

SYSTEMATIC CASE STUDIES OF TWO CLIENTS IN A FAMILY-BASED
PSYCHOTHERAPY CLINIC LOCATED WITHIN A PUBLIC HIGH SCHOOL

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ABSTRACT

Social aggression amongst female adolescents in middle school is considered to be a normative experience during this period. For some, these experiences can have an extensive impact, thus negatively affecting their mental health and academic performance. Due to its often subtle nature, social aggression can be misconstrued as harmless behavior and teachers/parents observing problems in these early adolescents may not immediately pick up on the presence of social aggression. School settings are often not well equipped to assist students who are having particularly severe problems with social aggression, and families may not be familiar with what care is available to their adolescent. The current systematic case studies document and discuss two cases involving eighth grade female adolescents who received interpersonal-therapy-focused treatment at a family-based mental health clinic located in a public high school for issues involving social aggression with peers. Results indicate that while across both cases only a few of the results on the quantitative measures showed statistically significant improvement, in both cases a majority of quantitative measures moved in a positive direction. Also and importantly, qualitative analysis showed important gains in both cases. Both differences in patterns of change across the two cases as well as common themes between them are discussed. Overall, these case studies suggest that, within the context of a family-based, psychotherapy clinic located in a public high school, families and their adolescents can derive benefits from a brief intervention designed to reduce the effects of social aggression.

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Case Context and Method

Introduction: Social Aggression Among Early Adolescents

Negative interpersonal patterns observed amongst youth are a serious social issue. They have been under particular focus due to the numerous negative consequences that are associated with these behaviors. These types of aggressive social patterns and/or behaviors are given various labels such as social aggression, relational aggression and indirect aggression (Cappella & Weinstein, 2006). These constructs attempt to define a subtle form of social interaction in which one person or a group of people have the intent of harming others in an indirect manner that is often less visible in comparison to overt aggression, which involves harming others via face-to-face physical or verbal contact (Neal, 2010). While these three terms differ in terms of their use of confrontational and non-confrontational behaviors, some researchers have concluded that these three terms essentially cover the same form of aggression. The term “social aggression” is used throughout this article as it captures a wider range of subtly aggressive behaviors compared to the other two terms.

Social aggression is defined as a behavior that is done with the intent of harming another person’s friendship, social status and/or self-esteem. It typically refers to non-confrontational forms of aggression such as exclusion, manipulation, gossiping and rumor spreading (Cappella & Weinstein, 2006). Other researchers, however, have expanded the definition to include confrontational behaviors such as nonverbal facial expression and gestures. Social aggression appears to become more prevalent as children enter middle childhood and early adolescence, which is an age when children usually become less tolerant of physically aggressive strategies. Descriptive studies indicate that

social aggression may be used to achieve several outcomes such as alleviating boredom, seeking attention, maintaining status, building group cohesion and/or setting group norms (Banny, Heilbron, Ames & Prinstein, 2011; Cappella & Weinstein, 2006).

Evidence to date suggests that across various backgrounds, social aggression is fairly widespread among adolescents. It is perceived to be damaging, with some researchers suggesting that its prevalence and impact may be most harmful among girls in middle childhood and early adolescence (Cappella & Weinstein, 2006; Letendre & Smith, 2011; Neal, 2010). Previous research has indicated that girls are more likely to utilize social aggression as a means to communicate their sense of anger and contempt towards others, that they tend to evaluate its use more positively and that social aggression may contribute to girls' social maladjustment more compared to boys (Cappella & Weinstein, 2006; Letendre & Smith, 2011; Underwood, 2003). Recent research, however, suggests that these gender differences may be a relic of the past and/or are a generously applied gender stereotype that has weak support. For example, Rose, Swenson and Carlson (2004) suggest that associations between relational aggression and friendship quality are comparable across gender.

Social aggression is associated with a number of psychological symptoms. Those who serve as perpetrators of social aggression may develop externalizing problems such as impulsivity and defiance as well as internalizing problems of depression and anxiety. Victims of social aggression have been reported to experience difficulties such as submissive behavior, difficulty with self-restraint, damaged self-esteem, depressive symptoms, borderline features, disruptive behavior disorders, eating pathology and other personality pathology (Banny, Heilbron, Ames & Prinstein, 2011; Cappella & Weinstein,

2006; Cicognani & Zani, 2009; Masten, 2005). In terms of its impact on an adolescent's social life, social aggression has been associated with lower social preference, peer rejection, lower pro-social behavior and exclusion from social groups (Banny, Heilbron, Ames & Prinstein, 2011; Shute, Owens & Slee, 2002). Empirical work has highlighted a number of negative effects for those who tend to experience more rejection and/or hostility such as higher levels of loneliness, social dissatisfaction, academic difficulties and depression (Neal, 2010).

