Research Repository UCD

Title	Thurlow House Adolescent Assessment Programme
Authors(s)	Carr, Alan, Gawlinski, George, McDonnell, Dermot, Irving, Nick, Docking, Sheila
Publication date	1989
Publication information	Carr, Alan, George Gawlinski, Dermot McDonnell, Nick Irving, and Sheila Docking. "Thurlow House Adolescent Assessment Programme" 3, no. 2 (1989).
Publisher	Taylor & Francis
Item record/more information	http://hdl.handle.net/10197/5322
Publisher's statement	This is an electronic version of an article published as Carr, A., Gawlinski, G., MacDonnell, D., Irving, N., & Docking, S. : Thurlow House Adolescent Assessment Programme. Practice: Social Work in Action, 3 (2) 1989. Practice: Social Work in Action is available online at: www.tandfonline.com/doi/abs/10.1080/09503158908416870
Publisher's version (DOI)	10.1080/09503158908416870

Downloaded 2023-04-07T10:52:29Z

The UCD community has made this article openly available. Please share how this access benefits you. Your story matters! (@ucd_oa)

© Some rights reserved. For more information

**Carr, A., Gawlinski, G., MacDonnell, D.,
Irving, N., & Docking, S. (1989). Thurlow
House Adolescent Assessment
Programme. *Practice*, 2, 60-190.**

THURLOW HOUSE ADOLESCENT ASSESSMENT PROGRAMME

ABSTRACT

A comprehensive community based assessment programme for multiproblem adolescents is described in this paper. The assessment programme is guided by a multidimensional understanding of adolescent difficulties and is staffed by a multidisciplinary team. The programme is jointly funded and staffed by the Health Authority and Social Services.

INTRODUCTION

A substantial body of evidence suggests that 12-13 per cent of adolescents display behavioural problems salient enough to bring them to the attention of psychiatric or social service agencies (Rutter et al., 1976). A sizeable minority of these youngsters present with multiple problems or come from multiproblem families. Matching available resources within a given area to the needs of this subgroup of troubled teenagers in a co-ordinated manner has been identified as a core problem by the Health Advisory Service (1986). In this paper we describe a community based adolescent assessment programme for dealing with this problem in the West Norfolk Health District.

The conceptual framework which underpins our approach to assessing adolescents will first be presented.

A description of the clinical and administrative procedures which constitute the programme itself will then be outlined. A useful assessment framework helps a worker to define a youngster's problems from multiple perspectives and to evaluate the full range of factors which have led to the development and maintenance of the identified difficulties (Rutter, 1979; Achenbach, 1985). Furthermore, a useful assessment model directs the worker's attention to resources which may be used in solving the presenting problems. The model on which our programme is based is informed by these considerations and is presented in Figure 8.1. Details of the categories contained within the model will now be outlined.

PROBLEM DEFINITION

Adolescents' difficulties are often situation specific. For example, a teenager of separated parents may present difficulties at his mother's house and at school, but not at father's house or in the clinic. For this reason our model includes categories where youngsters' problems are defined from their own viewpoints and also from those of significant members of their social networks who necessarily come into contact with the youngster in different social contexts. Where adolescents are involved in complex networks containing foster parents, multiple agencies and the judicial system, problem definitions from these sources are placed under the *professional problem definition* category.

PREDISPOSING FACTORS

Enduring psychological traits, somatic factors and developmental stresses are often involved in predisposing youngsters to developing problems during their teenage years. A few examples of each will be given.

Temperament and intelligence are among the more important enduring psychological characteristics which have implications for adjustment. If a child's temperament does not *fit* with his or her parents' expectations, a destructive pattern of social interaction involving the child and the parents may evolve. The child, and possibly the parent, may subsequently develop adjustment difficulties (e.g. Garrison & Earls, 1987). Similarly a child's educational placement may not *fit* with his or her intelligence and constellation of aptitudes and abilities. The child, the school staff and the child's fellow pupils may become involved in unproductive patterns of interaction. This may lead to the child being reported by school staff as having school based achievement or behaviour problems (e.g., Rutter, 1985).

Congenital difficulties and genetically inherited predispositions to various illnesses are commonly identified somatic

features which may predispose children to develop psycho-social difficulties during their adolescent years.

A variety of developmental stresses may be associated with poor adjustment in adolescence. These may be categorised as entrances, exits, changes, illnesses and abuse (e.g. Johnson, 1987; Wolfe, 1987). Entrances are events which involve new members joining the child's network, such as when a parent remarries or a sibling is born. Exits occur when the child is separated for a significant period from an important member of his or her network. An older sibling leaving home, or a death in the family are both exit events. Some events involve both entrances and exits, e.g., going into foster care. A predisposition to developing difficulties in adolescence may arise as a result of major changes in routine early in the child's life. Multiple changes in residence or school are good examples of such changes in routine. Illnesses which disrupt a child's life to a marked degree or are interpreted by the child as highly threatening may predispose a youngster to developing behavioural problems. Finally, a variety of abusive or neglectful experiences may predispose a child to develop later adjustment difficulties. Physical abuse, sexual abuse and failure of parents or parent surrogates to adequately meet the child's needs for care, control and intellectual stimulation fall into this category.

PRECIPITATING FACTORS

Problems in the second decade of life may be precipitated by the onset of adolescence itself, or by other stresses in the teenager's life (e.g., Johnson, 1987). Precipitants of adolescent difficulties often involve members of the adolescent's social network. This network may include the youngster's immediate and extended family, school personnel, the peer group, organisers of recreational activities and involved helping agencies and professionals. Precipitating factors may usefully be categorised (like predisposing developmental stresses) as entrances, exits, changes, illness and abuse

MAINTAINING FACTORS

Teenagers with persistent- and multiple difficulties have often become involved in recurrent patterns of social interaction with members of their network. These recursive vicious cycles may maintain the youngsters' persistent problems (e.g. Imber-Coopersmith, 1985).

Such interpersonal processes often are associated with dysfunctional intrapsychic processes. The adolescent may hold a world view which impairs his or her overall adjustment. That is, basic beliefs and expectations about the self and others may lead to behaviour and emotions which in turn confirm the teenager's dysfunctional world view (e.g. Beitman, 1987). Examples of both types of maintaining factors are

presented in a later section of this paper.

Figure 8.1. Predisposing, precipitating and maintaining factors to consider in the assessment of multiproblem adolescents.

PROBLEM MANAGEMENT RESOURCES

Problem management resources are those factors which are preventing a problem from becoming a lot worse, or which might fruitfully be used in devising a solution to a youngster's difficulties.

