ACTIVITIES FOR CHILDREN IN THERAPY

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Second Edition

ACTIVITIES FOR CHILDREN IN THERAPY

A Guide for Planning and Facilitating Therapy with Troubled Children

By

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FOREWORD

The Dennison Individual Therapy Practice Model guides the practicing clinician through the maze of clinical/theoretical issues and questions. It helps the therapist conceptualize the child's problem, what behaviors need to be learned/changed, and what therapeutic activities can be engaged in with the child to bring about the therapeutic goals. The model is also useful because it outlines practical and objective methods of assessing whether therapeutic goals have been attained.

The authors have provided an invaluable service, particularly to beginning therapists who frequently have difficulty making the transition from textbook theory to clinical practice, from academic knowledge to a full understanding of what actually happens in therapy, how it happens, how to know when change has occurred, and, most important of all, how to control the course of therapy to bring about the desired outcome.

This latest edition of the text takes much of the hard work out of planning and implementing therapy with children. The authors take the practitioner step-by-step through each decision point in the therapy process, demonstrating clearly how questions, issues, and answers change at each stage, from initial establishment of the therapeutic relationship to termination. Susan Dennison and Connie Knight concern themselves equally with activities aimed at strengthening the bond between therapist and child and facilitating the *process* of therapy, and with what actually goes on at each stage—the *content* of therapy. The section which deals with actual exercises and activities designed to bring about therapeutic goals will bring smiles to the faces of therapists who are faced week after week with planning activities which are enjoyable and engaging to the child, as well as accomplishing what the Dennison Model terms *process* and *content goals.*

The authors are to be congratulated for bringing their years of experience with children to the pages of this book an organized, well-conceptu-

alized and useful format, which both beginning and more seasoned therapists will use as a “how-to-do” guide in their therapy with children. In addition, this latest edition provides a comprehensive listing of books with other therapeutic intervention ideas, bibliotherapy materials that compliment the activity chapters of this book, assessment scales for evaluating youngsters at the onset of treatment, and a sample child assessment for individual therapy.

Diane V. Lillesand, Ph.D.
Clinical Psychologist

INTRODUCTION

Purpose of the Book

Helping professionals today agree that effective counseling of children requires approaches that are developmentally tailored to this age group's needs, interests, and ability levels. For this reason, interventions based primarily on verbal interactions are typically ineffective for child therapy, particularly with the at-risk youngster. Instead, many sensitive and difficult issues can be surfaced through nonthreatening play activities that are within children's repertoire both in terms of their skills and areas of enjoyment. The use of these naturally attractive interventions allows counseling professionals to then use their expertise for processing issues surfaced by the child rather than working on eliciting the actual disclosure. *Activities for Children in Therapy* provides the mental health professional with a wide variety of these age appropriate activities which are simultaneously fun and therapeutic for the five-to twelve-year-old troubled child. These activities have been designed as enjoyable games that both the therapist and child can play in the context of therapy.

Although there are a number of books on the market regarding individual therapy with children, few provide the clinician with planning suggestions. This text was developed to address the void in this literature. Many experienced professionals today are tired of hearing more about theories. Rather, they want some concrete ideas for interventions that will be effective in counseling the child of elementary school age. This book has been designed specifically with those practice-based issues in mind. Child therapists will find that this is a resource manual that will meet the needs they face in their work on a daily basis.

Activities for Children in Therapy has been written primarily for professionals who provide counseling to children. These professionals can

include but are not limited to; social workers, psychologists, guidance counselors, speech/language pathologists, and art therapists. Readers will also find that the material in this book can be used to compliment the training of the beginning child therapist since the techniques and planning guides are written in simple and easy to follow steps.

Children at risk are the targeted population to benefit from the activities in this book. This population, of course, covers a wide variety of youngsters. For example, these children could have any of the following difficulties; emotional problems, aggressive/acting-out difficulties, physical handicaps, neurological impairments, learning disabilities, hyperactivity, mental retardation, or a combination of these problems.

The activities in this book are intended for individual therapy, but with some modification they can be used in a group setting. For example, a group facilitator could easily select activities from Chapter Three for building a beginning relationship among group members and, by the middle phase, incorporate interventions from Chapters Four through Seven into sessions that focus on shared problem areas of the participants. Then, activities from Chapter Eight could be planned for a group that is working toward termination. Readers will be delighted to find that most of the interventions in this text can be easily modified and effectively used in a wide variety of child counseling settings.

Secondary purposes of this book include providing “An individual Therapy Practice Model” (Chapter One), “An Assessment Guide for Individual Therapy” (Chapter Two) and supplementary references (Appendices A, B. C, and D). The contents of Chapters One and Two provide a simple and clear framework for the use of the activities in the following six chapters. These initial chapters provide the clinician with a straightforward approach to setting up and planning individual therapy sessions with children. Additional references on child development, individual therapy with children, and clinical assessment are listed in Appendix A. A carefully chosen list of evaluative scales and checklists for the individual assessment of children is given in Appendix B. Appendices C and D provide additional games, along with children’s books and magazines, to supplement the activities in this text. Appendix E contains a sample report for assessing a child for individual therapy. Finally, the answers to response specific activities in Chapters Three through Eight are listed in Appendix F.

Content Areas of Activities

The heart of the book consists of activities in the following six content areas:

1. Chapter Three: “Activities Related to Relationship Building and Self-Disclosure “
2. Chapter Four: “Activities Related to Affective Awareness and Communication”
3. Chapter Five: “Activities Related to Family’’
4. Chapter Six: ‘’Activities Related to Social Skills”
5. Chapter Seven: “Activities Related to School”
6. Chapter Eight: “Activities Related to Termination and Follow-up

The sequencing of these six chapters has been purposeful. A program of therapy begins with relationship-building activities (Chapter Three) in order that a trusting therapist/child relationship is assured. Once established, the therapist can determine the more specific problem areas and issues (Chapters Four through Seven) to be addressed with a particular child. Thus, clinicians may use selectively the activities in Chapters Four through Seven, choosing those that are relevant to the child’s treatment needs. Chapter Two contains specific guidelines for determining areas of therapeutic intervention.

Termination is the last step of therapy, and activities from Chapter Eight are used to elicit grieving regarding the end of treatment and to acknowledge therapeutic progress. It is essential that a therapist allow time for this termination experience. Troubled children often have many unhealthy endings in their lives and need to have a corrective experience with the therapist. In some cases, professionals may also decide to schedule follow-up sessions with a youngster as a way of maintaining therapeutic gains. Activities have also been provided in Chapter Eight for follow-up sessions.

Format of the Activities

All the activities in Chapters Three through Eight are designed in the following format:

1. A high and low age level version of each activity is provided. The lower age group activity is intended for ages five through eight and appears on the front of each page. The higher age group activity is for the nine through twelve-year-old and appears on the back of each page. Because many at- risk children function below their grade level, the activities have been developed at a level that is somewhat below the average youngster in each age group. Therefore, professionals should increase the skill level of the activities for the brighter child. Readers may still find that this age guide is not consistent with all children due to their skill levels and areas of

interest. Accordingly, professionals should choose activities or modify them based on the individual needs and response of each child.

2. Each activity is based on a theme for the chapter content area (i.e., theme of learning about the types of feelings one can have from Chapter Four on "Activities Related to Affective Awareness and Communication"). These themes are listed at the beginning of each chapter. The themes have been sequenced in a logical order and in such a way as to assure variety in the activities. Readers should feel free to individually sequence the themes and activities based on the needs of each child and preference of the therapist.

3. Instructions have been provided at the top of each activity sheet. These directions are simple and straightforward. They are easily identified by locating on the activity sheet the drawing tools required (pencil, crayon, etc.).

4. The answers to wordfinds, crossword puzzles, and other response specific activities can be found in Appendix F.

5. At the bottom of some activity pages, a "thinker box" has been provided. The questions or statements in these boxes are intended to elicit further disclosure from the child regarding the theme of the page. Readers can optionally use this material in their sessions.

6. The length of time for each activity will vary. For example, a therapist may find that what lasts a half hour for one child may only last five minutes for another. In the latter case, the therapist will have to decide if a theme more relevant to the child needs to be addressed or if another activity from that same chapter would be more effective. Readers are encouraged to use more than one activity in a session, depending on the response of the youngster. At the same time, completion of as many activity sheets as possible in a session should not become the objective. Rather, the probing and discussing of a particular issue are the ultimate goals. The activities only serve as nonthreatening ways of eliciting disclosure.

Cautionary Notes

The reader will find that the activities in this book look similar to children's game books available for purchase by the general public. This similarity in presentation is intended to interest and motivate the child. The book is designed for use by professionals only. Parents and other nonprofessionals should not use this material as a way of working with their own children. Information elicited through the activities is often of a sensitive nature. An inability to process or handle emotionally charged issues could be harmful to a child.

Helping professionals may want to share information generated through the activities with parents or significant others during appropriate times in the therapy process. This disclosure can be beneficial as long as the therapist is careful to interpret the findings for the parent and deal with their reactions. The confidentiality of the child must be kept in mind. A child's permission should be first obtained. The youngster should then be assured that only certain activity sheets will be shared. Some children may not be comfortable with any disclosure. Therapists will need to respect the child's wishes so as to assure the maintenance of a trusting relationship. An exception to this latter point would be a therapist's responsibility to inform parents of a safety issue such as a child's plan to commit suicide or harm another.

Summary

Activities for Children in Therapy is a workbook for the professional in search of a motivating framework for therapeutic interventions with at-risk children of elementary school age. The activities are designed to build a significant child/therapist relationship, surface problem areas, aid in resolving those problems and provide a healthy closure to the therapy relationship. Guidelines for the use, timing and rationale of the activities are provided through an Individual Therapy Practice Model (Chapter One) and an Assessment Guide (Chapter Two). Supplemental references are provided in Appendices, A, B, C, and D.

This is a "how-to-do-it" book for the mental health professional who is in need of new and creative interventions with children. It is intended that readers will individualize the material for each youngster. Also, it is hoped this book will serve as a guide so helping professionals will be able to develop other avenues for working effectively with children at risk.

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A personal thanks goes to our families who were forever patient and helpful during this project. And, finally, special appreciation goes to our children, Matthew, Jordan, and Ariel, who were always there as an inspiration.

S.T.D.

C.M.K.

CONTENTS

ACTIVITIES FOR CHILDREN IN THERAPY

Chapter One

AN INDIVIDUAL THERAPY PRACTICE MODEL

The Dennison Individual Therapy Practice Model is introduced and described in the present chapter. This model serves two major purposes for the reader. First, it provides a goal-focused approach to individual therapy with children. Second, it is a planning guide for the activities in Chapters Three through Eight. The development of this treatment model has been based on the author's many years of practice experience working with a wide variety of at-risk youngsters. This approach combines several theoretical perspectives but is based primarily on a behavioral methodology. Individual child therapy goals, following the model's design, are defined in such specific behavioral terms that the focus of treatment is clear throughout the counseling experience. As a result, therapists who follow the model will find that planning and facilitating counseling sessions are easier and more effective.

The four major components of the Dennison Individual Therapy Practice Model are outlined in Table I. First, therapy is divided into three phases; initial, middle, and termination. Second, two types of goals, process and content, have been defined for each of those phases. Third, a primary and secondary goal emphasis guide has been provided to identify for the therapist which goals, process or content, are most important in each phase of therapy. Fourth, an activity guide has been presented in which the activity chapters of this book have been correlated with the three phases of the model.