Conversely, others have found that under certain conditions, social aggression can have a positive effect on relationships. Smith, Rose and Schwartz-Mette (2010) found that social aggression among adolescent girls was associated with greater peer acceptance by boys. This finding suggests that in certain contexts, social aggression may also be socially valued and acceptable. In addition, other positive associations associated with social aggression include higher levels of network centrality, higher social acceptance, lower social rejection and an increase in positive friendship quality (Banny, Heilbron, Ames & Prinstein, 2011). Mutual participation in social aggression directed towards a target may actually serve as a bonding experience between adolescents as it can involve the sharing of sensitive and intimate information. Research suggests that adolescents who experience positive benefits of social aggression may be using a combination of pro-social and aggressive strategies in addition to having characteristics that are valued by their peers (Bettencourt & Farrell, 2013). Adolescents that experience more of the negative consequences of social aggression may fall into a subgroup of youth who are less socially skilled and who may submit to being victimized by peers in order to gain peer acceptance (Bettencourt & Farrell, 2013).

Methods

The present study. This study illustrates how these conflicts and their treatment unfold in a family-based psychotherapy clinic located in a public high school. The following two cases each involved an identified student who was described by school faculty as having numerous issues with their peers. The present study utilizes a modified version of interpersonal psychotherapy for depressed adolescents (IPT-A) to address the social conflicts that these particular students were experiencing.

The clinical setting in which the cases took place. Treatment took place at a school-based mental health clinic in a large suburban area in New Jersey. This program is unique in that it addresses the issues and challenges of delivering family-based interventions to a large number of ethnically and culturally diverse families. The program operates as a general mental health community program that serves all students and their families in the school district (Kindergarten through 12th grade). Although located within the district's high school, the clinic is considered to be an independent entity within the school system and it also serves as a training site for advanced clinical and school psychology graduate students. The clinic director is a licensed clinical psychologist who oversees and supervises several practicum students and interns. When approaching a case, the director typically takes an integrative approach, often drawing from self-psychology and systems theory. The principal investigator had previously worked at this clinic as a third-year clinical psychology externship student.

The clinic works closely with all of the schools in the district to identify and address student issues that are outside of, but often related to, the student's academics. Common issues addressed within the clinic involve student mental health issues,

behavioral problems and family conflict. Families are typically seen in the context of an eight-week treatment model, but treatment length will vary depending on the severity of the issues that are present within the family. This clinic is a free service that addresses the student's presenting issue by working with the student and, often times, their family. In addition, the clinic assists the family in getting connected to referral sources in the community that could be potentially helpful. Cases are usually obtained via referrals from school counselors and psychologists that are working within the school district. These faculty members often refer students who come to them with their presenting issues. Some cases are identified by teachers who have observed the student engaging in conduct that is worrisome and requires additional attention. In a few situations, parents of students were the first to vocalize their concerns to the school and thus were put in contact with the school psychologist/counselor, who referred them to the clinic.

Selection procedures for the clients. The study included female students who were referred to the clinic by their school counselors. Inclusion in the study entailed that the student was a female between the 6th and 8th grades and whose presenting problems included interpersonal issues with peers and family, mood issues, that he or she is English speaking, that the student's parent/guardian speaks English and/or Spanish and that consent is given by all participating members of the family. Parental consent and adolescent assent was obtained by handwritten signatures. This study identified early adolescent females in the 6th through 8th grades via the referral forms that are routinely sent to the clinic. All referrals came from the school counselors/psychologists in the Piscataway School District. Typically, if the clinic was potentially a good fit for the student's needs, the school counselor/psychologist would talk to the guardian(s) of the

student about the clinic and describe its services. After the parents are given a description of the program, the school counselors would obtain assent from the family for a referral to be written up and sent to the clinic. Upon receiving the referral, the clinic would contact the family and set up an appointment for a family intake session.

Participants included in this specific study were matched by referral issue. Participants were selected based on the presence of interpersonal problems with peers and family and the presence of mood issues, which were observed by school staff and/or parents. The therapist contacted the family to schedule an intake meeting, whereupon the family was informed about the study that the therapist was conducting. The family was informed about how their session information would be utilized and how their confidentiality would be protected. They were also informed about the additional questionnaires that would be used throughout the study and the use of an audio recording device for each session. The family was informed that with the exception of the additions listed above, the family's treatment would not differ compared to the usual services that other families received from the clinic. They were also told that their identities would not be revealed and their personal information would be removed from the study. Families were notified that they could refuse to participate at any time and that it would have no bearing on the services they receive from the clinic, should they wish to continue with only the treatment. They were also notified that they could ask questions and withdraw from the study at any time. Upon agreeing to participate in the study, the families were given one copy of the consent forms to fill out and one copy to keep for themselves.

Assessment measures employed to assess the client's psychopathology and progress in treatment.

Achenbach System of Empirically Based Assessment (ASEBA). The Achenbach System of Empirically Based Assessment (ASEBA) has been frequently used to assess child psychopathology and consists of questionnaires that can be administered to the parent, teacher and child, aged 11 years and older. The measures contain a minimum of 118 items. The internal consistencies were substantial for all sets of scales and it has been demonstrated that the ASEBA has good test-retest reliability, $r = .92$ (Achenbach et. al., 2008). The ASEBA has also been found to have acceptable levels of content validity, criterion-related validity and construct validity. Finally, the ASEBA has been validated in several diverse populations. The ASEBA was chosen for this study because it is an omnibus measure that examines a number of constructs that are of interest and relevant to this particular population. Areas that are of importance to this project include items that measure the adolescent's total competence and adaptive skills, particularly in areas of social behavior and school behavior, as well as items that assess mood issues (anxiety and depression) and social problems. This study utilized only the Youth Self Report (YSR) form and the Child Behavior Checklist (CBCL) form, which is filled out by the adolescent and the adolescent's parent, respectively. This particular scale was given at the beginning and at the end of treatment to the adolescent and the accompanying parent.

