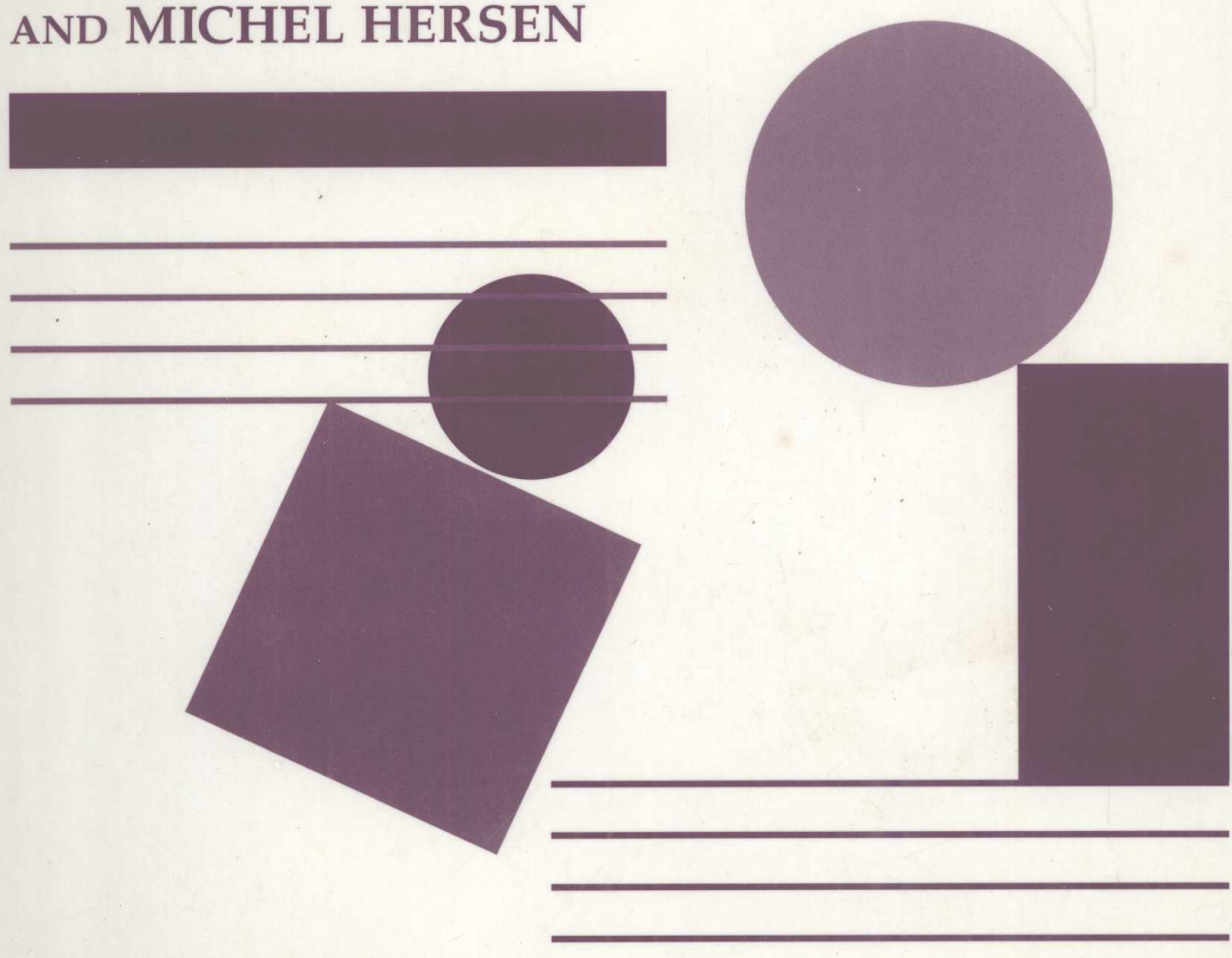
Handbook of Child Behavior Therapy

In the Psychiatric Setting

Edited by
ROBERT T. AMMERMAN
AND MICHEL HERSEN



A VOLUME IN THE WILEY SERIES ON PERSONALITY PROCESSES

IRVING B. WEINER, Series Editor

Handbook of Child Behavior Therapy In the Psychiatric Setting

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A Wiley-Interscience Publication
John Wiley & Sons, Inc.
New York • Chichester • Brisbane • Toronto • Singapore

This text is printed on acid-free paper.