High intelligence, well developed skills which lead reliably to experiences of mastery, and a likeable temperament are among the more important personal protective factors to consider in adolescent assessment (e.g., Anthony & Cohler, 1987).

Within the family, the school and the professional network individuals who are willing and able to contribute to meeting the youngster's needs for care, control and appropriate intellectual stimulation may be viewed as problem management resources. In concrete terms, such individuals may provide youngsters with a special relationship, therapy, skills training, a residential educational placement, foster care, or statutory child protection monitoring.

CLINICAL PRACTICE WITHIN THE ASSESSMENT PROGRAMME

The programme was developed between 1984 and 1988 by a multidisciplinary team based in an outpatient Department of Child and Family Psychiatry. The team comprises both senior and junior members of the following disciplines: social work, psychology, psychiatry, and occupational therapy. Members of all disciplines with the exception of social work are National Health Service employees. Social workers are, of course, employees of Social Services. Thurlow House, where the programme is conducted, is a free-standing building in its own grounds about two miles from our district general hospital. Social Services' Family Centre, Hamilton House, is next door. A number of social work staff from the programme are based in that building. Also, the Family Centre contributes sport equipment and the use of their minibus to the programme. Staff devote one day per week to the programme, an outline of which is presented in Table 8.1. The programme takes 13 weeks to complete. It is run three times a year: January-April, April-July, and September-December. These times coincide roughly with school terms. The average number of cases referred to the programme is 16 per term or 48 per annum. In our district there are about 15,000 children between the ages of 11 and 16, so about three per 1000 participate in the programme. Details of the programme components listed in Table 8.1 will now be presented.

INITIAL PSYCHIATRIC EVALUATION

The majority of referrals to the programme come from general practitioners, area social workers, paediatricians, educational

psychologists, education and welfare officers and teachers. The initial psychiatric interview provides a preliminary evaluation of each case and screens out youngsters with focal difficulties of low severity.

Table 8.1. Adolescent assessment programme schedule

Timing		Programme component
Following referral		Initial psychiatric evaluation
Day 1	Morning: Afternoon:	Intake meeting Arrange contracting interviews
Day 2	Morning: Afternoon:	Contracting interviews Arrange contract with school and involved professionals
Day 3	Morning: Afternoon:	Plan schedule for first two child centred days Family interviews
Day 4	All day:	First child centred assessment day
Day 5	All day:	Second child centred assessment day
Day 6	All day:	Interviews with family, school and other involved professionals
After school contact		Psychoeducational evaluation if necessary
Day 7	Morning: Afternoon:	Plan residential child centred assessment period Family interviews
Day 8 & 9	All day and night :	Residential child centred assessment period
Day 10	All day:	First review and formulation meeting
Day 11	All day:	Second review and formulation meeting
Day 12	All day:	Write reports
Day 13	All day:	Feedback interviews
Close of programme		Second psychiatric consultation

These cases require less intensive assessment and so are managed in other ways. Here is a typical example:

Tom, a 12 year old boy, was referred because his attainments, since he had moved to secondary school, were below the expectations of his parents and teachers. The central issue was whether Tom's underachievement was a reflection of

adjustment difficulties associated with the transition to secondary school or due to the presence of a specific learning difficulty which had gone undetected during the boy's primary schooling. The case was referred to the staff psychologist for psycho-educational evaluation and plans were made to discuss the results of this evaluation with the parents and the school staff.

Only multiproblem youngsters, teenagers from multiproblem families and those who have had a multiplacement experience are included in the programme. Where immediate crisis intervention is required, appropriate arrangements are made. Our policy is to provide, where possible, crisis intervention consultancy to community based professionals responsible for these cases. Concurrently these cases are placed on the waiting list for the programme which will provide a thorough assessment and recommendations for long term management.

Cindy was referred urgently by the community psychiatric nurse (CPN). This 15 year old girl was the daughter of a woman with a 12 year history of psychiatric treatment for a depressive illness. Cindy had presented with a long list of home and school based conduct problems which had escalated considerably in the three months prior to the referral. This escalation coincided with her father, a long distance lorry driver, spending more time away from home. The CPN was particularly concerned about the girl's violence towards her depressed mother. The violence occurred within the context of a clear pattern of interaction. When Mr Cox had been away from home for more than three days, Mrs Cox would begin to complain about him to her daughter and then berate herself for being critical of her husband. Cindy and her mother would then become involved in an angry escalating row about Mr Cox which occasionally culminated in Cindy hitting her mother. We offered the CPN and the family the following crisis intervention. First, we advised Mrs Cox to phone the CPN at set times when her husband was away and to *sound off about him*. Cindy was advised to go to her room or to visit a friend if she found herself becoming involved in discussions with her mother about father's absence. Father was to spend set periods of special time with mother and daughter separately when he arrived home. These periods were to be spent in mutually satisfying activities. He might take Mrs Cox out to dinner and take Cindy for a walk by the sea. The CPN was invited to meet periodically with a staff member at our clinic to discuss any hiccups in this crisis intervention and to obtain support in dealing with this difficult case.

REFERRAL MEETING

On the first day of the programme, staff meet and review referrals from the waiting list. If there are more than ten referrals, the programme is run as two separate but concurrent projects. This is a common occurrence. Group membership is kept to a maximum of nine per project for a number of reasons. First, on the child centred assessment days described below, the requisite tasks cannot be carried out effectively in larger groups. Second, we try to keep staff teams for each project group to a maximum of five and allocate two cases only per key worker. Larger staff groups, in our experience, work less efficiently and cohesively. If staff members carry more than three cases, the quality of the work with the family, school and other network members may suffer because the worker feels overloaded.

Referrals to the programme are divided into two project groups in such a way that each group is balanced for age, sex, primary presenting difficulties, and compatibility with staff team members' skills and areas of expertise. This *balancing* process is difficult to describe succinctly. However, a few examples will be given to illustrate the process. We try to avoid groups which would contain one child who is clearly different than other group members such as placing a girl in an all-male group; placing a 16 year old in a group of 11 and 12 year olds; or placing a child from an intact family in a group of multiplacement children. We try to ensure that children with psychosomatic difficulties are placed in a group with those staff members who are skilled in the management of children with such difficulties, or that bereaved children are placed in that group where staff are experienced in grief work.