Phasing of Treatment

Although this model's phasing of treatment into three time periods is not a new concept, it is an important one. Experienced clinicians know from

working with children that the focus of therapy changes throughout treatment. For example, in the initial phase (see Table I), a relationship is established, assessment occurs and treatment goals are determined. By the middle phase, the therapist is able to address the problems precipitating the child's referral. Then, in the termination phase, therapy comes to a close. The youngster has an opportunity to grieve the ending of therapy, acknowledge progress made during treatment, and explore other sources of support. Understanding the primary focus of therapy in each of these phases has significant impact on a clinician's effectiveness.

Process and Content Goals

Addressing two sets of parallel goals simultaneously in treatment is one of the unique features of the Dennison model. This breakdown of goals has been done to clarify the dual focus of therapy throughout the treatment experience. When providing therapy to children, clinicians know they must not only deal with the presenting problems (i.e. content goals) but also those variables that motivate the child to come to sessions, disclose information, and trust the therapist (i.e. process goals).

In Table I, the reader will note that there are three different process goals for each phase. These goals are directed at creating an optimal setting and enhancing the therapist/child relationship so that disclosure, change and termination flow easily. The process goals remain constant for all clients. The means for attaining them may vary because every child responds to different interventions. However, their purpose, which is to ensure attention to the essential aspects of therapy, necessitate their presence for all clients.

The content goals, on the other hand, focus on the issues and problems that resulted in a child's referral for treatment. They are established in the initial phase after a period of assessment (see Table I). These goals are different for every child, since they reflect his/her particular problem areas. Content goals should be specific and measurable with examples of expected behavioral changes. It is also important to establish these goals so that they can be attained in a period of about three months of therapy. Clients and therapists alike need to experience a sense of accomplishment on a regular basis during the treatment process.

Primary and Secondary Goal Emphasis

The concept of primary and secondary goal emphasis, as seen in Table I, provides the reader a specific goal focus for each of the three phases. This

table 1

distinction has been made because the two sets of goals are being addressed simultaneously throughout treatment. The therapist will need to know which goals, process or content, are of primary emphasis in each phase.

In the initial phase, the process goals are of primary emphasis, since the child has to be motivated to attend, disclose and trust in the sessions. During the middle phase, the primary emphasis switches to the content goals. It is during this period that the clinician can concentrate on the child's problem areas. After successful completion of the middle phase of therapy, the therapist and the child move into the termination phase. The process goals once again become primary with much attention being directed at successful closure. Primary and secondary goal emphasis affects both planning and facilitating of therapy. An understanding of the goal focus in each phase will impact significantly on a clinician's effectiveness.

Activity Guide

The last major component of the Dennison model is the activity guide. In Table I, the reader will see that Chapters Three through Eight have been correlated with each of the three phases and appear at the bottom of each column. This coordination of the activity chapters with the model provides the rationale behind the selection and timing of the activities in this text. Readers will find that by understanding the Dennison model and following the activity guide, they should be able to more easily plan effective therapy sessions. Clinicians are also urged to use these guides when originating and timing any new interventions.

Treatment Implications of the Dennison Model

The Dennison model has been designed with goal attainment in mind. In addition to the activities provided in this text, other treatment implications of this model have been provided in Tables II (Attainment of the Initial Phase Goals), III (Attainment of the Middle Phase Goals) and IV (Attainment of the Termination Phase Goals). These tables delineate ways to attain the process and content goals that are specific to the needs of elementary age children. Therapists should refer to the appropriate table when they are conducting therapy in each phase. The guidelines in Tables II, III and IV need to be used with Table I to maximize the impact of therapy. The suggested means of goal attainment in Tables II, III and IV are not exhaustive. In fact, clinicians can use these recommendations as a guide

to develop other ways to attain the process and content goals for each phase.

Initial, Middle and Termination Phases of Treatment

In the initial phase (Table ll), a positive cue for therapy must be established. Hence, the process goals are of primary emphasis at this time. Therapists have to be most concerned about creating an attractive setting, encouraging disclosure and building a trusting relationship. Assessment of the child's readiness for therapy and the establishment of treatment goals (i.e., content goals) are part of this phase but must be secondary in importance.

Readers need to remember that the degree to which the process goals are attained in this phase will greatly determine the extent to which the treatment goals can be addressed in the middle phase. Therefore, the guidelines provided in Table II should be followed very closely, since goal attainment in the initial phase will have a significant impact on a child's response later in treatment.

By the middle phase (Table lll), clinicians should find that their relationship with the child is well-established, disclosure occurs comfortably, and a level of trust has developed. Now, the issues and problems that resulted in a child's referral for therapy (i.e., content goals) can be given primary emphasis. As seen in Table lll, the means to attaining these content goals will have to be individually determined for each child. Hopefully, by this point in therapy, clinicians will know the most effective ways to work with a particular youngster. Now, the task will be to work on the content goals with those interventions.

The last phase of therapy is termination (Table IV) and it is a crucial one. Primary emphasis is on the process goals in this phase. Enough time must be spent on the closure of the therapeutic relationship to ensure that the child has sufficient opportunity to resolve feelings toward the therapist. A healthy closure often provides a corrective experience for other unresolved endings in the child's life. For this reason, therapists must be careful that the sessions address therapy gains rather than new issues or problems. Children need to grieve the ending of treatment, acknowledge their progress and explore other sources of support (i.e., process goals). Readers should, as a result, follow closely the guidelines provided in Table IV for attaining these process goals.

table II

table II cont.

table II cont.

table III

table III cont.

table IV

table IV cont.

Summary

The Dennison Individual Therapy Practice Model is outlined in this chapter. It provides the clinician with a framework for conducting individual therapy with children. The model also serves as a planning guide for the activities in Chapters Three through Eight.

Therapy via this model is divided into three phases: initial, middle and termination. Two sets of goals, process and content, are defined for each phase. This dual-goal approach to therapy is one of the unique aspects of the Dennison model. Through this specification of two sets of goals, the reader is given a clearer understanding of the thrust of treatment in each phase.

Finally, planning and facilitating guidelines are provided for each of the three phases of individual counseling with children which are secondary implications of this treatment model. The practical guidelines in this chapter along with the activities in Chapters Three through Eight provide the helping professional with a wide variety of ideas for both planning and facilitating therapy sessions with children.

Chapter Two

AN ASSESSMENT GUIDE FOR INDIVIDUAL THERAPY

An assessment procedure for individual therapy with children is provided in this chapter. This evaluative process is different from more traditional diagnostic assessments such as psychosocials, intake reports, DSM IV workups or psychologicals which are usually more comprehensive in nature. In contrast, the assessment procedure outlined in this chapter focuses primarily on the child's readiness for therapy and potential treatment goals (i.e., problems that will be the focus of treatment).

This evaluative procedure has three primary objectives. First, it is used to determine the child's readiness or appropriateness for individual therapy. In other words, is individual therapy the best treatment approach for the referred youngster or, in fact, would another therapeutic approach be more beneficial. Secondly, utilization of this procedure results in the identification of the child's problems that need to be focused on in this treatment modality or another more appropriate one. And third, very specific and measurable short and long-term goals are established for the treatment modality determined most ideal for the child. The attainment of these three objectives via this assessment method will assure not only that the treatment modality utilized is appropriate, but also establishes specific baseline goals that will allow for a more objective evaluation of treatment progress and ultimate success. This latter point is critical in the current age of accountability.

The following six aspects of this unique assessment procedure are delineated in this chapter in order that the reader will be able to duplicate the method; the value of such an evaluation, guidelines for setting up assessment sessions with children, a format for the assessment report which also provides guidance in determining appropriate tasks for these initial sessions, a logging method, suggestions for the selection and use of

objective measures, and clarification of the relationship between the activities in this manual and this assessment procedure. In addition, an extensive list of child assessment scales is provided in Appendix B along with activities from Chapter Three which are designed to address many of the objectives of these initial assessment sessions with a youngster. These two latter sections of the text provide the reader an extensive list of assessment intervention ideas that should make the planning of these evaluative sessions easier and more effective. This assessment procedure is intended as a guide that clinicians can modify or change to meet the needs of a particular setting or client population.

Value of a Formal Therapy Assessment Procedure

When children are referred for therapy, it is essential to conduct a formal assessment. Unfortunately, after the usual diagnostics (i.e. intakes, psychosocials, etc.), many clinicians do not formally assess children before starting therapy. Even though a child may have had previous evaluations, these assessments will not have addressed the youngster's response to therapy with the current clinician. A formal assessment procedure may seem to be very time-consuming to the therapist. However, in the long run it saves time by assuring that the therapy is appropriate and individualized for maximum impact. The major benefits of a formal therapy assessment are as follows:

1. The appropriateness of individual therapy for the child is identified early in treatment.
2. Children who would not benefit from individual therapy can be referred to a more appropriate treatment modality.
3. Initial therapy sessions involve specific assessment tasks and thus, are more predictable and comfortable for the child. Youngsters of elementary school age are more comfortable and less threatened when they come into structured sessions that follow a routine.
4. The child is told at the beginning that treatment will be dependent on the outcome of the assessment. With this awareness, he/she will not be overly disappointed or hurt if treatment is terminated without a full course of therapy.
5. The clinician's recommendations have more credibility with parents and other involved professionals. A formal assessment is outlined with significant results that provide the rationale for a recommended treatment plan. A message of mutual respect is conveyed by the therapist to parents and professionals. The explanation of the evaluation and the findings

assist those individuals in understanding the recommendations.

6. The therapist is more confident of his/her role with a child after an assessment. This increased confidence is based on a better understanding of the child's problems and of the interventions that will be most effective in treating those difficulties.

7. Treatment goals are measurable and behaviorally specific as a result of this assessment procedure. A child's current level of functioning in problem areas is determined and realistic goals are established. Also, the therapist's increased knowledge of the youngster will result in treatment expectations that are individualized and can be measured as therapy progresses.

8. Expectations of treatment are established early. Parents and other involved professionals will have a better understanding of what therapy can and cannot accomplish for a particular youngster.

9. The therapist is more accountable to the child, the parents and other involved professionals.

Readers can see that there are a number of important benefits for conducting a formal assessment. The advantages of this procedure directly impact on treatment conducted afterwards.

Guidelines for Setting Up Assessment Sessions

The developmental needs of children are different from those of both adult and adolescent clients. Therefore, the planning and facilitating of sessions will have to address those unique needs. Therapists may want to refer to material on child development in Appendix A for more specific information on this topic. The following guidelines for the assessment and subsequent therapy sessions with children take into account those developmental needs:

1. The shorter attention span and memory skills of children necessitate that sessions be scheduled at least twice a week for thirty minutes to an hour. The attention span of the individual child will determine the exact length of time for therapy sessions.

2. Young children require a therapy room that is free of outside auditory and visual distractions. Otherwise, it is difficult to keep them on task. The room should be free of any distracting materials that are within reach or sight. The ideal environment is a small room with a table, chairs and space on the floor to play.

3. Children need to be assured of the confidentiality of sessions.

Counselors should explain that there may be times when some information will have to be shared with parents. However, youngsters need to be assured that they will be told of that disclosure ahead of time.