Strengths and Difficulties Questionnaire (SDQ). The Strengths and Difficulties Questionnaire (SDQ) is a self-report treatment outcome measure that assesses the psychological adjustment of children and adolescents (Goodman, 2001). There are also identical or nearly identical versions that can be completed by the parents or teachers of

3-16 year olds. This scale has 25 items that are divided into five scales of five items. The five scales measure emotional symptoms, conduct problems, hyperactivity-inattention, peer problems and pro-social behavior. A total score is generated as a measure of overall mental health.

The SDQ has found to be correlated with other established, omnibus measures such as the ASEBA. The internal consistency, inter-rater agreement and test-retest reliability were all found to be satisfactory. Acceptable validity was demonstrated based on analyzing the degree of agreement between SDQ scores and independent psychiatric diagnoses. This measure was chosen because it captures a wide range of issues and problem areas that are present within this particular group. The constructs that will be of importance to this project are the items that measure emotional symptoms, conduct problems, peer problems and pro-social behavior. It was also chosen because of its short length, thus making it an ideal scale that was administered after every session to the adolescent and the accompanying parent as a way to examine change from session to session.

To assess the statistical significance of change over the course of therapy in both of these quantitative measures, Jacobson and Truax's (1991) Reliable Change Index statistic was calculated and utilized.

The methodological strategies employed for enhancing the rigor of the study.

All sessions were recorded on an audio recorder and then were reviewed by the therapist to examine their content as well as to keep track of the progress of therapy. The therapist met with his supervisor for the purposes of reviewing progress made and to seek advice on the cases from week to week.

Sources of data available concerning the client. Before the therapy began, the therapist read the referral form that was sent by the school's psychologist/counselor. In addition to grade and contact information, the school's mental health professional also provided the adolescent's presenting problem as well as goals that the parent hoped to obtain from the program. Pre- and post-measurements were taken using the ASEBA's YSR and CBCL and individual session progress was tracked using the SDQ.

Confidentiality. Confidentiality was maintained by not including any personal information in the data collected that would reveal the client's identity. All information used to describe the cases in this study are de-identified and/or disguised in order to avoid identification. The course and nature of these cases are presented in such a way as to maintain clinical authenticity and accuracy as much as possible.

The Clients

Lindsay and Her Mother, Carrie

Lindsay and Carrie (actual names of the clients were changed to protect confidentiality) were the first case seen for this study. Lindsay and Carrie were already familiar with the school-based program as they had been previously seen by another therapist. Although they were initially hesitant about working with a new therapist, the family was quick to establish rapport. The process of establishing a relationship was helped by a mutual familiarity with the family's previous hometown and the therapist's willingness to engage in humorous exchanges with the family. Yet, at the same time, the family's use of humor proved to be distracting as it often took away focus from more serious topics of conversation. Lindsay's case presented several challenges as not only did she experience conflict with her friends, but she also reported numerous instances of

being reprimanded by the school and due to a reported physical altercation with another student, was also cited for an instance of bullying.

Lindsay presented as a vivacious, young woman who often liked to engage in humorous and sarcastic conversations with her mother, Carrie. Lindsay displayed confidence in her actions to the point of coming off as head-strong and oppositional to others, such as school faculty, who disagreed with some of her behavior. Much of Lindsay's self confidence and defiant attitude towards those who disagreed with her was attributed to Lindsay's past experiences dealing with being bullied. Although these attributes proved to be protective for her, Lindsay's interpersonal approach tended to get her in trouble with fellow students and faculty. What also became clear was that Lindsay's aggression masked the sadness and pain she experienced during these interactions. Much of treatment focused on Lindsay dealing with the fall-out of a relationship that involved a boy with whom she was close.

Carrie was a watchful mother throughout treatment and was often commended by the therapist for her ability to openly communicate with her daughter, Lindsay, as well as for monitoring her daughter's activities. Carrie was also an active presence in Lindsay's school, often meeting with teachers and keeping in contact with the school administration whenever Lindsay got in trouble. Despite this close contact, Carrie's relationship soured with the school and therapy work had to often involve sympathizing with Carrie's views. In addition, the therapist and Carrie spoke about how Carrie could maintain a civil relationship with the school faculty even though she internally felt that they were being unfair to Lindsay in certain situations.

Erica and Her Mother, Jane

Erica and Jane were the second family to participate in the study. Erica was reported to be a student who was having difficulties with some of her peers. Erica was able to establish rapport with the therapist as she found comfort in being able to use the treatment as a space for her to vocalize her own thoughts and feelings without fear of judgment. This appeared to be an important aspect of treatment to Erica as she often found herself at odds with others as she had particular difficulties vocalizing and asserting her needs with her friends and with her family members, including Jane.

