TWELVE COUNSELING PROGRAMS FOR CHILDREN AT RISK

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Susan is married, has a seven-year-old son and conducts a nation-wide consulting firm out of her home in Miami, Florida. She has served as a consultant to several school systems and mental health treatment programs.

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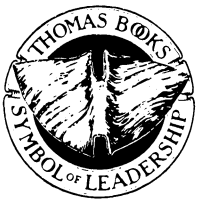

CHARLES C THOMAS • PUBLISHER
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by

CHARLES C THOMAS • PUBLISHER
2600 South First Street
Springfield, Illinois 62794-9265

ISBN 0-398-05626-9 (cloth)
ISBN 0-398-06090-8 (paper)
Library of Congress Catalog Card Number: 89-20153

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Printed in the United States of America
SC-R-3

Library of Congress Cataloging-in-Publication Data

Dennison, Susan T.
Twelve counseling programs for children at risk / by Susan T. Dennison ; illustrations by Connie K. Glassman.
p. cm.
Includes bibliographical references.
ISBN 0-398-05626-9. — ISBN 0-398-06090-8 (pbk.)
1. Problem children—Mental health. 2. Child psychotherapy.
I. Title.
RJ506.P63D45 1989
618.92'8914—dc20 89-20153
CIP

This book is dedicated to my son, Matthew Ryan Dennison,
who always reminds me about the truths of life

INTRODUCTION

Purpose of Book

The primary purpose of *Twelve Counseling Programs for Childrenat Risk* is to provide the school counselor and related mental health professional with structured curriculums for treating twelve specific problem areas of children. Each of the counseling packages provide the reader with a comprehensive step-by-step guide for planning and conducting therapy with the elementary age population. Clinicians will find in this single volume one of the most extensive listings of "how-to-do-it" counseling resources for children. For example, over 150 assessment instruments are referenced, 120 session themes are suggested, 30 techniques are recommended for each curriculum program, over 150 related resources are provided, 300 bibliotherapy references are indicated and approximately 140 films/videotapes are recommended. Readers will be astonished to find that the information in these counseling curriculums not only significantly impacts their treatment efforts but greatly reduces planning and research time.

Many clinicians today working both in school and outpatient mental health settings today find themselves confronted with a wide variety of problems among their case load of children. As a result, counselors find they need to know about several potential problem areas of childhood treatment. At the same time, the cutback in staff in many programs has meant that helping professionals do not have the time to research and plan effective therapy sessions for specific presenting problems. This book is intended to address these daily dilemmas of child therapists. Readers will find that this manual will greatly reduce the need to read volumes of other books on the treatment of children. Hence, it will quickly become a daily resource for planning effective and appropriate counseling sessions.

Twelve Counseling Programs for Children at Risk has been written pri—marily for professionals who provide counseling to children. However, the material can be adapted for use by speech/language pathologists, art

therapists, and other related professionals. This book can also be used to train the beginning therapist. In fact, the material has intentionally been presented in a clear and concise form to easily attain this latter purpose.

Children at risk for emotional problems 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 that are secondary to the emotional factor: physical handicaps, neurological impairments, learning disabilities, hyperactivity, mental retardation, or a combination of such problems.

The curriculums in Chapters Three through Fourteen are intended to be used for both individual and group therapy. Readers will find that each activity description provides instructions on how an intervention can be used in both modalities of treatment. Some of the activities can also be modified to use in other settings such as the special education classroom. It is recommended that an experienced counselor be consulted when such an adaptation is being considered.

Secondary purposes of this book include a Therapy Practice Model (Chapter One) and A Treatment Planning Method (Chapter Two) which provide guidelines for the use of the material in the twelve curriculum chapters. Additional "how-to-do-it" references are listed at the end of each activity chapter (Chapters Three through Fourteen) along with bibliotherapy and audiovisual resources. Supplementary references on therapy with children along with the publishers of evaluative scales referred to throughout the text are contained in Appendices A and B.

Twelve Counseling Programs

The heart of the book consists of comprehensive therapy plans in the following twelve problem areas:

1. Chapter Three: School-Related Problems
2. Chapter Four: Low Self-Esteem
3. Chapter Five: Aggressive/Acting-Out Problems
4. Chapter Six: Children in Crisis
5. Chapter Seven: Childhood Depression
6. Chapter Eight: Family Life Changes
7. Chapter Nine: Children of Substance Abusers
8. Chapter Ten: Sexually Abused Children
9. Chapter Eleven: Peer Relationship Problems

10. Chapter Twelve: Hyperactivity/Short Attention Span
11. Chapter Thirteen: Physically Abused Children
12. Chapter Fourteen: Neglected Children

These twelve problem areas were selected because it was this author's experience that they are the most common presenting difficulties today resulting in children's referral for counseling services. Readers will note that the guidelines and therapeutic activities in the above chapters have been specifically designed for each of the problem areas. There will, of course, be some overlapping of material in these chapters such as in the presenting symptoms and the assessment instruments used for diagnosis and treatment planning. However, professionals will find that a unique set of guidelines has been provided for each problem area. The material in these therapy curriculums has been based on this clinician's experience in counseling children, feedback from a large number of professionals working with this population, and the latest research in the literature.