Library of Congress Cataloging-in-Publication Data:

Handbook of child behavior therapy in the psychiatric setting / edited by Robert T. Ammerman, Michel Hersen.
p. cm. — (Wiley series on personality processes)
"Wiley-interscience."
Includes indexes.
ISBN 0-471-57844-4 (cloth : alk. paper)
1. Behavior therapy for children. I. Ammerman, Robert T. II. Hersen, Michel. III. Series.
[DNLM: 1. Behavior therapy—In infancy & childhood. 2. Behavior therapy—methods. 3. Mental disorders—In infancy & childhood. 4. Mental disorders—Therapy. WS 350.6 H2356 1995]
RJ505.B4H35 1995
618.92'89142—dc20
DNLM/DLC
for Library of Congress 93-50916

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

To my college era mentors, Jeffrey D. Cartwright-Smith, Michael G. Wessells, Robert E. Bowman, and Elisabeth A. Murray

RTA

To the memory of my mother, Betty Hersen

MH

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Series Preface

This series of books is addressed to behavioral scientists interested in the nature of human personality. Its scope should prove pertinent to personality theorists and researchers, as well as to clinicians concerned with applying an understanding of personality processes to the amelioration of emotional difficulties in living. To this end, the series provides a scholarly integration of theoretical formulations, empirical data, and practical recommendations.

Six major aspects of studying and learning about human personality can be designated: personality theory, personality structure and dynamics, personality development, personality assessment, personality change, and personality adjustment. In exploring these aspects of personality, the books in the series discuss a number of distinct but related subject areas: the nature and implications of various theories of personality; personality characteristics that account for consistencies and variations in human behavior; the emergence of personality processes in children and adolescents; the use of interviewing and testing procedures to evaluate individual differences in personality; efforts to modify personality styles through psychotherapy, counseling, behavior therapy, and other methods of influence; and patterns of abnormal personality functioning that impair individual competence.

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Preface

Child behavior therapy has made considerable headway in recent years. It is one of the few types of clinical approaches to childhood disorders that has been subjected to empirical scrutiny. Meta-analyses of treatment-outcome research support behavioral interventions as the strategy of choice for a variety of disorders, particularly those involving disturbances in conduct. In the past decade, more traditional behavioral strategies have incorporated newly developed cognitive techniques, thereby adding to the overall utility of the behavioral strategies. Moreover, childhood disorders that, until recently, had been all but ignored in the empirical literature are now being addressed by behavior therapists. Illustrative are obsessive-compulsive disorder and separation anxiety disorder.

The efficacy and relatively short-term, directive nature of behavior therapy make it especially well suited for the psychiatric setting. In both outpatient clinics and hospitals, there is much value to using behavioral approaches. From the perspective of behavior therapists, the inpatient psychiatric setting offers numerous opportunities for observational assessment and control over environmental consequences. However, psychiatric settings also provide unique challenges to the behavior therapist. An integrated, team approach to treatment is essential in such settings. Moreover, pharmacotherapy is widely used, so that behavioral interventions are often carried out in combination with psychotropic drugs. Finally, the short-term nature of most inpatient hospitalizations may constrain full evaluation of behavioral interventions.

The chapters in this book cover the practice of behavior therapy in psychiatric settings. Specifically, the book is divided into three parts. Part 1 considers assessment. Chapter 1 provides an overview of behavioral assessment in both inpatient and outpatient settings. Chapters 2 through 5 examine issues that impact on the behavioral assessment process, including psychiatric diagnosis, medical complications, child maltreatment, and developmental processes. Part 2 covers general treatment issues: combined use of behavior therapy and pharmacotherapy in chapter 6 and of unit management and behavioral programming in chapter 7. The bulk of the book is found in Part 3, chapters 8 through 22, in which each childhood disorder is examined. To insure parallel structure across chapters in Part 3, uniform headings were followed: description of the problem, prototypic assessment, actual assessment, prototypic treatment, actual treatment, and summary. The distinction between prototypic and actual assessment and treatment allows for consideration of potential pitfalls and impediments that are encountered by clinicians in psychiatric settings.

A number of individuals assisted us in bringing this book to fruition, and we acknowledge their help and support. We are especially grateful to the contributors of this book for

sharing with us their insights and expertise. We also thank our editor, Herb Reich, for his encouragement throughout the publication process. A number of our support staff provided us with considerable help; we extend our gratitude to Burt Bolton, Gretchen Deitrick, Angela Dodson, Ann Huber, Melodi Janosko, Jennifer McKelvey, Mary Newell, Kathy Novak, Nancy Simpson, and Mary Trefelner.