Erica presented as a kind and gentle middle school girl who was somewhat shy in her demeanor. Erica described herself as someone whom people could turn to and as the one that would be willing to listen to others. As Erica and the therapist got to know one another, Erica eventually revealed that she was not always given the same courtesies that she gave to others and it seemed as though some took advantage of them. This seemed to cause Erica a high amount of stress, particularly in a romantic relationship that eventually became the focus of treatment.

Jane was concerned about Erica's behavior and wanted the best for her daughter. Jane presented herself as a straightforward and direct mother who wanted her daughter to also follow suit. Jane was a caring, but firm parent who feared the idea that Erica might be a follower and she wished that her daughter would be able to make the right decisions by herself. As Erica grew older, Jane gave her daughter space with the hopes that Erica would learn to become more independent. Part of the treatment for Jane involved processing her disappointment in Erica for not achieving this ideal and helping her take a more active role in Erica's life.

Guiding Conception with Research and Clinical Experience Support

Social Aggression and the Social Environment for Middle School Females

Social aggression has been reported to be increasing among middle school-aged students and is considered to be a normative experience among fifth through tenth graders, with sex differences and social psychological difficulties increasing with age (Cappella & Weinstein, 2006, Zimmer-Gembeck, Geiger & Crick, 2005). In a recent survey done by Letendre and Smith (2011), middle school-age girls reported that social aggression was the “biggest problem in school.” Facing the issue of social aggression can also be confounded with the difficulties that are associated with the multiple transitions that occur when a student moves from elementary to middle school. These changes often involve less physical space (as some middle schools are a conglomeration of several elementary schools) and fewer personal connections with a primary supportive teacher (Cicognani & Zani, 2009; Wang & Dishion, 2012).

Likewise, this school transition occurs concurrently with dramatic biological changes associated with puberty. During this time, the ways in which children think and socially relate to others will change as their cognitive skills become increasingly complex. Adolescents begin to experience their friendships in new and potentially more intimate ways. Thus, this period is also one in which early adolescents tend to be more interested and involved in their friendships and begin exploring the possibilities that come with romantic relationships (Tu, Erath & Flanagan, 2010). This period also marks a point at which adolescents gain greater levels of independence as decisions can be based more on personal wishes rather than dictated by parents and/or guardians.

For some adolescents, this transition and the accompanying changes, particularly in social expectations, can be difficult, thus putting them at greater risk for the development of problem behaviors (Letendre & Smith, 2011; Underwood, 2003; Wang & Dishion, 2012). An increase in peer victimization may coincide with the transition to middle school as students during this time experience an increased emphasis on peer relationships as well as experience a disruption in their peer groups. Females entering middle school often experience a strong demand to conform to their peer's expectations, which may focus on an emphasis on physical appearance and loyalty towards others. The latter is particularly important as peer conflict tends to reverberate throughout a peer group and may involve peers who were not initially involved in a disagreement that occurred in a dyad. Openly resolving conflict during this age may be particularly difficult as the female adolescent may be bound to the norms of avoiding embarrassment at all costs while maintaining a calm and collected façade (Underwood, 2003). Vaillancourt and Hymel (2006) found that overtly/physically aggressive girls were viewed as more disliked given that they did not possess peer-valued characteristics. Thus, social aggression may be a more suitable strategy for acting on angry feelings, which allows the person to maintain their composure in the presence of interpersonal conflict and to maintain their place within the peer group.

The use of social aggression involves a collection of behaviors that are used to convey dislike or exclusion. Social aggression can be enacted in ways such as maintaining a certain physical proximity to the target person, specific facial expressions (i.e. staring or glaring), gestures and rumor spreading. For those unaware of the conflict between these early adolescents, the animosity behind these behaviors may not be easily

observed (Shute, Owens & Slee, 2002). Thus, teachers and parents may not be aware of any social aggression occurring until the adolescent vocalizes it. Surprisingly, some adolescents may even choose to preserve these relationships in spite of ongoing conflict. Maintaining these relationships may be of the utmost importance due to the benefits that are provided by the relationship, such as the fostering of social competence, providing emotional support and serving as sources of intimacy and affection (Cicognani & Zani, 2009; Shute, Owens & Slee, 2002). Conversely, the use of these behaviors towards a target person may also serve as a way to maintain other relationships. The use of exclusion and rumor spreading, while damaging to the target person, may encourage a sense of group belongingness and a sense of camaraderie between the adolescents that are conducting such behavior (Banny, Heilbron, Ames & Prinstein, 2011). Finally, early adolescents do not exclusively take on one role and research supports that involvement in peer victimization as a “perpetrator, victim or both peaks during the transition to middle school” (Bettencourt & Farrell, 2013).