The composition of each project's staff team is also decided in the referral meeting. Four main considerations determine team membership. First, staff should feel that they are personally compatible. Second, each project team should contain a mix of women and men, representatives of different disciplines and members with different areas of expertise and levels of clinical experience. Third, teams should remain fairly stable over time so that they can develop a team identity and cohesion. However, staff members should also have some opportunity to explore different co-working arrangements. Ideally, each project team comprises three core members who stay together for at least three terms, and two members who vary from programme to programme within that year. Fourth, each team should contain a group leader and a group consultant. The group leader chairs planning meetings and accepts overall responsibility for ensuring that the child-centred assessment days run smoothly. The group consultant has four main responsibilities:

- i. conducting an emotionally intense piece of group work on the evening of the third child centred assessment day;
- ii. chairing the review and formulation meetings;
- iii. 'filling in' for any team member who cannot meet part of their key worker responsibilities due to unforeseen circumstances;
- iv. offering supervision on case management or staff difficulties which arise over the course of the programme.

The group consultant is the only team member who has no keyworker responsibilities. Thus the position of consultant is one of relative objectivity with respect to the clients who participate in the programme.

CONTRACTING INTERVIEWS

The initial job of the keyworker is to conduct a contracting interview with the adolescent, the caregivers, and those legally responsible for the youngster. The cardinal function of the contracting interview is to set the foundations for building a trusting working alliance with the parents or legally responsible caregivers of the referred youngster. If at the end of the contracting interview, the seeds of this alliance have not been planted, then the parents or carers may have difficulties fully exploiting the benefits of the programme in helping them to deal with their youngster's difficulties.

Because forming this alliance is critical, workers must adopt a non-judgmental, empathic style which communicates to the carers that they are concerned and trustworthy. The worker's style must also be characterised by a professional curiosity which communicates to the carers that the worker is competent to conduct a thorough assessment.

During this contact, the presenting problems are clarified. Previous attempts which the youngster and the family have made at solving these and related problems are explored. An inventory of other involved professionals is also obtained.

The keyworker summarises this information for the family highlighting the complexity of the youngster's difficulties and the inappropriateness of further attempts at active problem-solving which is not guided by a comprehensive assessment. It is in this context that the structure of the programme is outlined. The following is an excerpt from the last ten minutes of a contracting interview which illustrates the process. The referring social worker, Brian, is present since he is legally responsible for Andrew, a multiproblem-multiplacement adolescent. The foster parents, the Hickeys, are present as the caregivers.

Worker (KW): Let me go through the picture you've drawn so far. Andrew moved in with you five years ago when he was seven. The original plan was that he would stay with you for a brief period and later move in with another foster family on a

long term basis. In fact eh .. this didn't happen. Because of difficulties at the social service department, the placement dragged on.

Foster Father (FF): Yes, they were short staffed and short of foster families prepared to take long term kids ... Then our social worker left. mm.. It was a year before we were really .. allocated Brian ..m.. here.

KW: By this stage you were attached to Andrew and so agreed to make a commitment to have him live in your family permanently as a foster son, when Brian made this suggestion.

Foster Mother (FM): mmm ..

KW: You both put in Trojan work helping Andrew overcome a lot of bad habits and difficulties during his first four years at your house. You helped him stop wetting and soiling. You taught him how to control his temper and how to take a hug at the end of a big row rather than sulk for weeks ... Have I got that bit right?

FM and FF: Yes well .. you know . . it's eh .. You just do that for kids don't you. *KW*: I'm not sure. A lot of people would have given up on Andrew during those four years but you stuck with him and saw him through it. Andrew, were things OK up till last September and the way that I've described them or did you want to leave?

Andrew (A): Yes .. no I didn't want to leave

KW: In September, Andrew was bullied at school. Then he and another boy skived off once or twice a week. During one of these episodes, he stole a car and crashed it. The owners, were friends of yours Mr and Mrs Hickey and decided not to prosecute. However, Andrew would not discuss this whole business with you despite your patience with him.

FF: We tried everything but it was like ... (to wife). He had shut us out ..

KW: And I suspect, Andrew that you were feeling fairly guilty, although I'm not entirely sure about that ... and it was then that you ran away.

A: (head bowed) ...uhhh...

KW: Anyway, there are other possibilities and we don't have time to go into that here today but it sounds like you, Andrew, are finding yourself now in a difficult patch. You are not talking to your folks about it. From my viewpoint that's fair enough. Privacy is important. However, you, Mr and Mrs Hickey are in a bit of a scrape too, as I understand it, because you and Brian are wondering if this is a resolvable situation. You are wondering if it was a mistake to take Andrew on as a

foster son in a permanent way. You are wondering should he be placed elsewhere and want same way to decide about this. This is difficult because he will not speak to you.

FM: He used to tell us everything .. Well almost... He's never said much about .. you know..... when he lived with his parents ... and we wonder if something about that is bothering him.

KW: You have a good relationship with Andrew but in some way that is blocked at the moment and has been since about September when all this started. You are wondering if something in Andrew's past is creating this block ... hmm

FM: Yes, that's it.

KW: And the school ... the education and welfare officer ... both of these have concerns relating to Andrew's truancy. They may be pushing for Andrew to be placed in another school.

Social Worker: Yes, it was partially because of that, that and because of the foster placement issue that I made this referral.

KW: Brian, I know that you know our programme inside, but let me say a few words about it to you Mr and Mrs Hickey and to your Andrew.

At this point in a contracting interview, the keyworker then underlines a series of positive aspects of the programme. The viewpoints of all network members will be taken into account. The recommendations will be based on a good understanding of the presenting difficulties and the network's strengths and weaknesses. Participation is voluntary. Except where it would be injurious to a member of the network, confidentiality when requested is respected. From the youngster's viewpoint, the activities on the child centred days are fun and they are given an opportunity to be listened to in an adult way. Parents are given an opportunity to be understood and supported.

Negative features of the programme are also mentioned. It is a lengthy process and the family will have to endure their uncertainty about the right way to handle their difficulties for the duration of the programme. Parents are warned that the child centred assessment days may precipitate crises such as family rows, running away, aggression or self-injury. However, it is made clear that the keyworker will support the family through such crises if they occur. The possibilities that the programme will point to recommendations which the parents know are in the child's best interests but which they must reject is also pointed out.

If the family decide that they wish to contract into the programme the youngster and his parents or cares are given copies of Achenbach and Edelbrock's Child Behaviour Checklist (1983; 1986) to complete as homework. Permission to have the school and other involved professionals or family members complete copies of the

checklist and furnish the keyworker with reports on the youngster's difficulties and related matters is also obtained. The information furnished by these comprehensive checklists allows youngsters' views of their own problem behaviours to be compared with observations made by teachers, parents and others in a highly structured way.

If no contract is established the family are offered a second psychiatric consultation before being returned to the referring agent.