4. It is helpful to ask children why they feel they were referred for therapy. Many diagnostic impressions can be obtained by hearing their perceptions of why they need help.

5. Children enjoy following a routine while at the same time having a variety of activities within that routine. For this reason, it is helpful to establish a format for sessions. This variety of tasks addresses the short attention span of youngsters between five and twelve years of age. The following is an example of a format for assessment and therapy sessions:

First Task:
A disclosure question is planned for each session and is answered by both therapist and child. As therapy progresses, these questions become more intimate. Typically, five minutes will be spent on this discussion.

Second Task:
This is the main activity which should correspond to the theme of the session. Usually, this task lasts about twenty to forty minutes, depending on the length of the total session.

Third Task:
The positive wrap-up of the session is a time when a child and therapist can share what they enjoyed about the session. This part usually takes about five minutes.

The components of the above format can be changed, depending on the needs of individual therapists and children.

6. When working with children, it is essential to have a wide variety of activities, games, books, etc., to use in sessions. Youngsters need a lot of variety, particularly in the first phase of treatment. Please refer to Appendices C and D for suggested materials.

7. Therapists will need to determine which scales and activities they will use to assess a particular child. A review of any scales recently given to the child should be done to guard against invalid results obtained from a second administration. Sometimes, clinicians will decide on other assessment measures after they begin working with a youngster. More information on the types of scales and activities for assessment of young children will be found later in this chapter.

8. Learn how to play with children and do not rely so heavily on verbal skills. Clinicians need to meet children at their level of functioning.

9. Stop what you are doing in sessions if a child does not seem to be responding positively. The therapist will often have to try several approaches for a particular youngster until it is determined which ones are effective.

10. The therapist should review developmental descriptions of the age child they are working with in therapy. It is essential to know what a typical six-year-old, for example, does, thinks, feels, etc. Only by understanding normal development will the counselor be able to establish realistic expectations for a particular child. Again, Appendix A contains references on child development.

11. It is usually helpful to obtain impressions of significant others before treatment begins. The opinions of parents and other involved professionals about the child's problems can be quite poignant. Their view of how therapy will benefit a youngster will also be helpful. Readers are referred to the checklists and rating instruments listed in Appendix B as more valid and structured ways of obtaining these observations.

12. After six to ten sessions, a therapist will usually be ready to complete the assessment and write a report. Sometimes, fewer sessions will will accomplish this same type of evaluation.

Assessment Report Form

The reader will find in Table V (Outline for Child Assessment for Individual Therapy) a sample form to follow for assessing a child for individual therapy. This form is simple and straightforward and yet covers all the essential parts of a good assessment report. The report should be limited to two or three pages. It is more practical and helpful to write a concise report that assesses a child's appropriateness for therapy rather than one that attempts to evaluate all areas of functioning. Also, this report should be written so that it can be shared with parents and other involved professionals. Clinicians should only include information in this assessment that they would feel comfortable having family members or other involved professionals read. Readers are referred to a sample assessment report provided in Appendix E.

The Referral section (See Table V) of the assessment report should include the following:

1. The person(s) making the referral and their reason for this recommendation.

table V

2. Impressions of the child's major problem areas as seen by significant others. These individuals can include parents, teachers, other counselors, physicians, etc. Clinicians should ask these individuals what they feel would be the benefit of therapy for a particular youngster. Often, families' expectations of treatment can be clearly established here. If their expectations are too unrealistic, then the therapist can address this issue at the end of the assessment when treatment goals are determined. It is recommended that this feedback from others be elicited before treatment begins so the child will see the therapist as his/her counselor exclusively.

3. Aspects of the child's history may be important if they are directly related to the need for individual therapy and/or the treatment goals. An example of this would be a child's former experience and reaction to individual therapy.

The Description of Child and Session Content section (See Table V) of the assessment report should include the following information.

1. The number, frequency and duration of assessment sessions that a child attended.

2. A specific description of the child during the assessment process. It is usually very important to indicate the child's affect, body size/ development relative to chronological age, physical hygiene, academic level, speech pattern, attention span, contact with reality, memory skills, depth of disclosure and ability to form a beginning relationship with the therapist. This description can sometimes provide more information on a particular child than the results obtained from assessment scales and related activities.

3. A brief summary of the assessment scales and interventions used should be included in this section. A listing of suggested scales and interventions appears in Appendix B. It is a good rule of thumb to utilize at least two standardized scales when assessing a child. Informal activities can also be used, but the more standardized instruments add validity to a clinician's recommendations. Also, these scales may uncover some problem areas not evident from the non-standardized assessment interventions.

The Assessment Results section (See Table V) of the assessment report should include the following information:

1. Results obtained from the assessment scales and activities administered.

2. Treatment implications as a result of the significant findings men-

tioned above. These are the problem areas that will need to be addressed if continued therapy is recommended.

The Treatment Recommendations section (See Table V) of the assessment report should include the following:

1. The recommendation that individual therapy be continued or discontinued. If the latter is the case, the therapist may want to suggest another more appropriate service such as group therapy, further psychological or psychiatric testing, etc.
2. The rationale for the recommended service should be clearly stated.
3. If individual therapy is recommended, the goals for treatment should be provided and established so that they can be attained in about three months of treatment. It will be very important to significant others to know what changes they can expect from a child after a few months of therapy. Goals should be stated with specific behavior changes indicating progress. For example, a possible goal might be stated as follows: To improve the child's self-concept so that (1) he/she is talking more spontaneously in sessions and (2) he/she is more comfortable accepting compliments from the therapist. By stating the goals in this manner, the therapist and significant others will know which changes will indicate treatment progress.

In summary, this assessment report should focus on evaluating a child's appropriateness for individual therapy. Therapists should only indicate history or other impressions in this report that are directly related to this purpose. A sample assessment report, found in Appendix E, is intended to help the reader further understand the main ingredients of this report. It may be helpful for beginning therapists to use Table V and Appendix E as guides when doing their initial assessments.

A Logging Method for Individual Assessment

Many times therapists will find that the assessment procedure becomes more difficult with the multiproblem child. Sometimes a youngster displays many dysfunctional areas and the therapist is in a dilemma as to where to begin assessment and formulate goals. To this end, a logging method was developed to help make the assessment of complicated cases easier. Even with the less impaired child, this method for collecting and documenting assessment observations and results can be very practical and helpful.

The Log for Individual Therapy Assessment shown in Table VI provides a record for listing significant data sources and findings obtained from

administering assessment activities and scales to a child. Feedback and observations from significant others that are obtained through checklists or ratings can also be recorded on this form. A clinician's findings can then be listed in chronological order on this log form. A comprehensive list of evaluative scales and ratings are provided in Appendix B.

Clinicians should review their logs regularly during the assessment process. This review can help determine which scales and interventions still need to be implemented. It will also provide ideas on the types of interventions that are most effective with a particular child in treatment. Such information can be invaluable for later treatment.

Selection and Use of Assessment Scales

Professionals will find that there are a number of assessment measures for children on the market. Usually, these instruments fall into one of the two categories listed in Appendix B: child scales and ratings/checklists. It is essential that clinicians understand the purpose of each type of scale in order to select appropriate ones for a particular child's assessment.

The ratings and checklists can be used to obtain data from significant others (i.e., parents, teachers, etc.) regarding the specific problem areas of a youngster. These instruments can also provide a baseline of the child's functioning in other environments prior to individual therapy. Usually, it is best to have these measures completed at the time a client is referred for treatment. Then these same measures can be readministered on a regular basis after therapy begins as a means of measuring progress. Clinicians will need to determine their own schedule for these readministrations based on their needs and/or those of a particular program.

The child scales are those instruments directly administered to the youngster. Data from these instruments provides further specification of a child's problem areas, in some cases, establishes an objective baseline of functioning. This information can be used to supplement the data obtained from checklists. These child administered measures can also be readministered to the child on a regular basis as a way of determining therapeutic progress.

Clinicians should remember that there usually is a limit to the amount of assessment data that can be obtained on a child through standardized instruments alone. Typically, the therapist will know more about a youngster from observations of his/her affect and behavior during the therapeutic play activities in sessions. Sometimes, the primary value of assessment instruments is to add validity to a clinician's impressions and recommendations. Hence, children whose problems are apparent from clinical obser-

table vi

vations should still have the benefit of formal evaluative measures.

The assessment scales listed in Appendix B are intended to be used by a diverse population of professionals. Such individuals could include psychologists, social workers, psychometricians, psychiatrists, and school counselors. Readers are cautioned, however, that some instruments require specialized training or credentials in order for a clinician to use them. Therapists should always consult the manual of a scale for such information before administering it. In addition, professionals should review thoroughly all the instructions for scale administration provided in these manuals.

Clinicians who are working with minority children should review the literature for scales that are sensitive to cultural differences. Also, some instruments have been made available in other languages such as Spanish. As is true for any accurate evaluation, it is essential that a youngster clearly understand the questions and statements presented to him/her. Unless a child is proficient in a second language, it is necessary that the scale be given in one's native language.

As indicated earlier in this chapter, it is recommended that at least two formal scales be administered to each child being seen for an assessment. The reason for this suggestion is the validity added to a report and subsequent recommendations. In addition, these standardized instruments may surface other serious problems or aspects of referral problems that were not evident by informal assessment interventions (i.e., observations of child in sessions). Usually it is best to select two scales that evaluate different problem areas of the child that will be the focus of treatment.

Relationship of Activities to the Assessment Procedure

The activities in the following six chapters provide the clinicians with a number of techniques that not only can be used during therapy, but also as part of the assessment procedure. In particular, activities found in Chapter Three on Relationship Building/Self-Disclosure can be excellent choices. These activities have been designed to both build a therapeutic relationship and surface problem areas.

Depending on a child's presenting problems, activities from Chapters Four through Seven may be appropriate at this time. Activities in four areas of functioning have been provided in these chapters since they seem to encompass the major aspects of the young child's world: social skills, family, affective awareness and communication, and school. Other more pervasive problems such as depression or low self-esteem can be treated through the activity areas where such issues surface. For example, if a

child is usually depressed at home, specific activities from Chapter Five "Activities Related to Family" can be used to increase his/ her awareness of this problem and to provide some alternatives for coping.

After the assessment is completed, the therapist will use this treatment plan to determine which activity chapters are most appropriate. For example, if it is found that treatment for a particular youngster needs to focus on expressing feelings at home, activities from Chapters Four, "Activities Related to Affective Awareness and Communication," and Six, ''Activities Related to Family," would be most appropriate for this child.

If a therapist finds that a problem area is not addressed in one of these four activity chapters, then he/she will have to develop therapeutic interventions focusing on the problem area identified for a particular youngster. Readers are referred to Appendix C for references on other sources for planning ideas. The activities in this book should provide examples of the types of therapeutic games that can be utilized, then clinicians can change the content of those activities to address the more relevant problem area(s) of the youngster.

Summary

The primary purpose of this chapter is to provide a guide for setting up, planning, and facilitating assessment sessions. An assessment report form with a method of logging data collected and findings is outlined to give structure and a goal focus to this evaluative procedure. Therapists will find that this formal assessment guide will assist in determining the most appropriate type of treatment for each referred child and a subsequent treatment plan that is individualized to his/her needs. The end result will be the development of a treatment intervention that will have a higher probability of significant therapeutic success.

