Chapter 4: Treating Children, Adolescents, and Families

# 4.1. Medication

## How is Medication Used to Treat Children and Adolescents?

* In most cases, medication is prescribed by physicians.
* Relatively few psychotropic medications are FDA approved for children or adolescents; nevertheless, non-approved medications are frequently prescribed “off label” to youths.
* Pharmacotherapy involves three stages: initiation, maintenance, and discontinuation.

## What Medications Are Most Frequently Prescribed to Children?

* Psychostimulants, used to treat ADHD, are the most frequently-prescribed class of medications for children and adolescents. Some non-stimulant medications are also efficacious in treating ADHD.
* Anxiolytics and antidepressants regulate negative emotions by affecting serotonin and (often) norepinephrine.
* Mood stabilizers and anticonvulsants are used to reduce mania and aggressive behaviors in some youths.
* Antipsychotic medications reduce symptoms of mania and Schizophrenia by regulating dopamine in brain.

# 4.2 Systems of Psychotherapy

## What is Psychotherapy?

* Psychotherapy is a professional relationship between at least two people with the goal of alleviating distress or impairment, and promoting growth and adaptation, in one person (the client). This goal is usually achieved by altering the client’s thoughts, feelings, or actions.
* Jerome Frank believed that certain factors were common to all psychotherapies, such as the presence of a trusting relationship, a theory that explains the client’s presenting problems, and plausible techniques to improve functioning.
* Carl Rogers posited three necessary and sufficient conditions for therapeutic change: unconditional positive regard, congruence, and empathy. Most therapist view these conditions as the starting point for all therapies.

## What are the Major Systems of Psychotherapy?

* Behavior therapists focus on children’s overt actions. They usually try to change behavior by altering environmental contingences that either elicit the behavior or maintain it over time.
* Cognitive therapists focus on children’s thoughts about self, others, and the future. They may identify and challenge cognitive bias, distortions, or irrational beliefs that contribute to maladaptive actions or emotions.
* Interpersonal therapists focus on the quality of children’s relationships with others and help them cope with changes to these relationships over time.
* Family systems therapists view the entire family as their “client.” They believe that improvement in one member’s behavior will necessarily change all members of the family.
* Psychodynamic therapists focus largely on unconscious thoughts and feelings that affect children’s functioning. Therapists often attend to transference, that is, the client’s attitude and pattern of responding to the therapist.

# 4.3 Psychotherapy Efficacy & Effectiveness

## How Does Child Psychotherapy Differ From Adult Psychotherapy?

* Children are often less motivated than adults to participate in therapy and can lack the cognitive, emotional, or social skills necessary to participate in treatments designed for adults.
* The goals of therapy for children include not only symptom reduction, but also the promotion of adaptation and development.
* Children are more likely that adults to experience comorbid problems and may be less able to alter their life circumstances to improve their functioning.

## Does Child Psychotherapy Work?

* Meta-analysis allows researchers to combine the results of multiple quantitative studies to reach overall conclusions regarding the efficacy of psychotherapy.
* Overall, the effect size for therapy with children and adolescents is moderate to large. Youths who participate in therapy tend to have better outcomes than youths who do not receive treatment.

## What Therapies Work Best?

* Efficacy refers to the effects of treatment under optimal, research-based conditions; effectiveness refers to the effects of treatment in real-world conditions where it is typically delivered (e.g., clinics, hospitals, schools).
* Although the dodo verdict suggests that all therapies are equally efficacious for adults, most data suggest that behavior therapy is most efficacious for children. Therapy is also most efficacious for older children/adolescents and girls.
* Evidence-based therapies developed in research settings can be effectively used in the community. On average, approximately 80% of families complete treatment and most youths show significant improvement.

# 4.4 Professional Practice & Ethics

## Who Treats Children and Families?

* The treatment of children and adolescent often involves coordinated services from psychologists, physicians, teachers, and other professionals to meet the needs of families.

## What is the APA Ethics Code?

* Ethics refers to the standards of behavior that is acceptable for a given profession.
* The APA Ethics Code consists of five general ethical principles toward which all psychologists should aspire, and many ethical standards (rules) that determine appropriate professional behavior.

## What Are the 4 C’s of Child/Family Ethics

* Psychologists must practice within the boundaries of competence.
* Custodial parents consent to therapy for their children. Children cannot legally provide consent because of their minor status; instead, they give assent.
* In most jurisdictions, parents have a legal right to access their child’s medical and psychological records. Other limits to confidentiality include a danger to self or others and suspected child maltreatment.
* Psychologists avoid multiple relationships, that is, they do not willfully enter into a relationship with someone closely associated with their client.