

## **5.5 PARAMETERS FOR THE USE OF PSYCHOTHERAPY WITH CHILDREN, ADOLESCENTS AND THEIR FAMILIES**

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### **I. DEFINITION OF PSYCHOTHERAPY WITH CHILDREN, ADOLESCENTS, AND THEIR FAMILIES (PCAF)**

PCAF encompasses a broad range of psychotherapeutic techniques with specific adaptations for therapeutic observation and interaction with the child or adolescent, collaboration and consultation with the significant adults (including parents, other relatives, other community members, teachers, and health, welfare, or legal professionals.)

### **II. GOALS OF PCAF**

PCAF is used for decreasing emotional distress and improving adaptation, ameliorating behavioral problems, treating specific mental disorders, and increasing the likelihood of normal development and a satisfying and productive adult life. Purposes of PCAF include:

- A. Determination of accurate diagnoses and related difficulties for the purposes of effective mental health treatment;
- B. Treatment of emotional and behavioral symptoms and interpersonal problems that disrupt the child, adolescent, or family's life;
- C. Creation of safe and stable sets of circumstances for the child or adolescent and/or family from a mental health perspective; and
- D. Providing the child or adolescent and/or family with the

opportunity to engage effectively in or resume engagement in daily activities of family, school, work and community living.

### III. FEATURES OF PCAF

- A. Specific qualitative and quantitative methods for gathering information in structured and semi-structured ways for assessment purposes with children, adolescents, their families, and when indicated with their surrounding community environments.
- B. Special attention to assessment and treatment of conditions that place a child 'at risk' for mental disorders.
- C. Understandings about the nature of the problems, problem definition, strengths and supports within the young person and between them and the significant others in their lives that lead to a choice of one or more therapeutic models and modalities of intervention.
- D. Interventions with children, adolescents and their families in the form of individual, family, or group psychotherapy.
- E. Models: Models of psychotherapeutic interventions used with youngster's and their families that include, but are not limited to:
  - 1. Supportive Psychotherapy;
  - 2. Behavioral Psychotherapy interventions and training models;
  - 3. Cognitive-Behavioral Psychotherapy;
  - 4. Psycho-Social Skill Building Therapy Models;
  - 5. Psychodynamic Psychotherapy including Object Relations, Self-Psychology, and Narrative Therapy Models; and Various Family Therapy models.
- F. Additional activities such as consultation, training, and education with the significant adults in a child's life are a part of the therapeutic process.
- G. Designs for treatment that take into account features of specific childhood environments, including mental health, health, educational, regional center, welfare institutions.

- H. Recognition that although young adolescents can seek health and mental health intervention for certain situations without parental consent, parents and family members should be considered as a part of the evaluation and treatment course over time.

- I. Recognition that in any given case, a combination of assessment and therapeutic intervention strategies will be utilized, based upon a child's unique life.

## **IV. ASSESSMENT**

### **A. Selection and Use of Assessment Techniques**

The selection and use of assessment techniques and therapeutic interventions with children, adolescents and their families must be informed by the child or adolescent's diagnosis, symptoms, functional level, developmental capacity, environmental support, and cognitive, linguistic, and cultural background. In addition the strengths, vulnerabilities, mental health and/or substance use diagnosis, symptoms, functional level, environmental support, actual resources, ability to understand, linguistic and cultural background of the child or adolescent's family, caretakers, or legal guardian needs to be equally considered. Specific components of assessment necessary for selection of effective techniques for PCAF include:

1. The chronological and developmental ages of the child;
2. The significant members of the child's family, and their location;
3. Who the child is actually living with on a day-to-day basis;
4. The nature of the client, and/or family's presenting emotional and behavioral problem(s);
5. Other associated problems or risks for the child, adolescent, or family members (i.e., a child or family members health status, learning abilities or disabilities, substance use or abuse problems, safety in the home or community;)
6. Presence and nature of general medical conditions, mental disorders, and other vulnerabilities, and behavioral symptoms that may require forms of interventions in addition to psychotherapy (e.g. hospitalization, psychopharmacological treatment, social interventions, ECT;)
7. Functional level, resources, ability to understand and interact with others;
8. The strengths inherent in the child, adolescent, family, neighborhood, school, or community that can support and facilitate the stabilization, growth, or change in the child, adolescent, and/or family's circumstances; and
9. The unique life experiences of the child, adolescent, and/or family including religious beliefs, ethnic identity, cultural heritage, immigration status, economic resources, educational opportunities, or other abilities, disabilities, or legal entanglements.