Chapter Three

ACTIVITIES RELATED TO RELATIONSHIP BUILDING/SELF-DISCLOSURE

IN THIS CHAPTER, the reader will find activities related to the areas of relationship building and self-disclosure. The therapist should always use these or similar activities when beginning treatment with a child.

As indicated by their title, these activities assist the clinician in building a trusting relationship with the client. At the same time, these games help the child to gradually open up in therapy. Professionals will find that some activities in this chapter will address the self-concept of the child and can be used to address problems in that area of functioning.

A listing of the themes addressed by the activities in this chapter are found on Table VII, Themes for Activities Related to Relationship Building/Self-Disclosure. Clinicians can use this table as a guide for selecting appropriate interventions with children who are in the first phase of therapy.

Chapter 4

ACTIVITIES RELATED TO AFFECTIVE AWARENESS AND COMMUNICATION

IN THIS CHAPTER, the reader will find activities related to the awareness and communication of feelings. Children who are withdrawn, depressed, angry and acting out, or extremely upset over a crisis in their life will be the types of clients to benefit from these activities. These activities should be used in the middle phase of therapy.

A listing of the themes addressed by the activities in this chapter can be found in Table VIII, Themes for Activities Related to Affective Awareness and Communication. Readers can use this table as a guide for selecting an appropriate intervention to use with a child who is working on affective skills in treatment

Chapter Five

ACTIVITIES RELATED TO FAMILY

ACTIVITIES related to family life can be found in this chapter. Clients that may benefit from these therapeutic games include children who are abused, neglected, rejected, or who have strained relations with their parents or siblings due to divorce or other stresses. Therapists will find that issues related to family are best addressed in individual therapy. Children usually need the privacy of that setting to open up about this very sensitive part of their lives.

A list of the themes addressed by the activities in this chapter can be found in Table IX, Themes for Activities Related to Family. This table can serve as a guide for readers who need to determine an appropriate intervention for children addressing family problems in therapy. These activities should be used in the middle phase of therapy.

Chapter Six

ACTIVITIES RELATED TO SOCIAL SKILLS

IN THIS CHAPTER, the reader will find activities related to the area of social skills. The type of clients who typically will benefit from these activities include youngsters who have no friends, fight often with peers, are teased frequently, have trouble keeping friends, etc. Clinicians working with children in group therapy may find these activities particularly helpful, since one of the primary benefits of that treatment modality is the enhancement of social skills.

These interventions are most appropriate in the treatment process during the middle phase. In Table X, Themes for Activities Related to Social Skills, the reader will find a complete listing of themes addressed by activities in this chapter. Professionals can use this table as a guide when selecting activities and themes related to a childs' social skills.

Chapter Seven

ACTIVITIES RELATED TO SCHOOL

IN THIS CHAPTER, the reader will find a number of activities related to school. The type of children who would typically benefit from these activities include the learning disabled student, the child functioning below grade level yet having greater potential, the school phobic, the gifted student who is teased by others, etc. Many times, therapists will find that the child referred for counseling has school problems as part of the reason for the need for treatment. Readers are encouraged to stay in contact with a child's teachers during therapy in order to more accurately evaluate progress in this are of treatment.

These interventions are usually more appropriate during the middle phase of therapy when a clinician is able to address a child's problem areas. In Table XI, Themes for Activities Related to School, the reader will find a listing of all themes covered by activities in this chapter. Therapists should use this table as a guide when selecting school-related activities for a child in treatment.

Chapter Eight

ACTIVITIES RELATED TO TERMINATION AND FOLLOW-UP

IN THIS CHAPTER, the reader will find activities related to the termination of therapy and follow-up sessions. Clinicians need to use interventions such as these to provide closure to the therapeutic relationship. Counselors will find that some of these activities are appropriate to use when checking up on former clients in follow-up sessions. As always, these more structured and game-like plans make an issue like termination more comfortable to address. Readers will find that these activities help children acknowledge the progress they have made in treatment, work through their grief about termination, and begin to explore other sources of support. The follow-up activities assist in evaluating what changes the child has maintained and identify problems that have surfaced subsequent to the termination of therapy.

In Table XII, Themes for Activities Related to Termination and Follow-up, the reader will find themes listed for all the activities in this chapter. Clinicians should refer to this table for selecting appropriate themes for a child in the final phase of treatment.

APPENDICES

APPENDIX A

SUPPLEMENTAL READING MATERIAL

Child Development

1. Ambron, S. R. (1981). *Child Development.* New York: Holt, Rinehart & Winston.
2. Ames, L. & Gessel, A. (1977). *The child from five to ten.* New York: Harper & Row.
3. Bemporad, J. R. (1980). *Child development in normality and psychopathology.* New York: Brunner-Mazel.
4. Best, R. (1983). *We've all got stars: What boys and girls learn in elementary school.* Bloomington, IN: Indiana University Press.
5. Brenner, A. (1988). *Helping children cope with stress.* Lexington, KY: Lexington Books.
6. Brooks-Gunn, J. & Schempp-Matthews, W. (1979). *He & She: How children develop their sex-role identity.* Englewood Cliffs, NJ: Prentice-Hall.
7. Damon, W. (1983). *Social and personality development: Infancy through adolescence.* New York: W. W. Norton.
8. Griffore, R. J. (1981). *Child development: An educational perspective.* Springfield, IL: Charles C Thomas.
9. Nagera, H. (1981). *A developmental approach to childhood psychopathology.* New York: Jason Aronson.
10. Worell, J. (1982). *Psychological development in the elementary years.* New York: Academic Press.

General Assessment and Treatment of Children

1. Allan, J. & Berry, P. (1987). Sandplay. *Elementary School Guidance and Counseling, 21*(4), 300-306.
2. Amacher, E. (1984). *Play techniques in interviewing children.* Mount Dora, FL: Kids Rights.
3. Barkley, R. A. (1981). *Hyperactive Children: A Handbook for Diagnosis and Treatment.* New York: Guilford.
4. Bornstein, P. & Kazdin, A. E. (Eds.). (1985). *Handbook of clinical behavior therapy with children.* Homewood, IL: Dorsey Press.

5. Boyle, M. H. & Lowes, S. C. (1985). Selecting measures of emotional and behavioral disorders of childhood for use in general populations. *Journal for Child Psychology and Psychiatry, 26,* 137-159.
6. Cooper, S. & Wasserman, L. (1985). *Children in treatment: A primer for beginning psychotherapists*. New York: Bruner/Mazel.
7. Gladding, S. T. (1987). Poetic expressions: a counseling art in elementary school. *Elementary School Guidance and Counseling, 21*(4), 307-311.
8. Johnson, R. G. (1987). Using computer art in counseling children. *Elementary School Guidance and Counseling, 21*(4), 262-265.
9. Kagan, R. M. (1982). Storytelling and game therapy for children in placement. *Child Care Quarterly, 11*(4), 280-290.
10. Kashani, J. H. (1981). Current perspectives on childhood depression: an overview. *American Journal of Psychiatry, 138*(2), 143-153.
11. Kazdin, A. E. (1981). Assessment techniques for childhood depression. *American Academy of Child Psychiatry, 20,* 358-375.
12. Kazdin, A. E. (1988). *Child Psychotherapy: Developing and identifying effective treatments.* Elmsford: Pergamon.
13. Lawson, D. M. (1987). Using therapeutic stories in the counseling process. *Elementary School Guidance and Counseling, 22*(2), 134-142.
14. Lieberman, Florence. (1979). *Social work with children.* New York: Human Sciences Press.
15. Lord, J. P. (1985). *A guide to individual psychotherapy with school age children and adolescents.* Springfield, IL: Charles C Thomas.
16. Love, H. D. (1985). *Psychological evaluation of exceptional children.* Springfield, IL: Charles C Thomas.
17. Mash, E. J. & Terdel, L. G. (Eds.). (1984). *Behavioral assessment of childhood disorders.* New York: Guilford.
18. Mishner, J. (1983). *Clinical work with children.* New York: Free Press.
19. Oster, G. & Gould, P. (1987). *Using drawings in assessment and therapy.* New York: Brunner/Mazel.
20. Park, W. D. & Williams, G. T. (1986). Encouraging elementary school children to refer themselves for counseling. *Elementary School Guidance and Counseling, 21*(1), 8-14.
21. Powers, M. D. & Handleman, J. S. (1984). *Behavioral assessment of severe developmental disorders.* Rockville, MD: Aspen Systems.
22. Sattler, J. M. (1988). *Assessment of children.* San Diego State University: Jerome Sattler.
23. Schaefer, C. E. (Ed.). (1988). I*nnovative interventions in child and adolescent Therapy.* New York: John Wiley & Sons.
24. Witmer, J. M. & Young, M. E. (1987). Imagery in counseling. *Elementary School Guidance and Counseling, 22*(1), 5-16.
25. Wohl, A. & Kaufman, B. (1985). *Silent screams and hidden cries: An Interpretation of artwork by children from violent homes.* New York: Brunner/Mazel.

APPENDIX B

ASSESSMENT SCALES/RATINGS

Child Self-Report Assessment Scales

1. Assessment of Coping Style
   Grades K-8, 9-12, 1981
   Herbert F. Boyd & G. Orville Johnson
   Charles E. Merrill Publishing Co.
   1300 Alum Creek Drive
   Columbus, OH 43216

2. Cain-Levine Social Competency Scale
   Mentally Retarded Children ages 5-13, 1963
   Leo F. Cain, Samuel Levine & Freeman F. Elzey
   Consulting Psychologists Press, Inc.
   577 College Avenue
   Palo Alto, CA 94306

3. Child and Adolescent Adjustment Profile
   Children and adolescents, 1977-81
   Robert B. Ellsworth & Shanae L. Ellsworth
   Consulting Psychologists Press, Inc.
   577 College Avenue
   Palo Alto, CA 94306

4. Child Anxiety Scale
   Grades K-5, 1980
   John S. Gillis
   Institute for Personality and Ability Testing, Inc.
   Test Services Division
   P. O. Box 188
   Champaign, IL 61820

5. Child Depression Inventory
   Ages 7-17 years, 1977
   Kovacs, M. & Beck, A.T.: An empirical-clinical approach toward a definition of childhood depression. In Schulterbrandt, Joy G. & Taskin, Allen (Eds.): *Depression in Childhood: Diagnosis, Treatment, and Conceptual Models.* New York: Raven Press, 1977, pp. 1-25.

6. Children's Depression Scale
   Ages 9-16, 1978
   Moshe Lang & Miriam Tistea
   Australian Council for Educational Research
   P. O. Box 210
   Hawthorn, Victoria, Australia 3122

7. Children of Alcoholics Screening Test
   Children of alcoholics, 1981-1982
   John W. Jones
   Camelot Press
   Attention: Dr. John W. Jones
   1812 Rolling Green Curve
   Mendola Heights, MN 55118

8. Children's Manifest Anxiety Scale
   Children, 1956
   Castaneda, Alfred; McCandless, Boyd R.; & Palmero, David: The children's form of manifest anxiety scale. *Child Development,* 27, 217-326, 1956.