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Contents

PART 1

General Assessment Considerations

CHAPTER 1

Child Behavioral Assessment in the Psychiatric Setting

KATHARINE P. NEWCOMB AND RONALD S. DRABMAN

INTRODUCTION

Over half of all patient visits to medical facilities concern problems that are primarily psychological in origin (Wright, Schaefer, & Solomons, 1979) and approximately 80% of all children who manifest a psychological disorder present with active behavior problems (Thomas, Chess, & Birch, 1968). It is widely recognized that problems relating to antisocial conduct characterize the majority of children referred to psychologists for diagnosis and treatment (Reid, Patterson, Baldwin, & Dishion, 1988). There is increasing evidence that these disorders, if left untreated, are associated with impaired functioning in later life (Quay, 1986).

Adequate treatment for children with behavioral and psychiatric disturbances requires systematic assessment of the biological and environmental variables underlying their difficulties. In addition to descriptive functions, assessment of relevant variables can help to identify target behaviors and can serve as baseline, outcome, and follow-up measures of treatment (Ciminero & Drabman, 1977).

The role of assessment in our clinical work with children has been strongly influenced by Public Law 94-142, which mandated that special education services for physical and behavioral disabilities of children take place in the least restrictive environment available to meet their needs. We believe that children and families needing psychological or psychiatric treatment should be served by the least restrictive and least intrusive interventions available to meet their needs. In an attempt to deliver services in this manner, we place special emphasis on thorough assessment and analysis of relevant variables before attempting interventions involving the home, school, or hospital environment or before recommending or seeking pharmacological treatments. Our basic model is summarized in Figure 1.1, with the degree of restrictiveness increasing as the model is read from left to right.

This model reflects our assumption that skillful assessment, by identifying the relevant factors underlying children's behavioral difficulties, will minimize or even eliminate the need for expensive and time-consuming treatment. In addition, we believe that when drug therapy is a necessary component of a child's treatment plan, smaller amounts may suffice if the other steps are pursued first (Pelham, 1977). Finally, we believe that assessment leading to a parsimonious approach to treatment is particularly useful when dealing with children whose problems are severe enough to warrant intensive, and possibly prolonged, multidisciplinary care in a psychiatric setting.

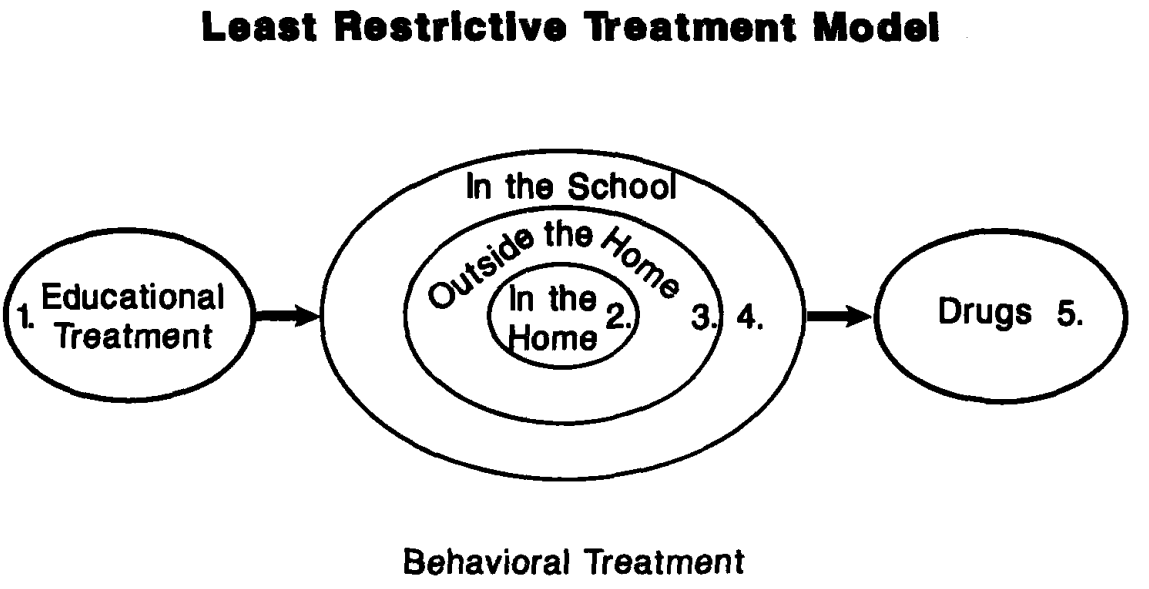

Figure 1.1. Least restrictive treatment model.