## **V. PARAMETERS FOR USE OF TECHNIQUES OF PCAF**

### **A. Essential Use**

The essential uses of PCAF include the following:

1. With children under the age of 5 years, presence of mild, moderate or severe regulatory, developmental, emotional, or behavioral problems that are indicative of or that place the child at risk of developing a diagnosable mental disorder or other adverse emotional condition;
2. With children over the age of 5 years, presence of mild, moderate or severe regulatory, developmental, emotional or behavioral problems that are indicative of a diagnosable mental disorder, especially disruptive behavior disorders, mood disorders, anxiety disorders and childhood psychotic disorders;
3. With children over the age of 5 years who are diagnosed with a variety of mental disorders, an emotional and behavioral presentation that is moderate to severe emotional and behavioral symptoms and does not respond to health or educational based interventions alone. These disorders include sleep disorders, elimination disorders, pervasive developmental disorders, movement disorders, and eating disorders; and
4. In later childhood and adolescence, PCAF is used with full range of mental health disorders that respond to psychotherapeutic interventions in the adult population.

### **B. Optional Use**

PCAF should be considered when the emotional and behavioral symptoms of the following conditions cannot be adequately dealt with in the home, school, or community environment, examples include:

1. Adjustment disorders,
2. Grief and complicated bereavement,
3. A child or adolescent who witnesses or is victimized by domestic or community violence,
4. A child or adolescent struggling with parental divorce particularly when it is contentious,
5. Developmental disabilities,

6. Specific learning disabilities,
7. The full range of the pervasive developmental autism/autism spectrum, and
8. The emotional and behavioral difficulties that often accompany life threatening or chronic illnesses in a child or in a child's family member.

**C. Frequency**

PCAF should occur at sufficient frequency and for sufficient duration to ensure clinical results. This frequency is often higher than with psychotherapy with adults, and is rarely less than weekly.

**D. Necessary Resources**

Children, adolescents and their families often require specialized resources to support the psychotherapeutic process regardless of method or model. Examples include:

1. The physical space required is usually larger, as children in particular are action oriented and engage in activities, movement and play as a means of communication more than through sitting and talking more characteristic of adult populations;
2. Children, adolescents and families require the proper tools for the therapeutic process which include but are not limited to: toys, drawing material, art material, games, books, manuals, charts, stickers and food for reinforcement of pro-social behavior, etc.;
3. In addition, children, adolescents and families need a higher staff to client ratio for group and family intervention in many cases; and
4. They also often need the therapist or therapeutic team to come to their homes, schools, or other locations in the community to make effective assessment and interventions.

**E. Therapist Training**

All therapists who work with children and adolescents should have a working knowledge of assessment and treatment techniques that are part of PCAF. Professionals specifically trained and qualified in the techniques of PCAF must be available for consultation.

**F. Individualized**

**Approach**

1. The precise content and nature of PCAF should be individualized for each client, associated significant others and relevant environments.

2. Clinical judgment should be exercised in determining the capabilities and personal interests of the client, significant others, and relevant environments for the purpose of obtaining an agreed upon treatment course.
3. Effective feedback, support and education should be used to give the client and relevant others knowledge of the level of functioning, the type of changes that may be necessary, and the expected results of psychotherapy.
4. All relevant support systems should be integrated into PCAF.
5. The emotional meaning to the client and relevant others of the therapeutic relationships should be recognized and should inform treatment.
6. Termination of therapy with a given therapist must be appropriately managed and must take into account the emotional meaning that the relationship has for the client and relevant others.

**G. Informed Consent**

Individuals providing PCAF should obtain informed consent and adhere to all applicable ethical and legal requirements consistent with best professional practice. Informed consent includes specific individuals and the client, and may vary by age and circumstance.

**H. Monitoring**

The response of the client and the nature of the therapeutic alliance should be continuously assessed during treatment.

**I. Supervision**

All clinicians providing PCAF should have access to ongoing clinical supervision/consultation.

**J. Privacy**

Appropriate degrees of privacy should be ensured for PCAF. Both knowledge of legal guidelines and sophisticated clinical judgment is necessary in determination of the degree of privacy necessary in any given situation.

**K. Documentation**

PCAF should be documented in the clinical record, describing the content of the interaction and the client's response.

**L. Contraindications**

PCAF is contraindicated whenever the therapist's assessment of the clinical case suggests that client cannot safely and productively engage in treatment at the time of assessment.