PLANNING MEETINGS

In these meetings (which are held on days 3 and 7 of the programme) assessment exercises, activities and staff responsibilities for the child centred assessment days are clarified. Assessment exercises are referred to as *work*. These allow youngsters to gain an understanding of their difficulties. Activities are referred to as *play*. These enable the group to develop a sense of cohesion and identity. They also provide staff with an opportunity to observe the youngsters in free play in a peer group setting. A more detailed account of *work* will be given in the next section.

Resources necessary for the activities are arranged in the planning meeting. For example. Minibuses are booked and cash to cover costs of activities is obtained from our units Special Projects Fund. Horse riding, swimming, roller skating, bowling, beach walking and table tennis are among the activities we have used. Facilities for these activities often have to be booked in advance. For the residential child-centred assessment period (Days 8 and 9), self-catering accommodation must be booked and grocery shopping arrangements need to be made.

Planning meetings are also used for training students or volunteer counsellors on the team in skills necessary for contributing effectively to the assessment programme.

CHILD CENTRED ASSESSMENT

The child centred assessment period which spans four days has one core objective. We aim to develop a working alliance with the youngsters so that at the close of the programme they will feel able to participate effectively in the feedback meetings and any subsequent work which follows on from the programme. In working to this objective, we have two subgoals in mind. First, to help the youngsters develop a clear understanding of their difficulties and second to observe youngsters' behaviour directly. The schedule of *work* and *play* activities drawn up in the planning meeting is constructed with the core objective and subgoals in mind. While schedules vary from one programme to the next, certain core themes are invariably present.

The *work* sessions are paced and timed in a coherent sequence.

Early work sessions focus mainly on helping youngsters clearly define the problem from their perspective. Concurrently, the team generates through *work* and *play* a group climate of trust, warmth, acceptance and safety. A variety of structured individual, dyadic and whole group assessment exercises are used. During such exercises the team coach youngsters in interpersonal problem solving skills if they show deficiencies in this area. Such skills include putting thoughts, feelings and observations into words accurately; checking that these have been understood; listening to feedback and incorporating feedback into their own view of the world. In doing this, the keyworker has to be sensitive to each youngster's pace. The following example illustrates some of these points.

On the morning of the first day of the group, the leader invited the youngsters to participate in the following exercises in pairs, with one keyworker per couple. First, they were asked to draw a life map of the past which documented significant positive and negative life experiences. Then they were invited to project this into the future they hoped for on the one hand and the future which they guessed would occur on the other. Paul, a 15 year old boy, noted that every two years or so his family moved house to a new RAF base because of his father's job. Paul could remember five such moves. After each move Paul would be sad, steal from his parents and fight with them. In the past and at present Paul believed that his parents saw his conduct problems as a sign that he was basically a bad son and a disappointment to them. Over the years, the period of adjustment following a move became briefer but the extent of the stealing became greater. Paul was referred to the programme after he had stolen some of his mother's very expensive jewellery. Looking into the future, Paul hoped his family could move back to Germany where his friends were, but guessed that they would probably settle in Norfolk for about four years and that he would finish secondary school here. Paul was then invited to summarise the key points in this account to his partner in the exercise. He refused point blank even with a bit of cajoling. The keyworker said that he was pleased that Paul could hold his ground, since this was a sign of maturity. He then involved the other member of the dyad, Dick, in recounting three amusing anecdotes from his life map. Paul then clampered to do likewise. One of the incidents he described occurred in Germany. Dick, asked him why he moved. In the natural flow of the conversation, Paul recounted the salient points from his life map to Dick, the task he had refused to engage in a few minutes earlier.

Only when a basic level of trust has developed and youngsters have clearly defined their difficulties from their own perspective can they be confronted with the views that significant members of their networks hold of them. This usually occurs during the early work sessions of the residential period (Days 8 and 9 in Table 8.1). By this time key workers have collected and summarised relevant information from the family, the school and involved professionals. The task then, is for each teenager to integrate their own view of their difficulties with the views that others have of them.

Paul, mentioned in the last example, was given an opportunity to compare his view of his difficulties with the following information which was obtained during the family and school interviews. His father said that he sometimes believed that Paul's stealing was a malicious attempt to jeopardise his position in the RAF by escalating the theft to a level where police involvement would be necessary. However, at other times, he agreed with his wife's position and saw the stealing as Paul's way of looking for attention and contact. He had doubts about this, however, since he was sure that Paul knew the strength of the love he felt for him as his only son. Paul's mother also sensed that the fighting and arguments in which she and Paul engaged were largely an expression of his sadness at having to leave his friends and change schools yet again. This was a source of heartache for her because she cared for him so much. The present and previous schools were in agreement that Paul was of above average ability. His previous schools all noted that an initial period of underachievement was followed by a period of good performance. His present school had been informed of this and so were expecting his work to pick up over the next few months, but were prepared to allow Paul some settling in time. Paul was surprised by much of this. He was unaware of how strongly his dad felt for him. He never knew that his mum felt so bad about all the losses he had endured. He was also relieved that the school knew what he was capable of.

Against this background, potential solutions to youngster's difficulties may be explored. The role of the youngster and of significant network members in these potential solutions are clarified. The pros and cons of these various options may then be enumerated and the youngster's preferred solution identified. Paul's worker explored various options including:

- i. family work which focused on mum, dad and Paul's understanding of how the multiple moves had affected each of them;
- ii. boarding school (for which an assisted place could easily be obtained

through the RAF) which would protect Paul from having his study programme interrupted again;
iii. making plans to leave home at 16.

At the end of each child centred assessment day, staff meet to formally record observations of how each youngster has related to both peers and staff. Observations of problem behaviour are also noted.

Up to this point, the play activities (e.g. swimming, horse riding) have usually allowed the group to share a high level of positive feelings. However, the work sessions have characteristically been devoid of intense emotional expression. That is, the work has helped the youngsters obtain only intellectual appreciation of their difficulties.

On the evening of the residential period, the team consultant conducts a series of group exercises which allows youngsters an opportunity to access painful emotional material which underpins their problem behaviour. We refer to this as *touching the heart of the problem*. The following are the more important elements of this group work. Taking turns at speaking and active listening must be facilitated. Group members must be helped to give feedback to indicate that active listening has occurred. The consultant must create a climate where the youngsters feel that expressing hidden feelings or strong emotions will be accepted by the group. The way in which experiencing painful emotions, which underpin personal difficulties, can be useful in finding a way through such difficulties must be demonstrated. The group usually closes with a series of group games that encourage positive feelings and group cohesion.