Mental health professionals should find that this book provides them with a step-by-step guide for working with troubled children from the time of referral until termination of treatment. School counselors will be particularly happy to find the planning suggestions are most practical in their setting. All clinicians will be relieved to find the instructions outlined in each of the twelve problem chapters (i.e., Chapters Three through Fourteen) are simple, clear, and effective in treating troubled elementary age children. These chapters have been written such that each is a complete package in itself and thus can be used without referral to other sections of the book.

Format of Twelve Counseling Chapters

All guidelines and therapeutic activities in Chapters Three through Fourteen are designed in the following format:

(1) A listing of the most common presenting symptoms for each problem is provided. Readers should note that these lists are by no means complete since every individual child's symptoms for a particular difficulty will vary. Professionals will find that this listing may serve to identify an underlying problem of a troubled youngster. This data will also assist in verifying to parents and other involved professionals the existence of a particular difficulty for a child.

(2) The treatment of choice is then outlined for each of the twelve

areas. Readers will find that oftentimes more than one treatment modality is indicated to effectively treat some childhood problems. Also, professionals will have to use their clinical expertise in each case to decide which recommended treatment approaches will be most appropriate and/or effective.

(3) A listing of sample treatment goals is then provided for each presenting problem. Here again, readers should note that these goals are only intended to serve as examples and are by no means a complete list. Clinicians should find that these goals give them an initial focus to their treatment efforts and identify specific aspects of the problems that need to be addressed. Professionals again will need to use their expertise in developing treatment goals individualized to each youngster.

(4) A list of assessment instruments is outlined next in these chapters. Readers will find that this material provides scales that can both verify a clinical impression and indicate the beginning direction of treatment. Professionals will be amazed at how much more impact their counseling recommendations have with parents and significant others when an evaluative tool has been used. This author feels that at least one objective scale should be used when assessing a child for therapy. Such an instrument serves to objectify a professional's findings and add credibility to the recommended treatment plan. Counselors in all settings need to be familiar with assessment scales on the market that they are qualified to administer. The credentials and training required for using a particular instrument can be obtained from the publisher. Readers will find a complete listing of the publishers of all scales indicated in Chapters Three through Fourteen in Appendix B.

(5) Next, a listing of themes for both individual and group sessions is provided. Here, the reader will find examples of the types of focus counseling sessions should take when addressing a particular problem area. As always, these are by no means complete lists but are intended to serve as guides for the development of session themes for each individual youngster.

(6) Ten activities are then outlined with specific instructions. Readers are provided step-by-step directions to follow when using each activity, a concise list of materials that will be required, modifications necessary when using the technique in a group setting and cautionary comments about the use of the activity. Professionals will note that the goals for each intervention have not been given. The rationale for this omission is that the activities can be used to address any number of goals depending

on how the therapist chooses to set up an intervention. More specifics on this point are provided in Chapter Two on planning treatment.

(7) A cross-reference guide is then provided in each of these chapters to give the reader therapeutic activities from other chapters that can be easily adapted. Professionals will find that most of the activities listed in these twelve sections can be modified to use with any one of the presenting problem areas. It is hoped that through this guide, readers will be able to more easily develop therapeutic interventions of their own design.

(8) Next, a listing of bibliotherapy books and audiovisual materials has been provided. Readers will find this material invaluable for resources that can actually be used with children in counselling sessions. Many of these books and films are superbly designed and save clinicians hours of both planning and preparation time.

(9) Finally, at the end of each curriculum chapter, the reader will find a listing of more "how to do" references. This author has strived to provide the counseling professional with the latest up-to-date materials on the market. Also, only references related to actual practice have been listed as opposed to the more theoretical books on the twelve curriculum areas. By providing these bibliographies, it is hoped that readers will have even more ideas for working with a specific problem area of a child. Here again, the intention is to save clinicians hours of research time that they generally do not have available within their working hours.

Cautionary Notes

The reader will find that many of the activities listed in this book look similar to games found in children's books purchased 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 non-clinical professionals 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.

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 resulting reactions. The confidentiality of the child must be kept in mind at all times. 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 their 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

Twelve Counseling Programs for Children is a concise and simple step-by-step guide for planning therapy sessions with the elementary age population. Twelve specific counseling plans are provided for the presenting problems of children. In each of these latter curriculums, the reader is given specific guidelines for identifying the symptoms of each problem area, the treatments of choice, suggested therapy goals, assessment instruments, samples of themes and techniques to use as content for sessions, a listing of bibliotherapy references and audiovisual aids along with additional related resources.

At long last, clinicians will be delighted to find volumes of material condensed into one book when treating children with: school-related difficulties, low self-esteem, aggressive/acting-out problems, crisis situations, childhood depression, family life changes, parents who are substance abusers, sexual abuse, peer-related problems, hyperactivity/short attention span, physical abuse and severe neglect. A huge step forward has been taken with the type of counseling treatment refinement contained in this valuable resource. Readers will now be able to utilize specific programs for the treatment of children's problems. This "how-to-do-it" manual will save professionals hours of planning time and, most importantly, maximize their treatment effects. Without a doubt, the practical material in this book will make it a daily resource for all helping professionals working with children.