While disagreement and conflict may be emotionally upsetting, they also serve as an opportunity for the person to engage in skills of problem-solving and negotiation, which can have the potential impact of increasing the person’s social competence and improving the quality of their relationships (Cicognani & Zani, 2011; Wang & Dishion, 2012). Likewise, it has been suggested that peer relationships allow the adolescent to learn the skills required to both manage and understand their emotional experiences of arousal, excitement and/or frustration. Research indicates that most early adolescent girls tend to resolve conflicts by submission and disengagement (Letendre & Smith, 2011). Although this may maintain peace within the relationship, these conflict strategies may

not directly resolve the conflict itself. One way in which early adolescent girls can learn the necessary skills to deal with conflict in more pro-social ways, however, is through support and consultation from their parents (Letendre & Smith, 2011; Underwood, 2003). There is considerable evidence that supports the notion that compromised key family management skills, such as low levels of parental monitoring, are associated with negative developmental issues in the adolescent's life such as higher rates of academic failure, peer rejection and emotional distress (Stormshak, Fosco & Dishion, 2010). Overall, parental involvement in a child's peer relationships can serve as a buffer against hostile peer interactions and it can also potentially serve as a resource from which an adolescent can navigate through a conflict (Underwood, 2003).

Parental Involvement in Treatment

In addition to getting standard intake information from them, the parents of these adolescents are often asked to participate in treatment when their relationship may be related to the adolescent's psychological symptoms. Thus, they also may be able to contribute to the adolescent's alleviation of symptoms. During adolescence, parents often play critical roles in the development of their child as they have an influence on what kinds of interpersonal patterns their adolescents tend to engage in and, possibly, the extent to which they use social aggression. Implicit and explicit messages from parents to their children can convey the acceptability of certain types of behavior and some research has found support that parental support for fighting was associated with a higher engagement in aggression amongst a sample of ethnically diverse adolescents (Bettencourt & Farrell, 2013). Other studies have found that aggressive adolescents who also identify as victims report less monitoring and less parental care compared to

adolescents who only identify as passive victims (Bettencourt & Farrell, 2013).

Parenting skills that seem to be critical to fostering positive peer relations include managerial practices and educational practices (Underwood, 2003). Managerial practices include roles in which the parent acts as the coordinator for the major activities in the adolescent's life (e.g. choosing the child's school and activities). Choosing activities allows the parent to have some degree of control over the adolescent's social environment. Educational practices, on the other hand, typically involve supervision and advice-giving/consulting. For the early adolescent, providing supervision and being there as a source of advice may be particularly useful, as parent(s) can be beneficial in helping the adolescent respond optimally to experiences of social aggression.

Overall, multiple intervention studies have demonstrated that parent mediated interventions that focus on parenting skills have been effective in decreasing risk behavior and preventing the development of later problem behavior in adolescence. For example, in a study done by Stormshak, Fosco and Dishion (2010), the researchers found that a relatively brief, family-centered, school-based approach had a significant, positive effect on the youth's self-regulation, which in turn led to decreases in depressive symptoms. Thus, it seems that engaging families in an intervention that is geared towards a specific student may be able to produce positive results such as helping an adolescent develop skills that are necessary to adapt to one's environment (Letendre & Smith, 2011; Stormshak, Fosco & Dishion, 2010). Although interventions that include parents have been shown to be effective, a major challenge to implementing these interventions and maximizing public health benefits is that it has been difficult to determine how to engage a large number of families (Connell, Dishion, Yasui &

Kavanaugh, 2007). The clinic that this study took place in addresses many of these issues by keeping in close contact with the families, by engaging them in the therapy process along with their children and by being located in a familiar school setting, which allowed the clinic to maintain close contact with the schools in the district.

Delivering Mental Health Services within a School Context

Given that the transition to middle school might be a stressful factor for early adolescents, research indicates that programs targeting the emotional and psychological elements of the school climate are critical when designing school prevention programs (Wang & Dishion, 2012). Researchers, however, have dictated that in order for these programs to be successful, they must occur in relevant contexts of development, such as schools, and they must coordinate services across multiple contexts of development, such as working directly with families (Stormshak, Dishion, Light & Yasui, 2005). Programs with these characteristics, however, are often difficult to implement. For example, many school environments are not set up in such a way that allow for the existence of structured programs that are able to provide systematic interventions that can involve parents. While school psychologists and counselors are available to help students, they often operate from an individual model of service delivery that does not always incorporate parents.

The family-based psychotherapy clinic at which this study took place addresses many of the issues that are mentioned above. The clinic specifically works with students and their respective family members in order to identify problematic issues and to identify solutions that will address the family's needs. The program director and the therapists keep in close contact with relevant school faculty in order to obtain additional

information about the student, to monitor behavior and to coordinate treatment when necessary. The clinic operates during after-school hours, thus allowing for the student and their family members to be present during treatment. The clinic is located at the public high school, thus providing a familiar setting to its attending families. Although concerns about being located at a well-known, "public" building have been brought up, the clinic has established a positive reputation for helping families in the school district and its presence has been welcomed by most of the community.

Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)

The treatment model utilized in this study is modified from the treatment model outlined in Mufson, Moreau, Weissman and Klerman's (2004) manual for Interpersonal Psychotherapy for Depressed Adolescents (IPT-A), which was adapted from the treatment model used for depressed adults, Interpersonal Psychotherapy (IPT). IPT-A is a time-limited, evidence-based psychotherapy for adolescent depression (Morris, 2012; Mufson, et. al., 2004) that focuses on present problems. IPT-A aims to reduce depressive symptoms and improve interpersonal functioning by connecting symptom severity to one or more of four problem areas (grief, role disputes, role transitions and interpersonal deficits). Treatment focuses on developing strategies that will help the adolescent deal with these problem areas. Treatment is typically 12-16 sessions and the adolescent is given the "limited sick role" as a means to give the person relief during treatment from performing their typical social role at the same level as when he/she was not depressed (Gunlicks-Stoessel, Mufson, Jekal & Blake Turner, 2010; Mufson, et. al., 2004; Mufson, Moreau, Weissman & Klerman, 2004). Although significant people such as parents can be included in treatment, this aspect is not considered to be always necessary and will

depend on the case context. Efficacy for IPT-A has been demonstrated in multiple studies (Mufson et al., 2004). Research indicates that the benefits of IPT-A over treatment-as-usual were particularly strong for adolescents who reported high levels of conflict with their mothers and social dysfunction with friends. IPT-A has also been adapted to be a group preventative intervention and has also been used to treat depression with other co-occurring issues such as eating disorders (Morris, 2012).

Rationale for Modifying IPT-A to Fit the Structure of the Family-Based Psychotherapy Clinic

This dissertation's treatment framework differs from IPT-A in that it will be eight sessions in length instead of the standard 12-16. One reason for adapting the model to eight sessions is due to the therapist's previous clinical experience in which positive change was reported by past clinic participants who were given this particular treatment model. A second reason for choosing this session amount is that this number has been set as the standard number of sessions for all families who participate in the family-based psychotherapy clinic, and thus the treatment used in this study was adapted to the clinic's current structure. This treatment structure, however, is continually adapting to the needs of the families it serves and thus, therapists at the clinic are open to working with families who feel the need to either have a lower session amount or, particularly in cases involving serious issues, a higher session amount. For this particular study, the session amount was kept at eight sessions.

Another difference between this study's treatment framework and IPT-A is that instead of being given the "sick role," the adolescent's presenting social problem was framed as being part of the developmental transition that often occurs in relationships for

adolescents in this age group. Since participants in this project and in the general clinic are not given a formal diagnosis, it would be inappropriate to give the adolescent the “sick role,” as this term in IPT-A refers specifically to how the adolescent’s diagnosis of depression is affecting his/her social functioning. Typically, when clinic therapists find that an adolescent may meet criteria for a particular mental health disorder, the therapist will refer the family to resources through which the family can obtain a formal psychological assessment. Although the treatment model used in this study draws much from IPT-A, it should by no means be considered an alternative form of IPT-A.

In this study, the eight sessions includes the intake session, and each session occurred at a rate of one session per week. The first four sessions were dedicated to assessing the adolescent’s situation and establishing rapport. After the first four sessions, the adolescent, the accompanying parent and the therapist reviewed what had been talked about and, together, the group established a plan of action for the remaining four sessions. The therapist worked with the family on a specific issue for the full eight sessions. See Appendix 1 for a description of the structure of the therapy.

“Lindsay” and Her Mother “Carrie”

Assessment of Lindsay and Carrie

Referral information. Counselors at one of the middle schools identified Lindsay and her mother, Carrie, as a family that would be interested in obtaining services and who would also be good candidates for the study. Lindsay was a 14-year old Caucasian adolescent who was currently in the eighth grade of her middle school and was residing with her mother, her father and her younger brother. Previously, Lindsay had participated in the program twice and had attended a full eight sessions in each treatment.

Lindsay was identified by her school counselors as a student who needed additional support and could benefit from a treatment that focused on developing/improving her interpersonal skills. Lindsay was described as a student who had frequent conflicts with other students and had a history of interpersonal conflict in previous schools. Upon speaking with the therapist, Lindsay's mother was eager to receive services from the clinic and consented to participating in the study.

Initial quantitative assessment on the Achenbach System of Empirically Based Assessment (ASEBA). Lindsay's overall competence score fell within the clinical range on the Youth Self Report (YSR) scale (See Table 1.1). Of the three areas that comprise the total competence score, her social scores fell within the clinical range (below the 2nd percentile) and her activities score fell within the borderline range (2nd to 7th percentile). Lindsay's syndrome scales indicated that Lindsay fell into the non-clinical range for all nine areas, but the area measuring social problems was on the cusp of entering the borderline range (Achenbach & Rescorla, 2001).

Carrie's observations of Lindsay's behavior on the Child Behavior Checklist (CBCL) also resulted in an overall competence score that fell within the clinical range (See Table 1.2). Carrie's responses indicated that Lindsay's social behavior fell within the clinical range (below the 2nd percentile) and her scores for her academics put Lindsay within the borderline range (2nd to 7th percentile). Her activities score was in the non-clinical range (9th percentile). Carrie's data indicated that Lindsay fell into the non-clinical range for all of the syndrome scales with the exception of the scale that measured social problems. This particular subscale indicated that Lindsay fell within the borderline range (93rd to 98th percentile) and according to this subscale Carrie had observed Lindsay

having some issues with dependency, likeability, clumsiness and teasing. Overall, Carrie's scores were similar to Lindsay's.