The group began with G showing the group a conch and telling the story of the role of the Conch in Golding's *Lord of the Flies*. The central idea is that only the person with the conch can speak. All others must listen. After the conch holder has spoken the group members have an opportunity to give feedback by saying *I believe you* or *I don't believe you*. Group members each are given a chance to hold the conch and speak. Initially a round of speaking about trivial matters occurred. Later, the members were invited to talk about how something they believe leads to strong feelings which cause them to act in ways that get them into trouble. Two staff gave examples from their own experiences to model the process. When it came to Paul's turn (the lad mentioned in previous examples in this section), he expressed the anger he felt towards his father in particular for moving the family about and making him leave his friends and said this led to his fighting and stealing. When he connected with the anger he found that he was also angry that his dad spent so much time at work and had little time for him. Finally, this anger gave way to the strong feelings of hurt

and loss he felt at losing his friends and at becoming estranged from his father. He said he wanted to find a way to reconnect with his dad. He was facilitated through this process by GG.

After this piece of group work the youngsters retire and the consultant convenes a staff meeting. The meeting has two functions. First, for each case, new information arising from the *touching the heart of the problem* group is identified and recorded. Second, staff are given an opportunity to unwind. We have found that this period is important for facilitating team cohesion.

Throughout the child centred assessment period, team members have a commitment to adopting the *reasonable parent role* (Becker, 1964). This role involves relating to youngsters with warmth, communicating directly and clearly, giving age appropriate responsibilities, consequating acceptable and unacceptable actions consistently with praise or disapproval, and resolving conflicts through negotiation. Because we adopt this role, if youngsters want to opt out of any *work* or *play* activity they may do so and a compromise is negotiated with their keyworker. For example, some youngsters opt out of swimming but play table tennis instead. Others opt out of the *touching the heart of the matter* group but as an alternative, engage in less emotionally charged work with their keyworker.

At the end of the child centred assessment period (which is usually a fairly emotional event) key workers inform their clients that they will meet with them and their families to feedback the assessment results in the near future.

FAMILY ASSESSMENT

Between the child centred assessment days at Thurlow House and the residential assessment period, key workers conduct a family evaluation. This usually involves between one and three sessions. However, more sessions are often required. For example, it would be difficult to conduct a thorough family evaluation in three sessions if a youngster's parents were divorced and if he had lived in three different foster homes and with both sets of grandparents.

The family evaluation has one primary objective. It provides a forum within which the keyworker can deepen his or her working alliance with the significant members of the youngster's social network which began in the contracting interview. The development of this relationship is crucial. Whether the parents (or those responsible for the youngster) accept or reject the recommendations presented to them at the end of the programme will depend to a large extent upon the rapport the keyworker has developed with them.

This relationship with the youngster's family is developed within the context of evaluation exercises where the keyworker gathers

information on family membership, development, structure and functioning. The genogram is one of the central methods we use for family evaluation (McGoldrick & Gerson, 1985). The keyworker facilitates the family's participation in drawing a family tree, spanning at least three generations. Nine levels of information are placed onto this framework:

- i. individual demographic information: names, dates of birth and death, education and occupations;
- ii. individual personal characteristics: developmental history, appearance, personality, interests and achievements, strengths, illnesses, problems and addictions;
- iii. entrances to, and exits from family relationships: circumstances of birth, circumstances of death, stillbirths, adoptions, fosterings, homeleavings, marriages, divorces;
- iv. parenting beliefs and skills: how nurturance is given; how discipline and control are exercised; how play and intellectual stimulation occur; how parenting tasks are divided between parents; parents' beliefs about how the presenting problems should be handled; parents' views on what the grandparents or significant others think is the solution to the presenting problem; whether intrafamilial child abuse has occurred; and how parents deal with sex and aggression;
- v. marital relationships: duration and stability of present and previous marital or cohabiting relationships; how each partner manages closeness and emotional intimacy; roles and power structure of present and previous marital relationships;
- vi. family factions and patterns of relationships: factions and patterns within current nuclear and extended family; patterns which recur from parents' treatment of one child to the next within the nuclear family; patterns which recur from generation to generation; patterns associated with birth order, age, sex or other personal characteristics;
- vii. stage of lifecycle of nuclear family at present and adequacy of their management of main developmental tasks;
- viii. extrafamilial social support: relationships of nuclear family and extended family to friends, schools, and other agencies;
- ix. extrafamilial stress: physical stresses such as cramped housing conditions; financial stresses such as unemployment and poverty; social stresses such as living in a community with a high crime level; cultural stresses such as being a member of an ethnic minority group.

The following example illustrates how collecting information on parenting beliefs and skills and extrafamilial social support (levels iv and viii set out above) can be used in deepening the working alliance

with a single parent. The keyworker uses empathy and warmth to connect with the mother and frames the questions about the extended family in a way that gives the mother access to family resources that have remained untapped. Karl Tomm has written extensively on this style of interviewing (Tomm, 1987).

Key Worker (KW): You've said that she won't do a thing you ask.

Mother (M): (With anger) That's right.

KW: (Curiously and with respect) If your mother or father were here what advice do you think that they would give you?

M: They're no help.

KW: At the moment they provide little support, I understand that. But when you were a youngster like Sam, if you behaved like she does what would your mum and dad have done.

M: Well mum would have screamed at me and dad would have took no notice. *KW:* You've tried both of those approaches with Sam and many others?

M: Yes. She won't listen to reason. She's a chip off the old block. She's going to make all the mistakes I did ... I can just see it.

KW: Could anyone help you see reason when you were her age? Was there anyone who knew how to get through to you?

M: (Switches from anger to thoughtful sorrow) Well there was Nan but she's dead now.

KW: (Smiling warmly) What was special about Nan.

M: (With warmth) Well she didn't bully you ... and you know ... you just did with her.

KW: She understood you?

M: Mmmmhh.

KW: She was on your side?

M: Yes, that's it. She was on my side and the others were against me.

KW: But at the moment, no one is on your side in helping you sort out Sam and from Sam's viewpoint no one is on her side.

M: I want to be, but it's just impossible to get there. Do you know what I mean.? She wants out. I can't cope with her. That's it.

KW: You want to be on her side. You guess that she wants you to be on her side. But that's hard to arrange, especially without Nan here to show us.

M: Yes. Nan would have sorted her out.

KW: Nan would have understood her and could have helped you do the same.

M: Yes. *KW:* Let's look at that ...