ACKNOWLEDGMENTS

Several people have contributed to the preparation of this book. Ongoing thanks to Joyce Wirch for her outstanding typing, editing and layout work for the final manuscript. Special appreciation is given to the following school counselors who tested the material with their students: Dorothy Hart, Gloriajay Harvey-Owen, Odean Hill, Julie Jacobs, Neil Komisarow, Helen Lieblein, Pat Pagliaro, Gwen Randle and Ron Stallings. This text could never have provided the reader with such effective interventions without the efforts of these special professionals.

And last, but not least, a warm thanks to my husband, Joe, and son, Matthew, who have been patient and supportive throughout another writing project.

CONTENTS

TWELVE COUNSELING PROGRAMS FOR CHILDREN AT RISK

Chapter One

A THERAPY PRACTICE MODEL

The Dennison 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 and group therapy with children. Second, it is a planning guide for the selection and timing of activities in Chapters Three through Fourteen.

Originally, this model was developed for K.I.D.S. Group Therapy[1] but now has been adapted for individual treatment. This approach combines several theoretical perspectives but is based primarily on a behavioral methodology. The model attempts to define therapy goals 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 their planning and facilitating of sessions is both easier and more effective.

The four major components of the Dennison 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 activities from Chapters Three through Fourteen have been correlated with the three phases of the model.

Readers will note that this model has been specified for both individual and group therapy in Table I. This delineation has been done so that clinicians understand the subtle, yet significant differences in the focus of these two modalities of treatment.

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1. The K.I.D.S. program is a structured approach to group therapy with elementary age children. One of its major premises is the value of planned therapeutic play activities. At the same time, treatment is individualized through the modification of the program's components.

Dennison, Susan T.: *A Handbook for K.I.D.S. Group Therapy* (Miami, self-published), 1980.

Phasing of Treatment

Although this model's phasing of treatment into three time periods is not a new concept, it is an important one. Clinicians need to remember that the focus of therapy changes throughout treatment. For example, in the initial phase for individual therapy (see Table I), a relationship is established, assessment occurs and treatment goals are determined. In contrast, in the initial phase of a group, the thrust should be on the attraction of members, the initiation of member-to-member participation, the establishment of group cohesiveness, the assessment of members and the determination of treatment goals. By the middle phase, the therapist is able to address the problems precipitating the child's or group's referral. Then, in the termination phase, therapy comes to a close. The youngster and/or group has an opportunity to grieve the ending of therapy, acknowledge progress made during treatment, and explore other sources of support. Understanding the thrust of therapy in each of these phases is essential for ensuring a clinician's effectiveness both in individual and group treatment.

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 counseling 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, either for the individual or group therapy model, are intended to create an optimal setting and enhance the therapist/child relationship or member-to-member relationship so that disclosure, change and termination flow easily. The process goals remain constant for all clients. The means for attaining them will vary because every child or group 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 or group'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 and group, 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 indication 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 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 for both individual and group therapy, since the child and/or group 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 or group's problem areas. After successful completion of the middle phase of therapy, the group or 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 this goal focus in each phase will greatly assist clinicians in planning appropriate and effective treatment during each period of the counseling experience.

Activity Guide

The last major aspect of the Dennison model is the activity guide. In Table I, the reader will see that activities from Chapters Three through Fourteen have been correlated with each of the three phases and appear at the bottom of each column. This coordination of the therapeutic activities with the model provides a guide for 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.

TABLE 1

DENNISON THERAPY PRACTICE MODEL/ACTIVITY GUIDE

	INITIAL PHASE	MIDDLE PHASE	TERMINATION PHASE
INDIVIDUAL THERAPY	Process Goals* Primary Emphasis 1. To initiate the child's attraction to the therapy setting. 2. To initiate child's disclosure in sessions. 3. To initiate feelings of trust toward the therapist. Content Goals Secondary Emphasis 1. To assess the child's appropriateness for individual therapy. 2. To begin establishing treatment goals.	Process Goals Secondary Emphasis 1. To increase the child's attraction to the therapy setting. 2. To increase the child's level of disclosure. 3. To increase feelings of trust with the therapist. Content Goals* Primary Emphasis These are the treatment goals determined individually for each child.	Process Goals* Primary Emphasis 1. To increase the child's attraction to other supports. 2. To have child acknowledge progress in therapy. 3. To have child grieve the ending of therapy. Content Goals Secondary Emphasis These are the same ones established in the middle phase of treatment.
GROUP THERAPY	Process Goals* 1. To initiate members' attraction to the group. 2. To initiate member to member participation and participation on task. 3. To initiate group cohesiveness.	Process Goals 1. To increase members' attraction to the group. 2. To increase member to member participation and participation on task. 3. To increase group cohesiveness.	Process Goals* 1. To increase members' attraction to other groups/supports. 2. To have members acknowledge progress made in the group. 3. To have members grieve the ending of group.