Sessions 1-4: Assessment phase goals. As described in Appendix 1, the first four sessions of the therapy were devoted to assessment, and the last four, to therapy. The latter will be presented in section 6A below, Course of Therapy with Lindsay. The goals for the assessment phase included:

- Goal 1: Establish rapport with Lindsay and her mother, Carrie.
- Goal 2: In addition to standard intake information, collect information on Lindsay's interpersonal relationships
- Goal 3: Identify a specific, problematic relationship in Lindsay's life as a focus for treatment.

Sessions 1-4: Assessment phase process.

Session 1. Although initially appearing wary of meeting a new counselor, Lindsay established rapport with the therapist quickly. Early in the session, it became clear that Lindsay and her mother shared a strong sense of humor as both frequently made jokes and bantered with each other. When asked about what issues the family wanted to work on, Lindsay's mother shared that Lindsay had a head-strong attitude, which got her in trouble at times, especially with her teachers. Lindsay presented as a talkative person who had the tendency to go off topic. Lindsay described herself as someone who liked meeting a lot of people and who liked making friends, but that she generally had a hard time keeping them.

Carrie shared with the therapist that she and Lindsay had recently gone on a trip to the mall so that Lindsay could hang out with her new friends. The group separated so

that Lindsay could spend time alone with her friends while Carrie took the time to get to know one of the friend's mothers. While telling this story, it was revealed that currently, Lindsay did not have many friends and that Carrie had an active presence in terms of monitoring Lindsay's social and academic life. The story also revealed that Carrie was willing to set clear boundaries with Lindsay in regards to whom she could hang out with and whom she could not. Carrie also added that Lindsay seemed to have a hard time deciding "who were good friends and who were bad friends." This led Carrie to talk about how Lindsay had recently gotten into trouble at school over a situation that occurred on Facebook.

According to Carrie, Lindsay and several other students had come up with a fake Facebook profile that interacted with a particular student at Lindsay's school named Greg. Lindsay shared how she and Greg were "best friends" and that the fake profile was used to find out more information about Greg, particularly about his feelings for Lindsay. The relationship between the fake person and Greg deepened with time to the point where Greg was frequently exchanging messages about his romantic feelings for this person. Lindsay spoke about this incident with a tone of remorse and described how she felt bad for doing this. Lindsay hoped to re-establish a friendship with Greg, but it was unclear how Greg felt about having a friendly relationship with Lindsay as he continued to interact with her in ambiguous ways. For example, Greg would hand Lindsay a flower, but would then walk away without an explanation for his actions, leaving Lindsay feeling very confused about the meaning behind this gesture.

The therapist and the family talked more about this incident and about the family's previous difficulties at other schools. It was reported that Lindsay was a victim

of frequent bullying at the various schools that she attended and that she often did not get along with the students or the staff. At her current school, Lindsay reported having a positive experience, which was attributed to her relationship with a school counselor, Paula, whom Lindsay could talk to and who was often able to assist Lindsay whenever she had difficulties with other students or staff. Lindsay found Paula to be very helpful in managing her conflict with Greg. It was clear that this staff member was important to Lindsay and it sounded as though the relationship was supportive and protective for her.

When asked by the therapist what they would like to get out of treatment, Carrie described how Lindsay tended to get into trouble for her attitude, which seemed to convey to others that Lindsay was oppositional. Carrie gave a number of examples in which this happened and stated that Lindsay appeared to have a difficult time managing her anger. Both shared that when Lindsay felt angry, she was often prone to getting in fights with other students and/or disobeying teachers. Carrie stated that Lindsay seemed to have difficulty with anger starting in the sixth grade. Lindsay agreed and added that she wanted help with making friends. Finally, the therapist spoke to Carrie about being a part of each session to provide information about Lindsay and asked if she would be willing to participate in Lindsay's treatment, most likely by offering positive support to Lindsay. Carrie stated that she would be able to do that. When asked about how they felt about working with the therapist, the family responded positively.

Session 2. The session began with Carrie talking about how Lindsay had recently gotten in trouble with school staff. The story seemed to contain the recurring dynamic of Lindsay disobeying and ignoring her teachers, which led the teachers to further pursue Lindsay. The family also talked about a conflict that occurred between Lindsay and a

special-needs student. Lindsay described how she was told by teachers to keep her distance from the student because it could only lead to further trouble. This led into a discussion about the new problems that Lindsay had been having with her peers and her teachers. The family also talked about how Paula, Lindsay's school counselor, had gone on leave recently and that it was unclear when Paula would return to school.

When asked about Lindsay's relationship with Paula, they spoke about how this relationship was helpful to Lindsay, especially after the incident involving Greg and the Facebook profile. Carrie stated that Lindsay and Greg seemed to get into some kind of argument at least once a week. Lindsay reportedly saw Paula about once or twice a week and Carrie frequently exchanged emails with Paula as well. It became clear that Paula was important to Lindsay as this staff member advocated for Lindsay's position whenever Lindsay got into conflict and was able to convey Lindsay's perspective to others. This relationship was also a remarkable change in comparison to other counseling relationships that Lindsay had as past counselors were described as being quick to blame Lindsay. Lindsay noted how she was able to get angry with her counselor and that they had a strong enough relationship that the counselor could endure it and work past it. Lindsay felt as though she could talk about anything with Paula. The family also shared that Lindsay would be meeting with a new counselor, but that they had yet to be informed of who that person was. The therapist spoke to the family about how elements in Lindsay's counseling relationship with Paula (i.e. open communication, empathic listening and able to work through negative affect) were important to any relationship. The family agreed that these were important as they made Lindsay feel like she was "understood" by Paula.