ASSESSMENT OF THE ROLE OF THE SCHOOL AND OTHER AGENCIES

The youngster's present and past schools and other agencies involved in helping the teenager or members of the family are contacted, and the views of such involved professionals are sought on the following issues: the way in which they came into contact with the family; whether their involvement is statutory or not; the type of help they have offered the family; the effectiveness of this family; whether their continued involvement is maintaining or relieving the presenting problems; helping resources that they could potentially offer the family; their investment in various possible types of solutions to the presenting difficulties. From the youngster's present and past schools information is sought on attendance, achievement, conduct, and peer relations.

Social Services, general practitioners, health visitors, the National Society for the Prevention of Cruelty to Children, the School Psychological Service, the Educational and Welfare Office, Departments of Paediatrics and Adult Psychiatry at our local district general hospital, and various voluntary agencies are among the more common agencies that have to be contacted. In cases where a youngster or member of the family has moved to our district from another, we trace records from previously involved agencies.

Whether contact with involved agencies is made by letter, phone or interview depends upon a large number of factors. However, if a keyworker has good reason to believe that an involved professional or agency could make a substantial contribution to the solution to the problem or could oppose a potentially fruitful solution, then face-to-face contact is made. We believe that such face-to-face contact, while time consuming in the short term, is essential if the worker is to develop a good working relationship with colleagues from other agencies. The following closing dialogue from a school visit illustrates this point.

Key Worker (KW): So Mary has been a poor attender for two years, has been involved in a lot of conduct problems, is a poor achiever, but leans on you for support when her mother is going through bad patches and she also has it in for three particular staff members who keep pressurizing you to expel her.

School Principal (SP): That's the way it is.

KW: You're a martyr (Laughing) Do you know that? I don't know how you've had the patience to hold on to her, especially with resourcing the way it is.

SP: It's a relief that someone else can see it as it is.

KW: When I've spoken to all involved and have some ideas on a way forward with this one can I get back to you then?

SP: Please do ...

PSYCHO-EDUCATIONAL EVALUATION

This evaluation is carried out if a youngster has academic difficulties which remain puzzling for parents and involved professionals. It is also conducted if there is doubt about the suitability of a youngster's current educational placement. This type of evaluation usually occurs after information from the youngster's schools and the School Psychological Service has been obtained. The assessment is normally carried out in a single two hour session. The Revised Wechsler Intelligence Scale for Children, the Revised Wide Range Achievement Test and the Neale Analysis of Reading Ability Test constitute the standard test battery.

Previously undiagnosed specific learning disabilities or mild mental handicap are the most common conditions which come to light from our psycho-educational evaluation.

REVIEW AND FORMULATION MEETINGS

These meetings are chaired by the team consultant and attended by all team members. Usually four cases are formulated by the team on each day. A room equipped with a whiteboard large enough to contain a summary of available information on one case is used for this part of the programme.

These meetings have two main functions. First, they provide a forum within which available information on each case may be integrated into a coherent formulation. Case management plans which follow from such formulations are then drawn up. Second, the meetings are used to train junior staff and students in formulation and case management planning skills.

For each case, the team consultant facilitates the keyworker in the presentation of the information that has been collected. He then summarises this and writes it up on the board. The principle headings under which information is summarised are:

- i. circumstances of referral and presenting problems;
- ii. child behaviour checklist scores;
- iii. illegal behaviour;
- iv. family structure and functioning;
- v. developmental stresses;
- vi. previous interventions and role of other professionals;
- vii. school report;
- viii. observations made on child centred assessment days;
- ix. youngster's view of the problem;
- x. psychoeducational evaluation.

This practice allows all staff to have access to the same information at the same time.

The keyworker then attempts to categorise this summary of the available information into the model outlined in Figure 8.1. Thus, certain pieces of information will be labelled as predisposing factors. Others will be recognised as precipitating, maintaining or protective factors. The consultant facilitates this process and where appropriate encourages input from other team members, but guards against it becoming a free-for-all discussion. The onus is on the keyworker to do the bulk of the work at this point. Once the information has been categorised within the model, the consultant facilitates the keyworker in the development of a comprehensive formulation which links the information in the model together in a coherent way. When the keyworker reaches the point where he or she is either satisfied with the formulation or stuck, other team members are invited to offer comments on the formulation. The consultant facilitates this process by encouraging creativity, lateral thinking and so forth, rather than being judgmental and critical. This process of team brainstorming is often appreciated by students. It provides an illustration of the value of multidisciplinary work.

After a period of brainstorming, the consultant summarises the various ideas that have been proposed and facilitates the keyworker in reaching a final formulation. A good formulation has five main characteristics:

- i. It is specific rather than vague;
- ii. All statements are logically and coherently connected;
- iii. It is comprehensive so takes account of most of the available information;
- iv. It points to clear practical recommendations the efficacy of which may be easily tested;
- v. it points to case management options that should be avoided (Carr, 1987). Here is an example of a formulation (because of space limitation it is presented in narrative rather than diagrammatic form.)

Problem definition: John is a 13 year old boy who presents with faecal soiling, stealing, social withdrawal and attainment and conduct problems at school.

Maintaining factors: John steals and soils, and this usually occurs after one of three sorts of exchanges: when his mother (Brenda) tries to help him improve his conduct at home or with his attainments at school by giving him *a good talking to*; when he sees his stepfather (Bill) or mother praise his only brother (Mick) for his accomplishments; when his father (Frank) alters arrangements about access visits. After his stealing or soiling is discovered, usually his mother tries her best to set him straight by giving him *a good talking to*. John then steals or soils again. Occasionally there may be a period

of sulking during which John confines himself to his room and thinks about his difficulties or builds model aeroplanes. This is the cycle of interaction surrounding the problem. What follows are the vicious cycles of thoughts and feelings in which John, Brenda and Bill are ensnared.

When John is involved in any of the three trigger situations outlined above he (mistakenly) sees the actions of his mother, father and stepfather as proof that he is no good and that no one cares about him. He becomes sad but doubts that his mother or stepfather could comfort him. Then he becomes angry. He knows that he can not beat his parents or his brother in an open argument. He then finds himself stealing things from them or soiling and surmises that this is the way he expresses anger at them.

Brenda tries to help him overcome his problems by reprimanding him but finds herself becoming more angry with him than she intends. This anger is fuelled largely by guilt. She feels guilty because she believes that the divorce has caused John's difficulties; that she favours Mick over him; and that from time to time she displaces anger at Frank (about him changing access arrangements) onto John.

Bill has never become fully involved with John as a father figure. He does not discipline him nor does he take him on father-son outings. This is because he does not want to offend his wife. If he took a more active role in fathering the boy, Frank might criticize Brenda for letting him do so.