9. Coopersmith Self-Esteem Inventories
   Ages 8-15, 16 and above, 1981
   Stanley Coopersmith
   Consulting Psychologists Press, Inc.
   577 College Avenue
   Palo Alto, CA 94306

10. Culture-Free Self-Esteem Inventories for Children and Adults
    Grades 3-9 and adults, 1981
    James Battle
    Special Child Publications
    4535 Union Bay Place, N.E.
    Seattle, WA 98105

11. Early School Personality Questionnaire
    Ages 6-8, 1966-76
    Richard W. Coan & Raymond B. Cattell
    Institute for Personality and Ability Testing, Inc.
    Test Services Division
    P. O. Box 188
    Champaign, IL 61820

12. Family Relations Test
    Ages 3-7, 7-15, adults, 1957-1978

Eva Bene & James Anthony
NFER-Nelson Publishing Co.
Darville House
2 Oxford Road East
Windsor Berkshire
SL4 1DF, England

13. Fear Survey for Children
    Children, 1964
    Wolpe, J. & Lang P. A survey schedule for use in behavior therapy. *Behavior Research and Therapy,* 2, 27-30, 1964.

14. Goodenough-Harris Drawing Test
    Ages 3-15, 1926-1963
    Florence L. Goodenough & Dale B. Harris
    The Psychological Corporation
    757 Third Avenue
    New York, NY 10017

15. Hassles Scale
    Children and adolescents, 1981
    Kanner, Allen D., Coyne, James C., Schafer, Catherine & Lazarus, Richard S. Comparison of two modes of stress management: daily hassles and uplifts versus major life events. *Journal of Behavioral Medicine,* 4, 1-39, 1981

16. Inferred Self-Concept
    E. L. Daniel
    Western Psychological Services
    12031 Wilshire Blvd.
    Los Angeles, CA 90025

17. The Jesness Inventory
    Disturbed Children and Adolescents ages 8-18, adults, 1962-1972
    Carl F. Jesness
    Consulting Psychologists Press, Inc.
    577 College Avenue
    Palo Alto, CA 94306

18. Life Events Scales for Children and Adolescents
    Ages 6-11, 12 and over, 1981
    R. Beam Coddington
    Stress Research Co.
    48 Neron Place
    New Orleans, LA 70118

19. Louisville Fear Survey
    Ages 6-12, 1967
    Miller, Louick, C.: Louisville behavior checklist for males 6-12 years of age.
    Psychological Reports, 21, 885-896, 1967.

20. Maxfield-Buchholz Scale of Social Maturity for Use with Preschool Blind Children
    Infancy-6, 1958
    Kathryn E. Maxfield & Sandra Buchholz
    American Foundation for the Blind, Inc.
    15 West 16th Street
    New York, NY 10011

21. The Michigan Picture Test-Revised
    Ages 8-14, 1953-1980
    Max L. Hutt
    Grune & Stratton, Inc.
    111 Fifth Avenue
    New York, NY 10003

22. Missouri Children's Picture Series
    Ages 5-16, 1971
    Jacob O. Sines, Jerome D. Parker & Lloyd K. Sines
    Psychological Assessment and Services, Inc.
    P. O. Box 1031
    Iowa City, IA 52244

23. Piers-Harris Children's Self-Concept Scales
    Grades 3-12, 1969
    Ellen V. Piers & Dale B. Harris
    Counselor Recordings and Tests
    P. O. Box 6184, Ackler Station
    Nashville, TN 37212

24. Primary Self-Concept Inventory
    Grades K-6, 1973-1974
    Douglas G. Muller & Robert Leonetti
    Teaching Resources Corporation
    50 Pond Rack Road
    Hingham, MA 02043

25. Quality of School Life Questionnaire
    Grades 4-12, 1977-1978
    Joyce L. Epstein under the direction of James M. McPartland
    Johns Hopkins University
    Riverside Publishing Company
    8420 Bryn Mawr Ave.
    Chicago, IL 60631

26. Revised Children's Manifest Anxiety Scale
    Cecil Reynolds & Bert Richmond
    Western Psychological Services
    12031 Wilshire Blvd.
    Los Angeles, CA 90025

27. Reynolds Child Depression Scale
    William Reynolds
    Psychological Assessment Resources, Inc.
    P. O. Box 998
    Odessa, FL 33556

28. School Attitude Measure
    Grades 4-6, 7-8, 9-12, 1980
    Lawrence J. Dolen & Marci Morrow Enos
    American Testronics
    209 Holiday Road
    Coralville, IA 52241

29. School Attitude Survey: Feelings I Have About School
    Grades 3-6, 1970
    Harold F. Burks
    Arden Press
    8331 Alvaredo Drive
    Huntington Beach, CA 92646

30. Self-Concept Adjective Checklist
    Grades K-8, 1971
    Alan J. Politte
    Psychologists and Educators, Inc.
    Sales Division
    211 West State Street
    Jacksonville, IL 62650

31. Self-Concept as a Learner Scale
    Grades 4-12, 1976-1972
    Walter B. Waetjen
    Cleveland State University
    Cleveland, OH 44115

32. Self-Esteem Questionnaire
    Ages 9 and older, 1971-1976
    James K. Hoffmeister
    Test Analysis and Development Corporation
    2400 Park Lane Drive
    Boulder, CO 80301

33. Self-Observation Scale
    Grades K-6, 1974
    A. Jackson Stenner & William G. Katzenmeyer
    NTS Research Corporation
    Durham, NC

34. Self-Perception Inventory
    Grades 1-12, 1965-1980
    Anthony T. Soares & Louise M. Soares
    SOARES Associates

111 Teeter Rock Road
Trumbull, CT 06611

35. STATE-Trait Anxiety Inventory for Children
    Ages 4-6, 1970-1973
    Charles D. Spielberger in collaboration with C. D. Edwards, R. E. Lushene
    J. Montuori & D. Platzen
    Consulting Psychologists Press, Inc.
    577 College Avenue
    Palo Alto, CA 94306

36. Values Inventory for Children
    Grades 1-7, 1976
    Joan S. Guilford, Willa Gupta & Lisbeth Goldberg
    Sheridan Psychological Services, Inc.
    P. O. Box 6101
    Orange, CA 92667

37. What I Think and Feel
    Grades 1-12, 1978
    Cecil R. Reynolds & Bert Richmond
    Dept. of Educational Psychology
    University of Georgia
    Athens, GA 60602

Child Assessment Ratings/Checklists

1. Adaptive Behavior Scale
   Mentally retarded and emotionally disturbed, ages 3-adult, 1969-1975
   Kazup Nihirs, Ray Foster, Max Shelhaas & Henry Leland
   American Association on Mental Deficiency
   5101 Wisconsin Ave., N. W.
   Washington, D. C. 20016

2. Barclay Classroom Assessment System
   Grades 3-6, 1971-1981
   James Barclay
   Western Psychological Services
   12031 Wilshire Blvd.
   Los Angeles, CA 90025

3. Behavior Problem Checklist & Revised Form
   1979-1983
   Herbert C. Quay & Donald R. Peterson
   P. O. Box 248074
   University of Miami
   Coral Gables, FL 33124

4. Burks Behavior Rating Scales
   Preschool-8, 1968-1969

Harold F. Burks
Arden Press
8331 Alvarado Drive
Huntington, CA 92646

5. CAAP Scale
   Children and Adolescents, 1977-1978
   Robert B. Ellsworth & Shanae L. Ellsworth
   Consulting Psychologists Press, Inc.
   577 College Avenue
   Palo Alto, CA 94306

6. Child Behavior Checklist
   Ages 4-18, 1980-to present
   Thomas M. Achenbach & Craig Edelbrock
   University Medical Education Associates
   One South Prospect Street
   Burlington, VT 05401

7. Child Behavior Rating Scale
   Grades K-3, 1960-1962
   Russell N. Cassel
   Western Psychological Services
   12031 Wilshire Blvd.
   Los Angeles, CA 90025

8. Conners Parent and Teacher Rating Scales
   Keith Conners
   Children's Hospital National Medical Center
   111 Michigan Ave., N. W.
   Washington, D. C. 20010

9. Devereux Elementary School Behavior Rating Scale
   Grades K-6, 1966-1967
   George Spivack & Marshall Swift
   Devereux Foundation Press
   P. O. Box 400
   19 South Waterloo Road
   Devon, PA 19333

10. Family Environment Scale
    Family members, 1974-1981
    Rudolf H. Moos & Bernice S. Moos
    Consulting Psychologists Press, Inc.
    577 College Ave.
    Palo Alto, CA 94306

11. Jesness Behavior Checklist
    Ages l0 and older, 1970-1971
    Consulting Psychologists Press, Inc.
    577 College Ave.
    Palo Alto, CA 94306

12. Louisville Behavior Checklist
    Ages 4-7, 7-12, 13-17, 1977-1981
    Lovick C. Miller
    Western Psychological Services
    12031 Wilshire Blvd.
    Los Angeles, CA 90025

13. Personality Inventory for Children
    Children, 1977-1981
    Robert Wiet, Philip Seat, William Broen, & David Lacher
    Western Psychological Services
    12031 Wilshire Blvd.
    Los Angeles, CA 90025

14. Rating of Behavior Scale
    Children, Adolescents, and Adults, 1980
    Richard Carney
    Carney, Weedman & Associates
    3308 Military Drive, Suite 835
    San Diego, CA 92110

15. Self-Concept Adjective Checklist
    Grades K-8, 1971
    Alan J. Politte
    Psychologists and Educators, Inc.
    Sales Division
    211 West State Street
    Jacksonville, IL 62650

16. School Behavior Checklist
    Ages 4-6, 7-13, 1977-1981
    Louick C. Miller
    Western Psychological Services
    12031 Wilshire Blvd.
    Los Angeles, CA 90025

17. School/Home Observation and Referral System
    Preschool-3, 1978
    Joyce Evans
    CTB/McGraw-Hill
    Del Monte Research Park
    Monterey, CA 93940

18. Social Behavior Assessment
    Grades K-6, 1978-1980
    Thomas Stephens
    Cedar Press, Inc.
    P. O. Box 29351
    Columbus, OH 43229

19. Vineland Social Maturity Scale
    Birth to maturity, 1935-1965
    Edgar A. Doll
    American Guidance Service
    Publishers' Bldg.
    Circle Pines, MN 55014

20. Walker Problem Behavior Identification Checklist
    Grades 4-6, 1970
    Western Psychological Services
    12031 Wilshire Blvd.
    Los Angeles, CA 90025

APPENDIX C

ADDITIONAL ACTIVITY IDEAS FOR INDIVIDUAL THERAPY WITH CHILDREN

Books on Affective Awareness and Communication

1. Berg, B. (1989). *Anger control workbook and game.* Los Angeles: Western Psychological Services.
2. Borba, M. (1989). *Esteem builders.* Torrance, CA: Jalmar Press.
3. Cain, B. C. (1990). *Double-dip feelings.* New York: Magination Press.
4. Chandler, L. (1988). *Children under stress: Understanding emotional adjustment reactions.* Springfield, IL: Charles C Thomas.
5. Duncan, R. (1989). *When Emily woke up angry*. Hauppauge: Barron.
6. Golant, M. (1987). *Sometimes it's OK to be angry.* New York: Tom Doherty Associates.
7. Halprin, D., & Halprin, B. (1987). *Children are people too!* Deerfield Beach, FL: Health Communications.
8. Lane, K. (1991). *Feelings are real.* Muncie, IN: Accelerated Development.
9. Onizo, M. M. et al. (1988). Teaching children to cope with anger. *Elementary School Guidance & Counseling,* 22, 241-245.
10. Sharp-Molchan, D. (1989). *Our secret feelings.* Holmes Beach, FL: Learning Publications.
11. Taylor, J. (1991). *Anger control training for children and adolescents.* Doylestown, PA: Marco Products.
12. Whittington, R. et al. (1988). *Peace begins with me.* Honolulu, HI: Waikiki Community Center.
13. Wohl, A., & Kaufman, B. (1985). *Silent screams and hidden cries.* New York: Brunner/Mazel.

