an emotional component or environmental cause for the child's behavioral responses (e.g. family conflict).

This chapter presents a review of concepts and theories for the psychological management of children and adolescents with mental disorders. Topics reviewed include principles of several treatment modalities that have been shown to be effective with children and adolescents for specific disorders. The focus will be on evidence-based treatment (EBTs) because research has shown that although they are not the only effective treatments, they have consistently outperformed other care even when the youth had severe problems and were members of minority groups.

Psychotherapy

Psychotherapy is an umbrella term for the use of "talk" therapy. Clinicians practicing psychotherapy can be psychiatrists, psychologists, or social workers. These clinicians obtain special training to develop skills and competence in the delivery of specific treatment techniques based on a particular theoretical orientation. With the proper training each of them may use any or all types of therapy. The end goal for each professional is to help patients learn to change behaviors, feelings, thoughts, or habits that are causing them distress or impeding their ability to function in their personal, academic, or work lives. Clinicians generally assess the

patient's needs and then, based on their theoretical orientation and their knowledge of treatment interventions, select a line of treatment designed to eliminate or minimize symptoms of emotional or behavioral dysfunction or distress.

Psychotherapy is divided into modalities (e.g. individual, group, and family) and theoretical approaches (e.g. behavioral, cognitive, eclectic, existential, interpersonal, psychoanalytic, and psychodynamic). However, in this era of evidence-based medicine, only behavioral, cognitive–behavioral, and interpersonal psychotherapies have large numbers of studies that meet the requirements to be called empirical studies.

Psychotherapy involves the therapist/clinician working to help patients understand their strengths and weaknesses, and develop strategies to minimize the negative impact of their disorder. In psychotherapy, therapists help patients identify upsetting thoughts and feelings, explore self-defeating patterns of behavior, identify difficult and potentially toxic situations and people, and learn alternative ways to handle their emotions regarding these issues. The goal is to get the patient to develop strategies to resolve or minimize their problems and to implement those strategies, then to evaluate outcomes and make adjustments to unsuccessful strategies until the goals of therapy are met. Psychotherapy is most effective with individuals who are of average to above average intelligence and who have well-developed abstract thinking and communication skills. Young children, school-age children, preadolescents, and youth who are in the early stages of developing abstract thinking (11–13 years of age) respond best to play therapy, modeling (visual examples), and art therapy.

Treatment modalities

Five forms of treatment modalities for working with youth will be presented: Individual, group, family, parent, and parent–child/adolescent. Patient diagnosis, age, preferences, family support, and financial constraints all combine to determine the manner in which therapy is delivered (modality). The principal settings are home, school, community centers, mental or medical health clinics, and private offices of the treating clinicians/therapists.

Individual psychotherapy is a modality wherein a single therapist delivers treatment to a single patient at a time. The type of interventions employed will be governed by the therapist's theoretical orientation and the patient's

willingness to participate. The number of sessions is governed by several factors, including: (a) the patient's ability to pay; (b) insurance company's authorization; and (c) the number of sessions required to resolve a particular problem. The focus of individual therapy is on the patient's personal concerns.

Family psychotherapy is conducted with all or as many members as possible of a family. The therapeutic process helps identify and modify maladaptive or destructive interaction patterns, as well as foster group communication and problem-solving skills (see Table 1.1 for an example of a problem-solving technique). Techniques are delivered using interventions based on any and all of the treatment theories listed below.

Group psychotherapy provides patients with access to individuals with common problems where they can learn from structured interventions delivered by the clinician/therapist. In some groups, the patient's peers deliver challenges and advice under the guidance of the therapist. Most groups are homogenous and also offer a supportive environment. The groups generally meet at a specific time, in a specific place, and for a specific length of time. The groups are either open (members are allowed to attend at will and new members are allowed) or closed (a certain number of patients are allowed to participate and no new members are allowed after the first session).

Parent–child/adolescent. This treatment modality pairs the targeted patient with his or her parents. The presence of parents during treatment interventions is designed to provide the child with a sense of safety and a trusted role model. Parents are allowed to experience the treatment intervention with the child and sometimes model appropriate responses to reduce the child's fears or anxieties.

■ Theoretical approaches to psychotherapy

Behavior therapy (BT)

The focus of this treatment modality is to teach patients and parents of patients how to increase appropriate (wanted) and decrease inappropriate (unwanted) behaviors by manipulating the patient's behavior and environment. Behavior therapy generally requires these major components: a functional analysis of the problem, contingency management, maintenance measures, generalization procedures, and self-management.

Table 1.1 Example of a problem-solving format.