In this chapter, we will review general issues in the assessment of children and features of child behavioral assessment as it is currently conceptualized. Next, we will describe applications and unique features of carrying out child behavioral assessments in psychiatric settings. Finally, we consider a special case of child behavioral assessment, the psychoeducational evaluation. We will describe a set of procedures we use to evaluate children who have been referred by parents, teachers, physicians, or other members of the treatment team when it is suspected that problems in learning contribute significantly to poor psychological adjustment, behavior problems, or psychiatric symptoms.

GENERAL ISSUES IN THE ASSESSMENT OF CHILDREN

In the provision of clinical services to children, several practical problems may be encountered by practitioners, regardless of their orientation (Ciminero & Drabman, 1977). First, children are typically referred for treatment by an adult for whom the child's behavior is problematic, such as a parent, a teacher, or a nurse. If the child does not share this view of the situation, disagreements may arise about the need for treatment, and there will be little motivation to participate. Second, child behavioral assessments are conducted within a developmental framework, and information as to what is normative behavior may conflict with a parent's view of what is acceptable behavior or with behavioral norms on a particular unit. Third, the analysis of a child's behavioral difficulties generally requires assessing the behavior of other relevant persons in the child's environment (e.g., nurses, teachers, and other ward staff, as well as parents), and this may be uncomfortable for a referring adult who believes that the problem lies solely with the child. Communicating with the child's parents, or members of a health-care team, about their own behavior requires considerable tact and skillful interviewing. It is important to establish rapport as early as possible so that, throughout the process, psychiatric staff and parents feel comfortable providing accurate information and receiving honest feedback.

From a behavioral perspective, we view a child's responses as a sample of his or her

behavioral repertoire in a specific stimulus situation. Given that a good assessment requires adequate sampling of the relevant settings and stimuli, one issue that must be addressed is the variability of children's behaviors across settings. The situational specificity of children's behaviors (problematic and otherwise) underscores the need for multimodal assessment and multiple informants (Achenbach, 1978) and has led to the recommendation that behaviors to be targeted for treatment should be observed, when it is feasible, in the setting where the problem behavior is reported (Reed & Edelbrock, 1983). This may be a labor-intensive process, and such efforts may not be readily accepted by all participants (e.g., parents and school or hospital administrators) to whom they may seem costly, time-consuming, and, at times, intrusive.

FEATURES OF CHILD BEHAVIORAL ASSESSMENT

Mash and Terdal (1988) have described child and family behavioral assessment as a set of deliberate problem-solving strategies for understanding both disturbed and nondisturbed children and their social systems, including their families and peer groups. Behavioral assessment involves an ongoing process of hypothesis testing regarding the nature of the problem, its causes, likely outcomes in the absence of specific intervention, and the anticipated effects of treatment. According to these authors, common features of behavioral assessment as it is currently practiced may include (a) a conceptualization of personality and abnormal behavior that considers thoughts, feelings, and behaviors in specific situations, rather than as manifestations of global underlying traits or dispositions; (b) a view of behaviors, cognitions, and affects as direct samples of the domains of interest, rather than as signs of some underlying or remote causes; (c) an emphasis on the importance of situational influences on behavior and the need to assess them in formulating effective treatments; (d) an emphasis on contemporary controlling variables, in addition to the role of historical and more distal-setting events; (e) a recognition of the changes over time that often characterize child and family behavior; (f) a reliance on a multimethod approach that involves the flexible use of different informants and a variety of procedures, including observations, interviews, and questionnaires; (g) the utilization of empirically validated assessment procedures; and (h) the use of a relatively low level of inference in interpreting assessment findings.

BEHAVIORAL ASSESSMENT IN PSYCHIATRIC SETTINGS

One of the challenges of conducting behavioral assessments in psychiatric settings is determining the content and timing of the assessment within the consultation or treatment encounter. This determination will inevitably be influenced by the assessor's conceptual model of health and illness (Russo, Hamada, & Marques, 1988).

The biopsychosocial model of health and illness (Schwartz, 1982) represents a systems-based model that argues that assessment and treatment of illness should encompass consideration of the interactions of biological, social, and psychological factors. This model demands a multilevel, interactive approach to evaluating the problems of children and organizes clinical data in a manner that acknowledges the interactive, multilevel nature of illness and behavioral disturbance. The model, with its emphasis on interdisciplinary collaboration and integration of variables at numerous conceptual levels, has