Books on Family Issues

1. Ackerman, R. J. (1987). *Children of alcoholics: A guidebook for educators, therapists and parents.* Holmes Beach, FL: Learning Publications.

2. Berry, J. (1987). *Every kid's guide to handling family arguments.* Chicago: Children's Press.
3. Brogan, J. P., & Maiden, U. (1986). *The kid's guide to divorce.* New York: Fawcett.
4. Brown, L., & Brown, M. 1985. *Dinosaurs divorce: A guide for changing families.* New York: Golden Books.
5. Cantrell, R. G. (1986). Adjustment to divorce: three components to assist children. *Elementary School Guidance & Counseling*, 20, 163-173.
6. Dennison, S. (1989). *Twelve counseling programs for children at risk.* Springfield, IL: Charles C Thomas.
7. Dolmetsch, P., & Shih, A. (1985). *The kids' book about single-parent families.* New York: Doubleday/Dolphin.
8. Evans, M. D. (1990). *This is me and my single parent.* New York: Brunner/Mazel.
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10. Fassler, D. et al. (1988). *Changing families: A guide for kids and grown-ups.* Burlington: Waterfront Books.
11. Gardner, R. (1988). *The storytelling card game.* Philadelphia: Childwork/Childplay.
12. Graves, C. M., & Morse, L. A. (1986). *Helping children of divorce: A group leader's guide.* Springfield, IL: Charles C Thomas.
13. Hodges, W. F. (1986). *Interventions for children of divorce: Custody access and psychotherapy.* New York: Wiley & Sons.
14. Kirkland, D. C. (1985). *I have a stepfamily.* Oak Park: Aid-U Publishing.
15. Lash, M. et al. (1989). *My kind of family: A book for kids in single parent homes.* Burlington: Waterfront Books.
16. LeShan, E. L. (1986). *What's going to happen to me? When parents separate or divorce.* New York: Macmillan.
17. Manning, D. T. (1987). Books as therapy for children of alcoholics. *Child Welfare, 66,* 35-43.
18. McElligatt, K. (1986). Identifying and treating children of alcoholic parents. *Social Work in Education,* 9, 55-70.
19. Minnick, M. A. (1990). Divorce illustrated (workbook also). Self-published, 1732 Coolide Road, East Lansing, MI.
20. Pardeck, J. T., & Pardeck, J. A. (1987). Using bibliotherapy to help children cope with the changing family. *Social Work in Education,* 10, 107-116.
21. Shapiro, L. (1989). *What color are your family's dreams?* Philadelphia: Childswork/Childsplay.

Books on Social Skills

1. Allred, C. (1986). *Positive action self-concept curriculum.* Twin Falls: Positive Action.
2. Anderson, J. (1985). *Thinking, changing, rearranging.* Eugene OR: Timberline Press.
3. Asher, S. R., & Hymel, S. (1986). Coaching in social skills for children who lack friends at school. *Social Work in Education* 8, 205-218.
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6. Dennison, S. (1989). *Twelve counseling programs for children at risk.* Springfield IL: Charles C Thomas.

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8. Drew, N. (1996). *Learning the skills of peacemaking* (Rev. ed.). Torrance, CA: Jalmar Press.
9. Edwards, D. M., & Zander, T. A. (1985). Children of alcoholics: background and strategies for the counselor. *Elementary School Guidance & Counseling,* 20, 121-128.
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11. Gazda, G. M. et al. (1985). *Real talk: Exercises in friendship and helping skills.* Culver City: Social Studies School Service.
12. Golden, L. B. (1987). Prosocial learning groups with young children. *Elementary School Guidance & Counseling,* 22, 31-36.
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15. Kaufman, G., & Raphael, L. (1988). *Stick Up For Yourself!* Minneapolis: Educational Media.
16. Kramer, P. & Frazer, L. (1989). *The Dynamics of Relationships.* Doylestown, PA: Marco.
17. L'Abate, L. & Milan, M. A. (Eds.). (1985). Handbook of Social Skills Training. New York: John Wiley & Sons.
18. LeCroy, C. W. (1987). Teaching children social skills: a game format. *Social Work,* 32, 440-442.
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20. Matten, D. E. & Matten, R. M. (1985). Children who are lonely and shy: Action steps for the counselor. *Elementary School Guidance & Counseling,* 20, 129-135.
21. Morse, J. T. et al. (1985). *Kidskills: Interpersonal skill series.* Stuart: Family Skills.
22. Peale, J., & Tade, C. (1988). *In a Pickle.* Circle Pines: American Guidance Service.
23. Schilit, R., & Nichols, A. W. (1988). Responses to children's loneliness, peer pressure and relationship problems. *Social Work in Education,* 10, 165-174.
24. Schmidt, F., & Friedman, A. (1985). *Creative conflict solving for kids.* Miami Beach: The Grace Contrino Abrams Peace Education Foundation.
25. Schumaker-Bragg, J. et al. (1988). *Social skills for daily living.* Circle Pines: American Guidance Service.
26. Seixas, J. S. (1985). *What can you do to help a friend?* New York: Children of Alcoholics Foundation.
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28. Sonntag, N. (1985). Cartooning as a counseling approach to a socially isolated child. *The School Counselor,* 32, 307-312.
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31. Worzbyth, J., & O'Rourke, K. (1989). *Elementary school counseling.* Muncie, IN: Accelerated Development.

Books on School

1. Bowman, R. P. (1989). Test buster pep rally. Minneapolis: Educational Media Corporation.

2. Broyles, J., & Beigel-Beck, S. (1986). Children observing peers in school. Doylestown, PA: Marco.
3. Brulle, A. R. et al. (1985). School phobia: its educational implications. Elementary School Guidance & Counseling 20, 19-28.
4. Camp, B., & Bash, M. A. (1987). *Think Aloud.* Champaign, IL: Research Press.
5. Carroll, J. (1987). *Let's learn about magnificent me.* Carth: Good Apple.
6. Cooper, J. et al. (1989). *Helping children series,* One booklet on *Motivation in School.* Philadelphia: Marco.
7. Cooper, J. & Martenz, A. (1989). *Study skills series.* Doylestown, PA: Marco.
8. Faber, A., & Mazlish, E. (1985). *How to talk so kids listen.* New York, Negotiation Institute.
9. Farnum, M. K., & Powell, B. H. (1986). Stress-reduction techniques to be used in schools. *Social Work in Education,* 9, 71-76.
10. Fisher, G., & Cummings, R. (1989). *The survival guide for kids with LD.* Minneapolis: Johnson Institute.
11. Green, L. J. (1987). *Kids who hate school: A survival handbook on learning disabilities.* New York: Fawcett.
12. Heacox, D. (1990). *Up from underachievement.* Minneapolis: Johnson Institute.
13. Kaufman, G., & Raphael, L. (1986). *Stick up for yourself.* Minneapolis: Johnson Institute.
14. Kirkland, D. (1986). *Last year I failed.* Oak Park: Aid-U Publishing.
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16. Morse, L. A. (1987). *Working with young procrastinators*. West Lafayette, IN: Cumberland Elementary School.
17. Nelson, J. (1985). *Positive discipline: Teaching children self-discipline, responsibility, cooperation and problem solving skills.* Fair Oaks: Sunrise Press.
18. Oldfield, D., & Petosa, R. (1986). Increasing student "on task" behaviors through relaxation strategies. *Elementary School Guidance & Counseling,* 20, 180-186.
19. Palmer, P. (1987). *Liking myself.* Minneapolis, Johnson Institute.
20. Parker, H. (1990). *Listen, look and think: A self-regulation program for children.* Plantation, FL: A.D.D. Warehouse.
21. Rommey, D. M. (1986). *Dealing with abnormal behavior in the classroom.* Bloomington, IN: Phi Delta Kappa, 1986.
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23. Shles, L. (1989). *Do I have to go to school today?* Torrance, CA: Jalmar Press.
24. Taylor, J. (1990). *Motivating the uncooperative student.* Doylestown, PA: Marco.
25. Trotter, J. (1986). *Stress education curriculum for grades 1-5.* Atlanta: Wholistic Stress Control Institute.
26. Wittner, J. & Myrick, R. (1989). *The teacher as facilitator.* Minneapolis, Educational Media Corporation.
27. Worzbyt, J. C., & O'Rourke, K. (1989). *Elementary school counseling.* Muncie, IN: Accelerated Development.

APPENDIX D
CHILDREN'S BOOKS AND MAGAZINES

Books on Self-Esteem

1. Adler, David A. (1984). *Jeffrey's Ghost and the Leftover Baseball Team.* Holt, ages 4-8.
2. Bates, Betty. (1982). *That's What T. J. Says.* Holiday House, Inc., ages 9-11.
3. Bell, Neill. (1983). *Only Human.* Little, Brown & Company, grades 4-6.
4. Berry, Joy. (1987). *Every Kid's Guide to Being Special.* Children's Press, grades 3-6.
5. Brown, Tricia. (1984). *Someone Special Just Like You.* Holt, grades P-2.
6. Carle, Eric. (1975). *The Mixed-Up Chameleon.* Thomas Y. Crowell Company Inc., ages 4-8.
7. Palmer, Pat. (1982). *Liking Myself.* Impact Publishers, ages 5-9.
8. Robinson, Nancy Louise. (1981). *Ballet Magic.* Albert Whitman & Company, ages 9-11.
9. Simon, Norma. (1976). *Why Am I Different?* Albert Whitman, ages 4-8.
10. Smith, Doris Buchanan. (1981). *Last Was Lloyd.* The Viking Press, Inc., ages 8-11.

Books on Affective Awareness and Communication

1. Allington, Richard L. (1985). *Feelings.* Raintree Publishers, grades K-2.
2. Barsuhn, Rochelle N. (1983). *Feeling Angry.* Childs World, grades 1-2.
3. Bedford, Stewart. (1981). *Tiger Juice: A Book About Stress for Kids (of All Ages).* A & S Publishers.
4. Clifford, Ethel Rosenberg. (1974). *The Wild One.* Houghton Mifflin Co., ages 11 and up.
5. Dunn, Judy. (1971). *Feelings.* Creative Educational Society, Inc., ages 3-8.
6. Giff, Patricia R. (1984). *Today Was a Terrible Day.* Live Oak Media, grades K-3.
7. McGovern, Ann. (1978). *Feeling Mad, Sad, Bad.* Walker & Co., grades K-3.
8. Odor, Ruth S. (1981). *Moods and Emotions.* Childs World, grades 2-6.
9. Townson, Hazel. (1986). *Terrible Tuesday.* Morrow, grades P-3.
10. Viorst, Judith. (1972). *Alexander and the Terrible, Horrible, No Good, Very Bad Day.* Athenaeum Publishers, ages 3-8.