I. The first step is to examine the situation, issues, and potential impact of action
   A. Functional analysis
      1. Define the problem.
         What is the source of the problem?
      2. Who and what are involved?
      3. What aspects of the problem are controllable?
      4. What aspects are solvable?
      5. What aspects require additional help?
      6. Decide what outcome you want.
         If you don't know what you want, explore your needs.
         If there were no obstacles, what would you want in this situation?
         What would be the behavior of the others in the situation?
         What would you be doing?
         What would be the outcome?
      7. Cost–benefit analysis
         What are your options?
         What costs are involved for each option (loss relationship, fight/argument, police involvement)?
         What are the expected outcomes or consequence for each option (+ and −)?
         What kind of power does the person you are dealing with have over you?
         Does that person have the power to impact the outcome?
   B. Determine what price you are willing to pay
      1. What is your bottom line?
      2. What are you willing to give up to get what you want?
      3. Know ahead of time what you are willing to risk.
      4. Determine how you will respond if your needs are not met.
   C. Planning
      It is necessary to think this through carefully. Do not attempt problem resolution until you have carefully planned how you will approach, implement, and evaluate.
      1. Select a course of action.
      2. Design a strategy.
      3. Practice/rehearse (role play).
      4. Think about it again; repeat steps C and B.
      5. Select a day, time, and place.
      6. Be aware of your state of mind, attitudes, and confidence level: self-awareness.
      7. Be aware of the other person's state of mind, mood, receptivity, willingness to talk with you: other awareness.
      8. Pick a place where the conversation can be held in private.
         Place awareness rule: Public praise, Private criticism.

(*cont.*)

Table 1.1 (*cont.*)

D. Implementation: Do it
E. Evaluation
   1. What was the outcome?
   2. Did you like the results?
   3. If you did not like the results, start this process again.

Adapted from Pratt HD, Phillips EL, Pullins P. 1987. Targeting problem behaviors in the inpatient psychiatric setting – Part I. *Behavior Management Quarterly*, 2:13–18. Note: Problem Solving Techniques are based on work by: Heppner PP, Krauskopf CJ. 1987. An information-processing approach to personal problem solving. *The Counseling Psychologist*, 15, 371–447.

Applied behavior analysis (ABA) is the foundation of behavior therapy. Principles of reinforcement, punishment, and schedules of reinforcement/punishment are important procedures in this theory. Therapists, teachers, and parents can be taught to use the principles of ABA to teach new behaviors (wanted behaviors), eliminate unwanted behaviors, and develop programs of treatment to address most behavioral problems.

Behavior modification (BMod) is the term used to label the process of changing the behavior of the individual. Behavior modification encompasses the principles of ABA and uses the techniques listed below in interventions designed to change behavior. Parents and teachers are often taught BMod techniques for managing the behavior of youth in the home and students in the classroom. *Change agent* is the term used to describe parents and teachers who have been trained in BMod. Used correctly, BMod is a very powerful technique. As with all forms of therapy, incorrect application can produce unwanted results.

Functional analysis is a process employed to identify what is causing and maintaining or preventing specific targeted behaviors. During a functional analysis of the problem several steps are employed: (1) identification of problem behavior; (2) determining the antecedents, consequences and maintaining variables controlling the behavior; (3) selecting or targeting behavior to be changed; (4) identifying and selecting potential rewards and punishers; (5) goal setting and developing specific criteria for determining when goals are met; (6) identifying consequences (rewards and punishers); (7) fading or thinning of consequence to maintain gains; and (8) planning for the termination of the program.

Contingency management involves the development of a detailed reward and punishment system wherein techniques such as token economies,

timeouts, over correction, and response cost might be employed. These interventions allow patients to learn new target behaviors. Another intervention is called shaping, which allows the patient to learn a new behavior in small parts, starting with an existing positive or appropriate behavior. Once new or targeted responses are learned via a series of successive approximations, the individual is then required to make responses that are more complex until the target behavioral response is reliably performed under specific stimulus conditions. The purpose of using this system is to increase adaptive, prosocial, and appropriate behaviors and eliminate or reduce maladaptive or inappropriate behaviors in specific settings.

Self-management requires that the individual learns self-observation/monitoring, self-analysis, self-instruction, and self-evaluation, as well as task and time management, and problem-solving strategies/skills. Individuals are taught to use behavioral techniques to increase their awareness and control of their own behaviors.

Systematic desensitization involves slowly introducing a fear- or anxiety-provoking stimulus to the child or adolescent until that stimulus no longer elicits a fearful or anxious response in the individual. Components can include exposure, graduated exposure, modeling (videos, tapes, role plays), and flooding (exposure to the negative stimulus, full force, until it no longer elicits a negative response). Variations in the actual format of the techniques are described in the literature.

Family systems theory

This theory is based on the premise that family dynamics and communications affect the function of family members. By helping members modify problem dynamics within the family, positive changes can be made to improve the family's ability to be a positive environment for its members. The focus is on examination of the interpersonal and group dynamics of the family. Therapists help the family examine its communication process, behaviors, values, beliefs, and practices. Interventions from BT, CBT (see below), psychoanalysis, and social psychology are adapted to address the family issues and problems. The therapist works with family members individually and collectively to deal with the relationships of parent–parent, parent(s)–child, child–parent(s), child–child, child–all family members, and parent(s)–children. Issues such as triangulation (two family members joining forces to counter another family member; usually parent–child against

another parent or two parents against a child), conflict management, anger management, self-control, child management, and interpersonal relationship management are addressed.

