



# Appendices

## APPENDIX 1: PSYCHOLOGICAL INTERVENTIONS

When a psychological intervention is selected as a treatment the following principles may be useful:

- The referral should be made to therapists who are experienced and trained to work with young people. It is strongly recommended that referrals are only made to therapists who are members of a recognised professional organisation which has documented ethical guidelines, professional conduct procedures and requirements for supervision
- In making a referral it is important to consider the ethnic and cultural background of the therapist in relation to the young person and other factors influencing the effectiveness of the intervention
- It is helpful when making a referral to indicate the needs of the young person and their suspected problem areas, the expectation of the referral and ongoing responsibilities for management and crisis management
- The intervention should generally be time limited, focused on those current problems identified with the young person and aimed at symptom resolution
- To ensure that adequate feedback is received, the referrer should specify when and how they would like a report on progress. This should be done with the young person's consent, but also in accordance with accepted principles of confidentiality. Where issues of safety are relevant, client consent is desirable but not mandatory
- There is a need to measure and monitor the outcome of psychological intervention whenever treatment is initiated. This is especially important where the young person fails to show any improvement. In such situations the process should be re-evaluated in conjunction with the therapist (National Health Committee, 1996).

### **Practical problems with models of therapy include:**

- The small number of mental health practitioners working with young people and skilled in psychological therapies
- The considerable time commitment for health professionals to learn the technique
- The considerable time commitment for practitioners and patients to undertake the treatment, hence additional expense for a young person or their family in a fee-for-service environment
- Psychological therapies have mainly been developed and evaluated among westernised cultures; their effectiveness in other cultural groups is less well understood.

## Descriptions of therapies

### **Cognitive Behavioural Therapy**

Cognitive Behavioural Therapy is based on the theory postulated by Beck that people with depression develop a negative view of themselves, others and the world. This leads to a constant negative interpretation of situations that perpetuates depression. Therapy involves teaching self-monitoring of thoughts and behaviour; “cognitive restructuring” where the young person is taught to question their negative thoughts and replace them with more constructive and positive ideas. Activities are monitored and the young person is encouraged to increase the amount of time spent doing pleasurable and active things. Relapse in depression after two years is a possibility so other additional interventions may be necessary (Gortner et al 1998).

### **Dialectical Behaviour Therapy**

Dialectical Behaviour Therapy (DBT) was developed for use with borderline personality disorders. DBT utilises a variety of methods (including pharmacotherapy, skill training and individual psychotherapy) to assist the patient to understand their problems and provide them with the skill based training to overcome their difficulties.

### **Interpersonal psychotherapy**

Interpersonal psychotherapy is a focused, time-limited treatment (of approximately 16 sessions) which emphasises current interpersonal relationships. The therapy aims to clarify and resolve one or more interpersonal difficulties such as confusion about identity, social isolation, prolonged grief reaction and role transition. The therapist and young person work together to identify the interpersonal difficulties which are causing, exacerbating or maintaining the depressive disorder, then focus on resolving the difficulties that have been identified.

### **Crisis intervention**

Crisis intervention involves the out-patient management of young people with suicidal behaviour by means of short, crisis oriented therapy which focuses on patient problem solving in relation to the stressful events that may have precipitated the suicide attempt. Crisis therapy emphasises the role of the stressful events and suicidal behaviour as a crucible for change.

### **Family therapy**

Family therapy is therapy that treats the family as a system. The therapy views an individual's behaviours as being influenced by or directed at other family members. Therapy encourages family members toward positive relationships and improved communication.

Family therapy has several disadvantages where there is difficulty in engaging the family and where some family members are unwilling to participate (National Health and Medical Research Council, 1997).

### **Support groups**

Many of the support groups around New Zealand are culturally based. An attempt to find out what resources are available locally and how young people can access these groups could be beneficial.

## **Contact details of organisations involved in psychological therapy**

The organisations listed below may be contacted by a primary care provider who is considering making referral for psychological therapy. These people will be able to advise the appropriate mental health workers in their region.

New Zealand College of Clinical Psychologists

PO Box 28-219

Remuera

Auckland

Ph: 09 529 4501

New Zealand Psychological Society

PO Box 4092

Wellington

Ph: 04 801 5414

Fax: 04 801 5366

New Zealand Association of Counsellors

PO Box 165

Hamilton

Ph: 07 823 6496