John is of borderline intelligence and attends a mainstream secondary school. He is in mixed ability classes for most of his subjects. This philosophy is adopted by the school so children with learning difficulties will not feel stigmatised. Unfortunately, the additional teaching resources necessary to effectively run mixed ability classes have not been made available to the school. John therefore receives only the same type of learning experiences as his more able peers and so sees himself failing in relation to them most of the time. This confirms his view of himself as *no-good*. This belief, which events at home and school reinforce, has eroded his motivation to try harder at school and has also made him frustrated. His low motivation and frustration find expression in poor application to academic tasks and disruptive behaviour in school. This has led his teachers to see him as delinquent or lazy rather than as a lad with learning difficulties who is demoralised.

Precipitating factors: John's stealing and soiling

began four years ago when Frank and Brenda's marital difficulties became severe. After the separation and even after Bill moved in, the problems began to improve.

Three factors precipitated a recurrence of the home based problems and the beginning of the school based difficulties when was eleven and a half years old: the move to secondary school; decreased contact with his father after Frank moved to a new house 30 miles away; his brother's outstanding school achievement which resulted in Mick obtaining a scholarship to attend a private grammar school. This underlined the contrast between the two boys.

The present referral was precipitated by the failure of the parents to secure additional educational resources for John, following a section 5 assessment under the 1981 Education Act, and an episode where Brenda came close to physically abusing John when he defecated in her underwear drawer.

Predisposing factors: John has always had a special relationship with his father and this predisposed him to developing difficulties at the time of the separation when Frank left the household. From Brenda's perspective, John resembles Frank physically and so reminds her of him. This predisposes John to being scapegoated more than Mick, who does not resemble his father. John has always been of borderline intelligence and this predisposed him to having difficulties finding an appropriate education placement.

Protective factors: At a personal level John has the capacity to make and maintain supportive relationships with adults (e.g his father) and peers. He is also skilled in constructing model aeroplanes. This is his single area of technical or academic mastery.

At a family level, his stepfather is an untapped resource. If all family members' apprehensions about Bill becoming involved with John could be dealt with, he could offer John a supportive relationship within the household.

Within the educational context three protective factors are present.

- i. The team, historically, has a good working relationship with John's school.
- ii. Our unit's assessment may be used as a basis for appealing against the decision not to offer additional educational resources and requesting that a welfare or teaching assistant be made available to the school to help them meet John's needs.
- iii. Our team has a good relationship with a school for mildly mentally handicapped youngsters to which John could be

transferred if necessary.

At a professional level, the keyworker has developed good working relationships with all involved parties and is willing to be involved in further work with John's network.

Once the formulation has been drawn up, the keyworker proposes a series of management options which follow directly from it. The pros and cons of each option are then examined by the team. Finally, the most viable package of options is specified. Options which would maintain or exacerbate the presenting problems and which should be avoided are also noted. Responsibilities for carrying out the plan are then agreed upon.

Goals: In the example just presented we set the following goals: to disrupt the cycle of interaction underpinning his stealing and soiling which occurred at home; to disrupt the cycle of interaction surrounding his school based difficulties.

Recommendation 1: With respect to the first goal, a number of tactics were considered. The cycle could be interrupted by arranging for John to live elsewhere, e.g. with his father, with another relative, in boarding school or in voluntary care. Work focused on helping John and Brenda develop a more positive relationship could occur concurrently and John could be reintegrated into the family at a later point. This is the sort of solution favoured by Brenda at the contracting interview. It would remove the opportunity for her to physically abuse her son. However, it had its difficulties. First, John might interpret his mother's desire that he leave as rejection rather than protection and so confirm his belief that he was *no good*. Second, for John to live with Bill or other relatives was not practical for a variety of reasons. Third, given the failure of the school to obtain additional teaching resources for John throughout the statementing procedure, it was unlikely that a boarding school placement could be obtained (on social grounds) by appeal. Even if a place could be obtained, between red tape and school holidays it would be nine months before John could begin.

An alternative set of tactics would be to invite Bill Frank and Brenda to agree that Brenda opt out of the cycle of interaction by handing over all parenting responsibilities to Bill and Frank, on a temporary basis. Bill and Frank could be encouraged to help John develop life skills necessary for adulthood as a way of raising John's self-esteem. For example, they could help John to find a way of using his model building skills to earn extra pocket money. They could also be coached

in effective behavioural methods for dealing with encopresis and theft. Once this process had been set in motion, the focus could shift to enhancing John's relationship with his mother. Family work embodying this set of tactics was our recommended course of action.

Recommendation 2: On the educational side two tactics were considered. First, transfer John to a local day school for mildly mentally handicapped children. Second, feedback our formulation to John's teachers and discuss the implications of this for his management in his present school while concurrently appealing against the decision of the local education authority to deny John access to a teaching assistant to help him keep pace with his more able peers in mixed ability classes.

The transfer could be arranged immediately and such a placement would lead to fewer *failure experiences* for John. However, it could lead to him being stigmatised. The liaison work with his present school would only be effective if the appeal were to provide the school with a teaching assistant. The appeal would take at least three months and the outcome was uncertain. Our recommendation was that John, Brenda, Bill and Frank discuss these two options, visit the alternative school, consult with the Area Education Office and decide for themselves. The keyworker agreed to guide them through this process.

If the team have difficulty agreeing upon a formulation, a critical piece of information may not have been identified during the programme. The team must always keep this option open and be prepared to accept that further assessment may be required. In such cases the team can usually specify the area which should be addressed by subsequent investigations. For example, a critical member of the extended family may require interviewing or an ill parent's prognosis may need to be checked in person with an out-of-town specialist.

When student key workers are involved in the programme, the team usually chooses one case to be formulated in *slow motion* following step-by-step the guidelines set out in this section. Experienced keyworkers usually find that many cases can be formulated rapidly. Only about a third require lengthy deliberation. It is the consultant's responsibility to help the team decide upon which cases will require a lengthy review and which will be done more rapidly. This information allows the team to schedule the workload over the two whole days which are set aside for review and formulation.

REPORT WRITING

A team member other than the worker transcribes the summary of available information off the board onto a note pad for each case. The hypothesis and action plan are also transcribed. The keyworker uses this information as a basis for writing a comprehensive report which is placed on both the medical and social work files as a source document for future reference. A copy of this document is usually sent to the referring agent.

Sometimes additional reports have to be written. For example, where it is recommended that a child be taken into care, separate medical, social work and psychological reports may be required by the court. Where the Area Education Officer requests our opinion concerning a youngster's special educational needs, usually a brief resume of our position is all that is required.