Cognitive–behavioral therapy (CBT)

This is a structured and directive method of therapy designed to help youth work on immediate issues and change their maladaptive behaviors. Cognitive–behavioral therapy combines components of psychotherapy, behavior therapy, and social psychology, and includes stress management, relaxation training, social skills training, support groups, parent training, teacher training, and peer mediation. These interventions are selectively used to help people rethink and restructure how they feel and think about their actions, with the end goal of helping to initiate behavior change. Cognitive–behavioral therapy uses the Socratic Method to help adolescents think through their problems and employs induction to help challenge assumptions with rational thinking and factual information. Youth learn how to think through tasks and organize work, as well as engage in problem solving, planning, and time management.

Cognitive restructuring is designed to help the adolescent detect, recognize, and challenge irrational or highly negative beliefs, guilt, hopelessness, and thoughts of worthlessness. The therapist helps the individual follow a set of steps based on a problem-solving model to determine the actual outcome of the adolescent's current beliefs and to generate possible reactions and solutions to the worst case scenarios. The adolescent then practices the solutions with the therapist until mastery is achieved, then tries out the solutions one at a time in the real world. Therapy is designed to be time limited.

Social learning theory

This theory holds that individuals can be taught to interact with other people in a socially appropriate manner. Training involves techniques from BT and social psychology.

Social skills training is often used as a component of treatment packages, as a means of teaching or increasing a child's prosocial behavior such as waiting for a turn, sharing toys, asking for help, responding appropriately to teasing, effectively making friends, and imitating the proper role models. Models of appropriate and inappropriate social behavior are presented to the child. The models (via videos or in vivo) are then discussed as to

why such behavior is acceptable, and the trainer then explains why the inappropriate models are not okay. Learners then practice and receive corrective feedback. Trainers then use contingency management techniques and group activities to help learners make appropriate comments. This process is designed to help the participants learn to view their own personal behavior and how that behavior affects others; additionally participants are encouraged to develop new ways to respond when feeling angry, pushed, frustrated, scared, afraid, sad, etc.

Support groups provide individuals with common concerns a way to come together to learn and share their issues, experiences, strengths, weaknesses, frustrations, and successes. They may also be a resource for referrals to qualified specialists, for information about what works, as well as a forum for parents to discuss their hopes for themselves and their children. Support groups are useful with adults, teens, and children. Such groups can be organized around any supportive person, such as a parent, teen, or teacher, and can include peer mediation groups. Support groups can be local, regional, state, and national.

Parenting training is designed to help parents improve their parenting effectiveness and ultimately the quality of life for their whole family. Interventions are used to teach parents about child development, child management, contingency management, stress management, and relaxation techniques. They provide parents with tools and techniques for managing their child's behavior and how to teach their children coping skills for handling their particular disorder.

Specific issues addressed during training include identifying specific information on why children misbehave, how to pay attention (positive attending and ignoring), how to increase compliance and independent play, token economies, punishment (time out, response cost), and anticipating problems such as how to manage children in public places. Additionally parents are taught techniques for rewarding positive school behaviors, and how to handle future behavior problems. Follow-up sessions are conducted to troubleshoot and support parents, combined with follow-up parent meetings. This form of therapy works best with parents who are mentally healthy, have a healthy marriage, and share similar beliefs about how children should be raised. The current treatment programs for parent training can be adjusted to meet the needs of parents who have limited intellectual functioning or are undergoing concurrent individual psychotherapy. Settings for treatment include the therapist's private office, community centers,

community mental and medical health settings, schools, etc. Social skills activity groups are often held concurrently with parent training/support groups.

Teacher training is designed to help teachers improve their classroom management skills and to support the therapeutic gains their students made while in treatment. Teachers are most effective when they involve children by teaching them self-management techniques (such as recording their own appropriate or inappropriate behaviors), combined with teacher observation and feedback on the accuracy of the child's self-monitoring recordings. Contingency management techniques that include individual, team, and class contingencies are the most effective. Teacher classroom management also improves when their intervention programs provide a clear, consistent system for translating teacher reports into consequences at home.

Peer mediation programs in schools access a wider range of youth than do traditional treatment programs. They overcome obstacles to treatment such as lack of access, financial constraints, refusal of parents to participate, and adolescent resistance to psychotherapy. Student-mediated conflict resolution programs consist of a trained team of older youth to help peers solve conflicts and have occurred in schools and private offices. Successful programs must have administrative support and commitment to the goals and practices of the program by the majority of teachers and parents. The inclusion of parents and high-risk students as trained mediators improves the overall environment.

Biofeedback

Biofeedback involves the use of equipment that allows the child or adolescent to become aware of his or her physiological responses to stimuli. For example, an electrode is attached to the child's finger to monitor his or her skin moisture (galvanic skin response). The child or adolescent sees a visual image or hears a sound that changes with varying levels of moisture in the child/adolescent's finger. The individual is then taught to alter his or her thoughts, relaxing the tension in his or her muscles, and/or by controlling his or her breathing.

Interpersonal psychosocial therapy (IPT)

Interpersonal psychosocial therapy focuses on helping youth address behavior symptoms and interpersonal interactions. The premise is that