

# Psychotherapy Approaches with Children and Families

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# Southern Cross Psychology

## Psychotherapy Approaches with Children and Families

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# Psychological Assessment and Treatment of child and adolescent mental health

Assess:

- Child
- Parent/s
- Relationships
- Presenting problem

# Assessing the child

- Developmental history
- Developmental age / stage (esp emotional regulation)
- Temperament (esp SNS reactivity)
- Beliefs about self / others / world
- Strengths / interests / joys
- Struggles / problems / difficulties

I thought raising a child  
was THE hardest thing I've  
ever had to do in my life.  
Until I had two of them.



someecards  
user card

# Assessing the parent/s

- Parental mental health (and family history)
- Parents' temperament / personalities
- Parenting style (warm/cold; firm/soggy)
- Parents' attachment histories (sometimes)
- Parental resources / supports
- Parental strengths
- Parental struggles

A two-year-old is kind of like  
having a blender,



but you don't  
have a top  
for it.

-Jerry  
Seinfeld



# Relationships

- Attachment
  - historical and current
  - around problem behaviour and beyond
- Family system functioning
  - Boundaries
  - Rules
  - Relationships
- Marital and other family relationships

# Presenting problem

- A-B-C behavioural sequencing
- Reinforcement schedules (including attachment-rich interactions)
- Meaning of the behaviour (what does it mean about the child, the world, the parent?)

# Treatment Mapping

- Age, child, family and problem specific – no one size fits all!
- Likely to include:
  - Emotional Regulation
  - Changing responses to the problem
  - Some work on parenting
  - Improving family relationships

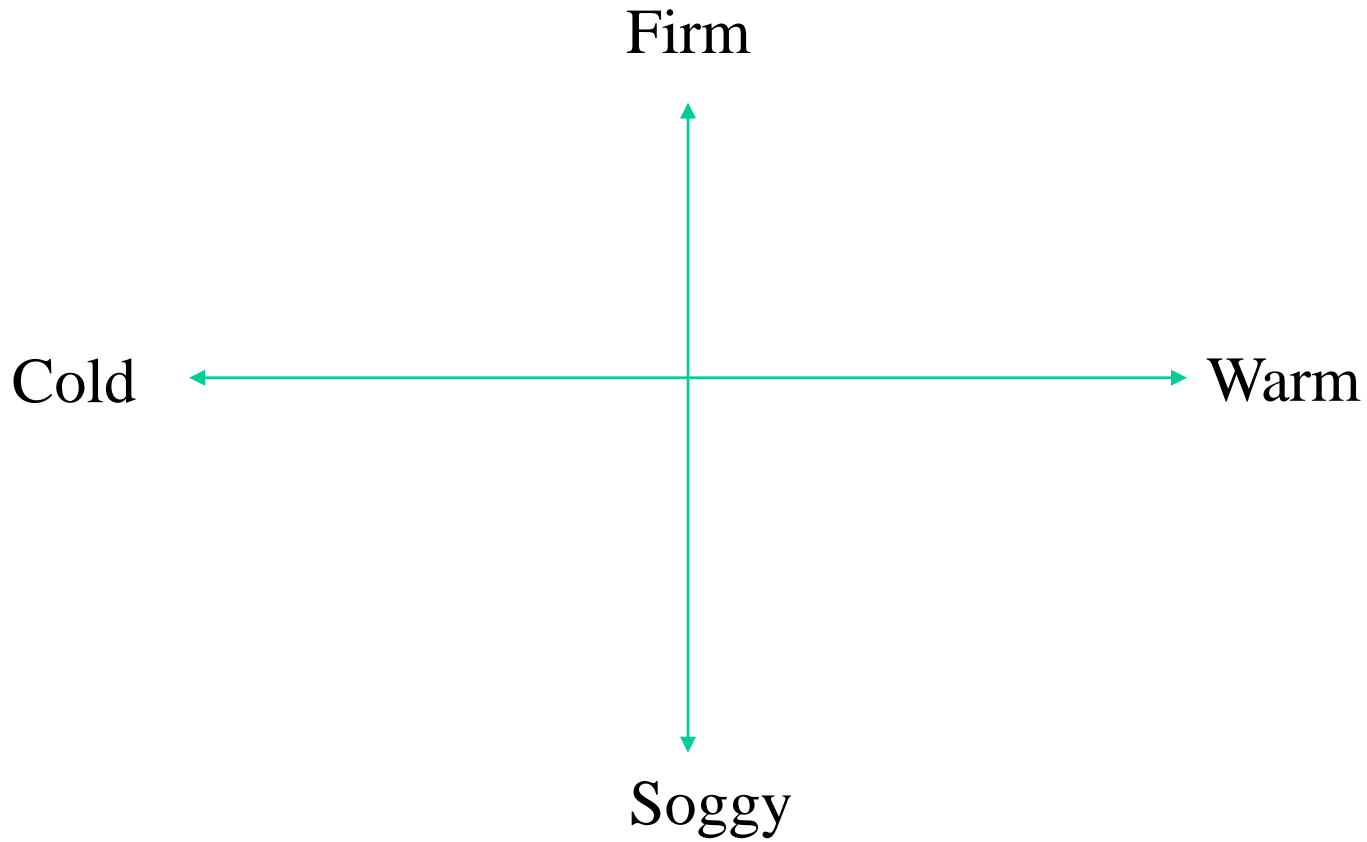
# Emotional Regulation

- Sleep, sleep, sleep! (sometimes food too)
  - sleep hygiene / CBT
- Recognising, naming and physically responding to feelings (child and parents)
  - Psychoeducation / CBT
- Identifying and changing the thoughts that drive difficult feelings (fear, sadness, anger)
  - CBT

# Changing Responses to the Problem

- Changing reinforcement schedules
  - CBT / attachment focussed if needed
- Enhance parenting capacity
  - CBT (range of options / programmes)
- Address other settings (eg school) if necessary

# Parenting



# Parenting

- Adjusting expectations
  - (psychoeducation, CBT)
- Enhancing strategies
  - (might include Triple P, 1,2,3 magic)
  - Aiming for consistency, firmness, connection

# Family Relationships

- Sometimes need directly addressing
  - Relationship / marital / family therapy
- Attachment focus – attunement, theory of mind
  - May be individual focus or dyadic work (Parent-Child Interaction Therapy; Watch, Wait and Wonder).



I love all of my children equally.  
Except for the one that naps. I love  
that one more.



# Some notable exceptions

- Trauma and grief:
  - Individual child-work sometimes indicated
    - Trauma-focussed CBT, Play or Art therapy for younger children, Eye Movement Desensitisation and Reprocessing Therapy

# The Evidence

(interpret with caution)

- CBT: Level 1 evidence (systematic review of all relevant RCTs) for:
  - Depression
  - Generalised anxiety
  - OCD
  - Substance Use Disorders
  - Chronic Fatigue
  - ADHD
  - Conduct Disorder and ODD
  - Enuresis

- Family therapy - Level 1 evidence for:
  - Depression
  - Substance Use Disorders
  - Anorexia Nervosa
  - Conduct Disorder / ODD

# Reference

- The Australia Psychological Society (2010)  
*Evidence-based Psychological Interventions  
in the Treatment of Mental Disorders: A  
Literature Review*. 3<sup>rd</sup> edition



Children are like corks on our stresses;  
our lifestyles create waves that children  
react to; we need to keep the sea calm.