Books on Family Issues

1. Berman, Claire. (1982). *What Am I Doing in a Step-Family?* Lyle Stuart, Inc., ages 4 and up.
2. Drescher, Joan Elizabeth. (1980). *Your Family, My Family.* Walker & Company, ages 5-7.
3. Evans, Maria D. (1986). *This is Me and My Two Families.* Magination Press, grades 1-6.
4. Gaeddert, LouAnn Bigge. (1981). *Just Like Sisters.* E. P. Dutton & Company, ages 8-12.
5. Helmering, Doris Wild. (1981). *I Have Two Families.* Abingdon Press, ages 6-8.
6. Krasny Brown, Laurene & Brown, Marc. (1986). *Dinosaurs Divorce.* Boston: Little Brown & Company, ages 8-12.
7. Paris, Lena. (1980). *Mom is Single*. Children's Press, Inc., ages 6-8.
8. Vigna, Judith. (1980). *She's Not My Real Mother.* Albert Whitman & Company, ages 4-8.
9. Wolitzer, Hilma. (1984). *Wish You Were Here.* Farrar, Straus, & Giroux, ages 10 and up.
10. Wright, Betty Ren. (1981). *My New Mom and Me.* Raintree Publishers, Inc., ages 8-10.

Books on Social Skills

1. Berger, Terry. (1981). *Friends.* Julian Messner, Inc., ages 7-11.
2. DeReginers, Beatrice. (1986). *A Week in the Life of Best Friends.* Macmillan, grades 3-7.
3. Enderle, Judith. (1987). *Let's Be Friends Again.* Dandelion Press, grades K-3.
4. Fisher, Lois. (1986). *Arianna and Me.* Dodd, grades 4-6.
5. Gaeddert, LouAnn. (1981). *Just Like Sisters.* Dutton, grades 4-6.
6. Gaeddert, LouAnn. (1985). *Your Former Friend, Matthew.* Bantam, grades 3-6.
7. Gonzalez, Merce. (1985). *Roncho Finds a Home.* Silver, grades P-3.
8. Henkes, Kevin. (1986). *A Weekend with Wendell.* Greenwillow, grades P-3.
9. Kohler, Christine. (1985). *My Friend is Moving.* Concordia, grades P-4.
10. Lundell, Margo. (1984). *The Get Along Gang and the Big Bully.* Scholastic, Inc., grades P-2.

Books on School

1. Berry, Joy. (1987). *Help Me Be Good Series.* Grolier Enterprises Corporation, grades 1-3.
2. Berry, Marilyn. (1985). *Help is on the Way for Memory Skills.* Children's Press, grades 4-6.
3. Galvin, Matthew. (1986). *Otto Learns About His Medicine.* Magination Press, grades 1-6.
4. Gambill, Henrietta. (1982). *Self-Control.* Children's Press, grades P-3.
5. Gambill, Henrietta. (1985). *Are You Listening?* Children's Press, grades P-2.
6. Gross, Alan. (1978). *Sometimes I Worry….* Children's Press, grades P-3.

7. Kheridian, David. (1983). *Right Now.* Knopf, grades 1-4.
8. Kraus, Robert. (1971). *Leo the Late Bloomer.* Prentice-Hall Books for Young Readers, grades 1-6.
9. Lindgren, Barbo. (1981). *The Wild Baby.* Greenwillow, grades P-K.
10. Moser, A. (1988). *Don't Pop Your Cork on Mondays.* King of Prussia, Kansas City, Hardrack editions, grades 2-6.

Books on Saying Good-bye

1. Berry, Joy. (1986). *Teach Me About Crying.* Children's Press, grades P-2.
2. Byars, Betsy Cromer. (1979). *Good-bye, Chicken Little.* Harper & Row Publishers, Inc., ages 9-11.
3. Coerr, Eleanor. (1979). *Sadako and the Thousand Paper Canes.* C. P. Putnam's Sons, grades 4-6.
4. Hermes, Patricia. (1982). *You Shouldn't Have to Say Good-bye.* Harcourt-Brace-Jovanovich, Inc., ages 10-13.
5. Jones, A. (1974). *So Nothing is Forever.* Houghton-Mifflin, grades 1-6.
6. Jones, Penelope. (1981). *Holding Together.* Bradbury Press, Inc., ages 9-11.
7. Rabin, G. (1973). *Changes.* Harper & Row Publishers, Inc., age 12.
8. Riley, Sue & Tester, Sylvia R. (1980-87). *What Does it Mean?* (set of 12 books on feelings). Children's Press, grades P-2.
9. Tester, Sylvia Root. (1979). *Sometimes I'm Afraid.* Children's Press, grades P-2.
10. Wright, Betty Ren. (1981). *I Like Being Alone.* Raintree, grades K-3.

Children's Magazines

***Many of these magazines contain stories and games that can be modified and used for therapy exercises in sessions with children.**

1. Child Life Magazine, Saturday Evening Post Co., Youth Publications, 1100 Waterway Boulevard, P. O. Box 567B, Indianapolis, IN 46206.
2. Children's Playmate, 1100 Waterway Boulevard, P. O. Box 567B, Indianapolis, IN 46206.
3. Cricket Magazine, P. O. Box 100, LaSalle, IL 61301.
4. Ebony, Jr., Johnson Publishing Co., 820 S. Michigan Avenue, Chicago, IL 60605.
5. Electric Company Magazine, P. O. Box C-19, Birmingham, AL 35282.
6. Highlights for Children, 803 Church Street, Honesdale, PA 18431.
7. Humpty Dumpty's Magazine, Parents Magazine Enterprise, Inc., 52 Vanderbilt Avenue, New York, NY 10017.
8. Jack and Jill, 1100 Waterway Boulevard, P. O. Box 567B, Indianapolis, IN 46206.
9. Listen Magazine, 6830 Laurel Street, N.W., Washington, D. C. 20012.
10. Ranger Rick's Nature Magazine, National Wildlife Magazine Federation, 1412 16th Street. N.W., Washington, D. C. 20036.
11. Sesame Street Magazine, 123 Sesame Street, P. O. Box 2892, Boulder CO 80322.
12. World Magazine for Children, National Geographic Society, P. O. Box 2330, Washington, D. C. 20013.

APPENDIX E

SAMPLE CHILD ASSESSMENT FOR INDIVIDUAL THERAPY

Date of Report: November 10, 1998

Identifying Data

Name:	Jose Ruiz
Birthdate:	February 2, 1988
Parents:	Mr. and Mrs. Carlos Ruiz 6900 NE 90 Street Hometown, FL 33143
School District of Residence:	North Area
School:	Pineway Elementary
Grade:	5
Age:	10 years, 9 months
Current Special Education Services:	None

Reason for Referral

Jose Ruiz was referred for a social work assessment and educational evaluation at the request of his parents and current teacher. The primary problems resulting in this referral have included Jose's long history of hyperactivity and acting-out behavior both in the home and classroom. Mr. and Mrs. Ruiz along with Ms. Johnson (Jose's teacher) feel that

Jose's behavioral functioning level requires that he be evaluated for possible placement into a special education program.

Sources of Referral Information

Anecdotal records completed by Ms. Johnson:	9/30/98
Conference with Mr. and Mrs. Ruiz:	10/3/98
Review of student's school record:	10/5/98
Evaluation sessions with Jose Ruiz:	9/5/98-10/5/98 (6 sessions)

Background Information

Jose is the youngest of two adopted children in the Ruiz family. He was adopted at the age of two months. As far as Mr. and Mrs. Ruiz know, the natural mother's pregnancy and delivery were normal. They were told, however, by the adoption worker that the natural mother had a psychiatric history. No more specifics on this condition were provided.

Mr. and Mrs. Ruiz reported that almost immediately they noted significant differences between Jose and his adopted older sister (12 years old at this time). He cried most of the time, did not like to be held, most developmental milestones were difficult such as toilet training and he often became quite aggressive.

By the age of three, Mrs. Ruiz places Jose in a preschool program three mornings a week. He did poorly in that setting, demonstrating the same behavioral problems which included hyperactivity, extremely short attention span, poor peer interactional skills and very aggressive behaviors on a regular basis. After a year in that preschool, Mrs. Ruiz was asked to not return Jose the following year due to his difficulties. He remained at home the following year until he began kindergarten at age five.

The school records consistently document that Jose has continued having the same problems each year and they have become progressively worse. In fact, at the beginning of this school year, Jose's behavior was so severe, he had to be psychiatrically hospitalized for two weeks. The psychiatric evaluation completed as a result of that inpatient visit diagnosed Jose as having an affective disorder along with an attention deficit disorder. It is interesting to note, however, that Jose tests out on grade level or above in all of his academic subjects. His teachers have consistently noted he is highly talented in the areas of science and math. Apparently, this is a very bright student who, in spite of his severe acting out behaviors, has been able to remain on grade level. The parents report Jose has no friends and does not participate in any after school activities such as sports or clubs.

At this time, Mr. and Mrs. Ruiz report they are ready to give Jose back to the state of Florida. Mr. Ruiz, who is a self-employed businessman, notes that he remains at his office longer and longer hours just so he can avoid being around Jose at home. In fact, over the past few months, he has started staying overnight at his business. Mrs. Ruiz notes that Jose is completely out of control at home. Most days, it gets so bad that she locks herself and the 12-year old daughter in her bedroom so Jose cannot hurt them.

The parents note that they are both from South America and have no support system in this country. They have attempted family counseling a few times but have never attend-

ed more than five sessions. Mr. and Mrs. Ruiz both report that the counseling never seemed to help with Jose's problems. At this time, they feel very hopeless about Jose resolving his difficulties.

It should also be noted that other than the psychiatric hospitalization this past September, Jose has not received any other ongoing treatment. He has been seen off and on by the school counselor, but usually only for a brief period to resolve his difficulties during one of his more severe acting out periods. No medication has been recommended up to this point.

Assessment Interventions

Jose was seen by this social worker for six assessment sessions. He presented himself as a handsome, average size 10-year-old. He was always well-dressed and groomed during these contacts. Jose's affect was usually quite depressed with occasional periods of showing some enjoyment in the sessions. During the initial sessions, Jose was reluctant to talk but increased his disclosures and verbalizations during the last few sessions.

During this evaluative contact, the following procedures and instruments were utilized as part of this assessment:

1. Structured disclosure questions for establishing a therapeutic relationship.

2. Incomplete pictures from the Anti-Coloring Book series to elicit more disclosure indirectly.

3. Games played with a disclosure component to decrease Jose's anxiety level.

4. Feeling Face Questionnaire (from Peace Begins With Me Curriculum) to expand his affective verbalizations.

5. Self Esteem Task Sheets (from Project Self Esteem) to elicit his view of self.

6. Achenbach's Child Behavior Checklist to obtain a more specific listing of Jose's problems and competencies.

7. Reynold's Child Depression Scale to determine Jose's level of depression.

8. Me and My Troubles Task Sheet (from Dennison's *Twelve Counseling Programs for Children at Risk*) to elicit Jose's view of his problems.

During all of the above procedures, Jose was generally cooperative but did require lots of reinforcements and changes in task throughout each session. This social worker felt Jose disclosed very honestly and quite openly regarding his current situation. He clearly demonstrated his ability to form a significant therapeutic relationship for one-to-one treatment.