FEEDBACK

The core of any feedback message contains our formulation or understanding of adolescent's difficulties and the management option which we think will serve the youngster's best interests.

Feedback is always given to the key people in the youngster's network. This invariably includes the adolescent, the people who hold parental rights, the people most concerned that the adolescent's problem behaviour is altered, and the referring agent. Others who may require feedback are: people who have held parental rights; actual or potential foster parents; members of the extended family; other members of the adolescent's household; other involved professionals and siblings.

Feedback is given for different reasons. If the sole purpose is to keep a person informed, then feedback may be effectively given by phone or letter. If, however, feedback involves offering a view on how a situation could fruitfully be changed, then feedback is best given at a meeting. If the proposed action plan involves co-ordinated decision making on the part of many members of the youngster's network, then we often convene a network meeting and offer feedback within this context.

If the keyworker has done the job effectively, the family interviews, the child centred assessment days, the school contacts and meetings with other professionals will have been used as a forum for developing good working relationships and fostering a climate of trust. However, we sometimes anticipate that some of the families referred to our programme will have difficulty accepting our feedback and so we plan to deliver feedback in a way which will minimise resistance (Anderson and Stewart, 1983). For example, we endeavour to present our formulation in a non-blaming way that is sensitive to every network member's good intentions. We encourage network members to discuss the pros and cons of various management options, including that

favoured by our team.

Often it is useful for one or more team members to join the keyworker for the feedback meeting, e.g where a family is expected to be highly resistant; where specialist information has to be presented such as psychometric test results; or where family work is going to be offered as part of a case management package and the co-therapist has to be introduced to the family. Usually feedback meetings end with the adolescent and members of the network either accepting or rejecting our recommendations. At this point a second psychiatric consultation occurs.

FINAL PSYCHIATRIC CONSULTATION

One of us (DMcD) in the role of Clinical Director, meets with the youngster and the parents (or those with parental rights) to confirm the family's decision concerning the recommendations. On the rare occasions where recommendations are rejected the case is returned to the referring agent. Where the recommendations are accepted and these involve clinic staff, (eg. arranging a placement or offering counselling) a contract for this further work is made.

PROGRAMME ADMINISTRATION

Flexible and skilled administrative back-up is critical to the smooth running of the programme. Important administrative tasks include maintaining a waiting list, co-ordinating staff diaries, arranging appointments and hospital transport if necessary, booking community based activities, buying food and equipment, handling routine and crisis related phone calls, typing reports and correspondence, arranging feedback conferences and handling programme finances. These responsibilities are met by two sessional workers who are each employed three sessions a week for the 13 weeks of the programme. Our sessional workers were previously employed as an Education and Welfare Officer and as a Police Officer. Both have a facility for working with children and families and of course have a flair for administrative work. In addition to their administrative responsibilities, both join the clinical team on the child centred assessment days to help out with both *work* and *play* activities.

The development of a large enough petty cash float to meet the running costs of the child centred assessment days and to pay sessional workers deserves special mention. This amounts to £3,000 per year and is jointly funded by the Health Authority and Social Services.

FINAL COMMENTS

Our Health Authority has no adolescent psychiatry inpatient unit. Our Social Services Department has no residential observational and

assessment centre. Only three to four cases per annum are referred to such facilities outside our district. In view of this it is clear that the programme described in this paper in the majority of cases fulfils the function held by residential assessment units in other districts. This multidisciplinary and multidimensional approach to adolescent assessment can be replicated in other agency settings. For example, a social work child care team could organise and run this programme and co-opt the aid of a psychologist and psychiatrist on a sessional basis. We also believe that this approach to assessment can be useful with other populations, e.g. families where child abuse has occurred (Gawlinski et al., 1988).

REFERENCES

- Achenbach, T. (1985). *Assessment and Taxonomy of Child and Adolescent Psychopathology*. Beverley Hills, CA: Sage
- Achenbach, T. and Edelbrock, C. (1983). *Manual for the Child Behavior Checklist*. Burlington, VT: University of Vermont.
- Achenbach, T. and Edelbrock, C. (1986). *Manual for the Teacher Report Form*. Burlington, VT: University of Vermont.
- Achenbach, T. and Edelbrock, C. (1988). *Manual for the Youth Self-Report Form*. Burlington, VT: University of Vermont.
- Anderson, C. & Stewart, S. (1983). *Mastering Resistance*. New York: Guilford.
- Anthony, E. & Cohler, B (1987) .*The Invulnerable Child*. New York: Guilford.
- Becker, W. (1964). Consequences of different kinds of parental discipline. In M. Hoffman & L. Hoffman (eds.). *Review of Child Development* (Vol. 1). New York: Russell Sage.
- Beitman, B. (1987). *The Structure of Individual Psychotherapy*. New York: Guilford.
- Carr, A. (1987). *Constructing Hypotheses to Guide Systems Interventions*. Workshop presented at the Association for Family Therapy National Training Conference, York.
- Garrison, W. & Earls, F. (1987). *Temperament and Child Psychopathology*. Beverley Hills, CA: Sage.
- Gawlinski, G., Carr, A., Irving, N., & MacDonnell, D. (1988). Thurlow House Assessment Programme for families with physical abused children. *Practice*, 2, 208-220.
- Health Advisory Service (HAS) (1986). *Bridges over Troubled Waters*. A report for the NHS HAS on services for disturbed adolescents. London: DHSS.
- Imber-Coopersmith, E. (1985). Families and multiple helpers: A systems perspective. In D. Campbell & R. Draper (eds.), *Applications of Systemic Family Therapy*. London: Grune Stratton.
- Johnson, J. (1987). *Life Events as Stressors in Childhood and Adolescence*. Beverley Hills, CA: Sage.
- McGolderick, M. & Gerson, R. (1985). *Genograms in Family Assessment*. New York: Norton.
- Rutter, M. (1979). *Changing Youth in a Changing Society: Patterns of*

Adolescent Development and Disorder. London: Nuffield Provincial Hospital Trust.

Rutter, M. (1985). Family and school influences: Meanings, mechanisms and implications. In R. Nichol (ed.), *Longitudinal Studies in Child Psychology and Psychiatry*. New York: Wiley.

Rutter, M., Graham, P., Chadwick, O., & Yule, W. (1976). Adolescent turmoil: Fact or Fiction. *Journal of Child Psychology and Psychiatry*, 17, 35-36.

Tomm, K. (1987). Interventive interviewing.1. Strategizing as a fourth guideline for the therapist. *Family Process*, 26, 3-14.

Wolfe, D. (1987). *Child Abuse: Implications for Development and Psychopathology*. Beverley Hills: Sage.