

AUSTIN BEHAVIORAL HEALTH CENTER
GARY YORKE, PH.D. & JANE YORKE, M.A.

One Hand On The Door

(Answers to questions patients like to ask as they are leaving, with one hand on the door!)

Best Practices — How To Complete A Comprehensive Assessment

The most appropriate assessment for any patient is one that is tailored to the individual. It is our philosophy that it is poor practice to determine in advance what tests or battery of tests are required before sufficient data is gathered. A comprehensive history is especially important. Information should be obtained from parents, teachers, and the patients before testing is initiated. After a clinical interview, and thorough review of the information gathered, a determination can be made about what tests should be administered. *A comprehensive assessment may include psychoeducational, psychological, emotional, and neuropsychological tests.* A complete and comprehensive assessment will include a diagnostic impression and detailed recommendations for addressing client's concerns.

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Rapid Screen for Mental Illness in Children & Adolescents

The Action Signs Project is a tool kit to help identify children with mental health disorders. Approximately fifty percent of serious mental health conditions manifest themselves by the age of fourteen and as many as one in ten youngsters has a serious mental health condition that impairs their functioning at home, school, or in the community. Family practice doctors and pediatricians are in an ideal position to identify these children, and the eleven signs identified in The Action Signs Project tool kit can be extremely useful.

The Action Signs Project tool kit was developed by the REACH institute and was funded by The Substance Abuse and Mental Health Services Administration. The authors of the tool kit spent ten years sifting through studies and interviewed more than 6,000 families and children in an effort to identify the most efficient and simplest method for identifying the most serious mental health disorders.

The researchers identified eleven signs that require immediate action. They include severe mood swings that cause problems in relationships, intense worries or fears that get in the way of daily activities, sadness that lasts more than two weeks, or sudden and overwhelming fear brought on for no apparent reason.

Dr. Peter Jensen, a Mayo professor of psychiatry, was the principal investigator on this study. He noted that there is frequently a disconnect that occurs between what a child says and how a parent interprets that message. For example, four to five percent of parents respond "yes" when asked if their child has "ever talked about wanting to kill himself or made a plan to do so?" But then, when a follow up question is asked, "Has he seen anyone for that," they'll say 'no' two out of three times," Jensen said in an interview with Minnesota Public Radio. Jensen said part of the problem is that parents don't always recognize when the threats or behaviors their children display aren't normal.

The 11 action steps listed in The Action Signs Project are designed to make these situations very clear. For example a child who has severe Attention Deficit/Hyperactivity Disorder is described in these 17 words: "extreme difficulty in concentrating or staying still that puts you in physical danger or causes school failure."

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Intervention Strategies in Child Therapy

Play Therapy: What counseling and psychotherapy aim to do for adults, play therapy aims to do for children. Specifically, play therapy encourages the expression of a child's feelings, experiences, and cognitive functioning. This knowledge is vital to the therapist in determining the direction of the therapy process, as well as measuring the success of the intervention throughout a series of play therapy sessions. The type of play therapy employed will vary depending on a child's situation. The crucial elements in all play therapy approaches are the play environment and the child-therapist relationship. Play therapy sessions are held in spaces called "play rooms" which contain an array of toys and activities deliberately chosen and carefully placed by the play therapy practitioner. Since the primary purpose of play therapy is to elucidate the child's natural behavior, the play therapist must create an especially accepting and non-punitive atmosphere. If this arrangement is clearly established, the child will be more relaxed and instinctive and the play therapist will have a chance to make more accurate observations. As the child displays his or her toy preferences (dolls, toy guns, costumes, etc.), behaviors, and levels of interaction, the play therapist—using theoretical models and their own expertise—can begin to assess and rationalize any existing issues ranging from trauma or stress to learning difficulties. Careful observation and analysis during the play therapy sessions allows the play therapist to provide the helpful guidance and structure necessary to resolve a child's problems and restore healthy growth and development.

Sand Tray Therapy: Sand tray therapy was developed by Dr. Margaret Lowenfeld during the 1920s. Dr. Lowenfeld understood the importance of children's play as a therapeutic device, as well as a window into their cognitive and psychological functioning. She combined this understanding with a sand tray and developed a method of healing and expression. The physical tools involved in sand tray therapy are sand, a tabletop sand tray, and a large, assorted array of miniatures that can be manipulated by the participant inside the sand tray. A sand tray typically measures four-feet by three-feet, making it no larger than the sand tray therapy participant's field of vision. Examples of sand tray miniatures include animals, people, furniture, vehicles, food, buildings, and so forth. The amount and variety of sand tray miniatures provided can

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Rapid Screening for Mental Illness in Children & Adolescents

It should be noted that the eleven action signs won't be able to identify every child with a mental health problem. The developers of the tool kit suggest the tool kit will identify at least half of the children who are currently undiagnosed.

These are the eleven signs:

- Feeling very sad or withdrawn for more than two weeks.
- Seriously trying to harm or kill yourself, or making plans to do so.
- Sudden overwhelming fear for no reason, sometimes with a racing heart or fast breathing.
- Involvement in many fights, using a weapon, or wanting to badly hurt others.
- Severe out-of-control behavior that can hurt yourself or others.
- Not eating, throwing up, or using laxatives to make yourself lose weight.
- Intense worries or fears that get in the way of your daily activities.
- Extreme difficulty in concentrating or staying still that puts you in physical danger or causes school failure.
- Repeated use of drugs or alcohol.
- Severe mood swings that cause problems in relationships.
- Drastic changes in behavior or personality.

For further information and recommendations on how to use the Tool Kit: <http://centerforchildwelfare.fmhi.usf.edu/kb/mentalhealth/ActionSignsProjectToolkit.pdf>

correlate with the sand tray participant's options for expression and, therefore, with the effectiveness of the sand tray therapy. The most vital components of successful sand tray therapy relate to the technique of the sand tray therapist. Sand tray therapy does involve interaction between therapist and participant, but in a non-authoritative environment. The sand tray therapist invites the participant to tell a story or, perhaps, recreate a memory with the sand tray miniatures on the landscape of the sand tray.

Therapeutic Games: Some of our earliest interactions with our children revolve around games: Peek-A-Boo, Where Did It Go (as we hide an object under a cloth), Chase, Tag, and Duck Duck Goose. Richard Gardner M.D., a child psychiatrist, has probably had the most influence on using games in child therapy. He authored The Talking, Feeling, and Doing Game to assist child clinicians in their work. Since his innovative work in the seventies hundreds of therapeutic games have been developed. Playing games teaches: identification and expression of feelings, how to identify needs and formulate requests and demands, how to listen and communicate effectively, how to think creatively, and how to be appropriately assertiveness. Playing games may also promote a sense of responsibility and enhance self-esteem. One valuable characteristic of many of the therapeutic games that are available is that they immediately create relevance, inform the child about how therapy can be used, and what therapy is about. A therapeutic game used early in therapy may provide an immediate understanding of a problem, and how to address it.