Assessment Results

As a result of these eight evaluative interventions, the following results were obtained:

1. Based on the referral data, school history, observations during sessions, and scores on the Child Behavior Checklist, Jose is at a severe problematic level of functioning. He attained a T-score of 74 on the CBC's Behavior Problem Scale which places him in the clinical range of functioning. His social competence scale on this same instrument also placed him in the clinical range (a T-score of 23).

2. The problems of aggressiveness and hyperactivity noted at referral appear to be Jose's major difficulties at this time. On the Child Behavior Checklist, his scoring validated that he tends to be an externalizer in his coping style. These problems are quite serious at this time and explain his difficulties both at home and in the classroom.

3. Interviewing techniques also indicated Jose has a poor self image, experiences feelings of loneliness frequently, sees himself as not likable to peers, and is extremely anxious about his family life.

4. Jose seems to be somewhat depressed. However, the Child Behavior Checklist and Reynolds Child Depression Scale both indicated this depression is not in a severe range at this time.

5. Additional observations during this evaluation indicated that Jose is an immature 10-year-old who is severely acting out his inner turmoil. He appears to be able to form a significant therapeutic relationship as long as the setting is structured and on a one-to-one basis.

Recommendations

Based on the above results, the following recommendations are made for this student:

1. Jose be immediately placed in the public school's Special Education Program. He is in serious need of this type of highly structured therapeutic and educational program.

2. Jose be seen for individual counseling by the program counselor at least once a week and more frequently if possible.

3. Mr. and Mrs. Ruiz be referred to family counseling to assist in their decision making regarding the placement of Jose.

4. Jose be referred for a complete medical evaluation to check on the possible need for medication at this time.

5. Immediate goals at the Special Education Program should include:

    a. Decreasing the aggressive and acting-out behaviors.
    b. Establishing classroom expectations that decrease the hyperactivity and increase the attention span.
    c. Provide alternative outlets for Jose's inner turmoil to assist with above goals.

_____

Susan Dennison, ACSW, LCSW
School Social Worker

*NOTE: All names and identifying information in this report are fictitious in order to protect the client's confidentiality.

APPENDIX F

ANSWERS TO ACTIVITIES

Chapter Three: "Activities Related to Relationship Building/Self Disclosure"

Page

35 *Opposites Game:*
right handed/left handed, thin/fat, tall/short, handsome/unattractive, curly/straight, slow/fast, dark/light, coordinated/clumsy, sick/healthy, developed/undeveloped

37 *Guess Which Sense!:*
Red-2, Sour-4, Loud-2, Quiet-2, Hot-4,5, Salty-4, Soft-4,5, Furry-4,5, Hard-4,5, Gentle-4,5, Cold-4,5, Sharp-1,4,5, Sweet-4, Rough-1,4,5

42 *Pet Word Completion:*
Fish, Cat, Dog and Bird

49 *Talking Time Opposites Game:*
Morning/night, before school/after school, always/never, doing/resting, upset/happy, good behavior/bad behavior, weekends/weekdays, home/school

50 *Birthday Cake Word Search:*
Six times the word "birthday" is on the cake.

52 *"Special Things I Can Do" Matching:*
Reading/book, Arts and crafts/painting, Skiing/skis, Ball games/football, baseball, bat, Playing an instrument/drums, guitar, Swimming/pool, Dancing/shoes, Singing/music

53 *"Special Things I Can Do" Rebus Puzzle:*
Swim, dance, read, draw, ball games, music

Page

55 *Games Word Scramble:*
Ball games, indoor games, running games, drawing, pretend games, bike riding, board games, card games

57 *TV Code Game:*
It is important to think about what we see on TV and decide if it is true.

61 *Awards Word Search:*
Running, dance, football, reading, math, baseball, singing, spelling, science, soccer, piano, art

65 *Coded Message:*
Everyone gets into **trouble** every once in a while.

66 *Word Completion:*
hug, kisses, reads, treat, gift, nice

71 *Sentence Maze:*
Everyone has different attractive features.

Chapter Four: "Activities Related to Affective Awareness and Communication"

Page

81 *Crossword Puzzle:*
Across: 1. smile, 3. laugh, 4. open, 6. play
Down: 2. twinkle, 5. jumping
Circled letters spell happy

83 *Word Find:*
friends, myself, games, school, music, love, home, family

85 *Crossword Puzzle:*
Across: 1. alone, 3. death, 5. hurt, 6. cry
Down: 2. move, 5. hit, 7.yell

89 *Opposites Game:*
dark/light, yelling/quiet, play/work, alone/together, healthy/sick, night/day, kids/adults, mom/dad, big/small, reward/punishment

91 *Hidden Word Game:*
Proud

92 *"Feeling Lonely" Crossword Puzzle:*
1. school, 2. home, 3. playing

97 *"Feeling Frustrated" Secret Code:*
I can tell that I feel frustrated when I cry, kick something, or crumple up my work.

103 *"Being Tired" Opposites Game:*
early/late, bedtime/morning time, crabby/nice, play/work, asleep/awake, morning/night, watch/participate, school/home, never/often, together/alone

Page

107 *"My Feelings with Mom and Dad:"*
Take a right turn after entering

109 *Coded Message:*
Everyone has **times** when it seems no one **likes** them.

112 *Hidden Word Game:*
No one is liked by everyone.

113 *Code Game:*
No one can control what they feel. Everyone can decide how they are going to respond to their feelings.

Chapter Five: "Activities Related to Family"

Page

121 *Mom and Dad Word Scramble:*
1. married, separated, divorced
2. mom, dad, other
3. fighting, friends

123 *Brother and Sister Opposites:*
1. less, 2. youngest, 3. no, 4. poorly, 5. do not have

126 *Family Opposites Game:*
happy/sad, terrible/wonderful. mean/nice, friendly/lonely, great/awful

129 *Word Puzzle:*
1. chores, 2. play, 3. cooperate, 4. sleep, 5. listen, 6. quiet, 7. room. Word formed under star is happier.

130 *Word Completion:*
dinner time, reading a story, going on vacation, riding bicycles together

131 *Word Scramble:*
1. vacation, 2. dinner, 3. movies, 4. talking, 5. snack time, 6. TV, 7. weekends, 8. sports

133 *Opposites Game:*
often/never, sick/healthy, stay/leave, married/divorced, mom/dad, hug/hit, rich/poor, alive/dead, sister/brother, yelling/talking, work/play, together/alone

136 *Word Completion:*
fights, ch**o**res, lat**e**, rul**e**s, yel**l**s, ign**o**res

141 *Word Find:*
summer, talking, evenings, vacations, sharing, parties, playing, laughter, fun, sports, kisses, hugs, food, helping

143 *Word Completion:*
1. vis**it**, 2. cr**y**ing, 3. an**gr**y, 4. bra**ve**, 5. sca**re**d, 6. lo**s**t, 7. h**u**g, 8. afr**ai**d, 9. forgi**v**e, 10. wr**it**e, 11. lon**el**y, 12. s**a**d

Chapter Six: "Activities Related to Social Skills"

Page

151 *Crossword Puzzle:*

Down: 1. recess, 3. class, 5. video, 7. lunch, 9. games, 10. clubs, 11. store.

Across: 2. school, 4. teams, 6. neighborhood, 8. PE

153 *"Friends at School" Opposites Game:*

unpopular/popular, bright/dull, good/bad, older/younger, girls/boys, friendly/snobby, happy/sad, boring/fun, quiet/talkative, mean/nice

154 *"My Best Friend" Path:*

Take path two

157 *Sentence Maze:*

Everybody has days when they don't feel confident to make friends.

161 *"Being a Better Friend" Crossword Puzzle:*

Across: 1. loyal, 3. share, 5. nice, 7. play

Down: 2. listen, 4. patience, 6. help, 8. talk

164 *"Talking to Friends" Word Search:*

seven times the word "talk" appears

166 *"Showing Friends You Like Them" Completion:*

1. gift, 2. toys, 3. hand, 4. kiss, 5. phone, 6. house, 7. letter, 8. you (picture of girl with heart)

169 *"Helping My Friend" Opposites:*

accept/invite, work/play, a little/a lot, home/school, talk/listen, happy/sad, receive/give, learn/teach, friendly/lonely, fight/hug, cry/laugh, honest/dishonest

171 *"Asking My Friends for Help" Code Game:*

It is important for a friend to give and receive help.

175 *Coded Message:*

1. Make sure you have some **lasting** friendships.

2. They are wonderful **gifts** to give yourself.

177 *Word Scramble:*

1. gift, 2. card, 3. hug, 4. kiss, 5. call, 6. share, 7. smile, 8. shake

179 *Word Scramble Sentence Completion:*

1. troubles, 2. friends, 3. angry, 4. difficult, 5. fault

180 *Friendship Maze:*

Take path to the right of entrance

182 *"Keeping My Friends for a Long Time" Phrase Completion:*

1. often, 2. feelings, 3. one another, 4. nice, 5. compliments, 6. care

Chapter Seven: "Activities Related to School"

Page

191 *Opposites Game:*

walk/ride, great/awful, low/high, multiply/divide, dumb/smart, work/play, cursive/print, afraid/comfortable, beginning/end, praised/punished, happy/sad, boring/fun

193 *Crossword Puzzle:*

Across: 1. learning, 3. reading, 5. sports, 7. happy

Down: 2. friends, 4. math, 6. sad, 8. trips

205 *Opposites Game:*

messy/neat, confused/clear, slowly/quickly, printing/cursive, high/low, correct/incorrect, praised/criticized, comprehend/misunderstood, excited/upset, homework/schoolwork, happy/sad, proud/embarrassed

208 *Maze:*

Take the first opening to right of start

209 *Coded Message:*

Math can be easy for some students to learn and hard for others.

215 Word Matching Game:

often/frequently, yell/scream, sick/not feeling well, tired/sleepy, parents/guardians, night/evening, teacher/instructor, teased/make fun, fight/argue/hit, never/not once, messy/not neat, morning/a.m.

Chapter Eight: "Activities Related to Termination and Follow-up"

Page

225 *Opposites Game:*

happy/sad, participate/withdraw, love/hate, scared/confident, remember/forget, receive/give, upset/ok, together/separate, criticize/compliment, listen/talk, hug/push away

226 *Word Jumble:*

listening, helping, learning, giving, playing and sharing

230 *Word Search:*

friends, playing, work, sister, home, fun, brother, games, school, and parents

231 *Word Scramble Sentence Completion:*

1. "I **know** myself a lot **better**."
2. "I **feel** more **confident**."
3. "I feel better **about playing** with my **friends**."
4. "I feel **better** about my **school work**."
5. "I **now like** myself a lot **more**."

page

233 *Opposites Game:*

share/withhold, child/adult, angry/friendly, more/less, slowly/quickly, dad/mom, sad/happy, work/play, stranger/friend, know/unaware, disagree/agree, listen/talk

241 *Word Matching Game:*

dislike/hate, well/very good, confident/sure, enjoy/like, easy/not difficult, happy/delighted, great/wonderful, comprehend/understand, difficult/ hard, want/desire

248 *Word Find:*

counselor, grandfather, mother, dad, sister, grandmother, teacher, minister, uncle, brother, neighbor, aunt, doctor, friend, and rabbi

249 *Code Game:*

Saying goodbye to someone special reminds us of other goodbyes.

250 *Crossword Puzzle:*

Across: 1. food, 3. help, 5. read, 7. listen, 8. dress

Down: 2. homework, 4. parents, 6. sleeps