Lindsay's mother also described how Lindsay often got bullied in the past and that in one instance, the bullying was so bad that she pulled Lindsay out of the school and home-schooled her. Carrie also reported that while attending these schools, Lindsay was frequently identified as someone who was starting conflict. It became clear to the therapist that Lindsay had a repeated history of having difficult relationships with students and faculty. Lindsay displayed a high self-esteem as well as a lot of confidence, but this also seemed to be a source of her troubles as she often dismissed or ignored those who disagreed with her behavior. When the therapist pointed out how her reactions to others may be part of the reason as to why she gets into trouble, Lindsay stated that it did not matter as long as she got to do what she wanted to do.

The therapist wondered aloud whether this behavior led others to perceive Lindsay as insensitive and/or inconsiderate. Carrie stated that this was often the case as both students and faculty described Lindsay in this way. Lindsay initially disagreed, but then eventually affirmed this idea, adding that she had lost friendships in the past due to "this attitude." This conversation seemed to expand Lindsay's awareness of how her behavior may be seen differently and in a more negative light. It also provided the therapist with an inventory of Lindsay's current and past relationships, giving the therapist some insight into how Lindsay typically acts in her relationships as well as information on a particularly dynamic that may be a source of difficulty for Lindsay in her relationships. Specifically, Lindsay often seemed to have a difficult time communicating her anger and hurt with others. Instead, she often seemed to apply a more behavioral strategy (i.e. deliberately walking away from others) and/or got into a verbal argument with them. Lindsay's relationship inventory indicated that she had only

a few friends, that she was very close with her father and mother, and that there were several more students and teachers with whom she did not get along.

Session 3. The family reported how Lindsay had gotten in trouble with a different teacher, who reported that Lindsay made several negative comments. Lindsay, however, stated that she was misreported and added that she did not make several of these comments. It was difficult for the therapist to determine what actually happened in this scenario and thus, the therapist decided to take a neutral stance where he would only collect information from the family without taking a specific side. After repeatedly getting calls from the school over the past few weeks, Carrie felt that the school was overreacting to Lindsay and that most of Lindsay's trouble seemed to start after Lindsay's counselor left, who was temporarily replaced by a new counselor. When asked if Lindsay had met the new counselor, Lindsay stated that she had seen this new person but had not met with them yet. Both the therapist and Carrie reiterated to Lindsay that it would be important for her to find someone she could talk to and trust at school. Lindsay stated that as soon as she saw this person, she decided that she did not like her. Although he initially experienced this behavior as oppositional, the therapist also wondered whether Lindsay's unwillingness to engage with the new counselor was actually an expression of Lindsay's high level of distrust of others. Upon sharing this idea, Lindsay agreed and added that she just "knew" she would not be able to work with this person.

When talking to Lindsay's mother alone, Lindsay's mother went into further detail about Lindsay's previous troubles in her past schools. She also expressed concern about whether the schools were sharing information about Lindsay's histories at other schools. This led into a conversation about Lindsay's experiences of being bullied at

school. The therapist gathered this information to get a sense of how Lindsay typically interacts with others, particularly in terms of handling interpersonal conflict. Carrie shared that Lindsay used to take a passive approach to conflict by ignoring those that targeted her and she would often go to her teachers for assistance. Carrie added that eventually, the teachers thought that Lindsay was the one who started the conflict. Carrie stated that Lindsay's strong, angry reactions began to become more apparent around the time that Lindsay began to get increasingly bullied.

During their time alone, Lindsay spoke with the therapist about seeing Greg with a girl that he was reportedly dating. Lindsay talked about how it was difficult to see Greg with another girl and it made Lindsay want to harass the girl. This conversation revealed a number of things to the therapist. First, it demonstrated to the therapist that Lindsay had thoughts and desires of aggressively confronting others and that perhaps she may be the one who initiates conflict with other students. Second, it provided the therapist a sense of how Lindsay manages her anger and how she deals with a perceived conflict. Finally, it also revealed that Lindsay may be experiencing a number of conflicting feelings towards Greg. It truly upset Lindsay to see Greg dating another girl and the therapist wondered whether her anger was also masking other emotions such as jealousy and disappointment. The therapist used this moment to explore Lindsay's affect by asking her to clarify and label her emotions.

Through this conversation, Lindsay was able to identify that she was feeling angry, jealous and sad. Thus, while her actions appeared to make Lindsay seem angry and jealous, Lindsay also felt hurt knowing that Greg was entering a romantic relationship with another girl and that he may still be angry at Lindsay for the Facebook

incident. In some ways, Lindsay was worried that she was being cast aside and forgotten. Instead of dealing with the underlying feelings of hurt, Lindsay appeared to direct most of her feelings towards entertaining the idea of confronting the girl. The therapist normalized Lindsay's feelings and provided psychoeducation on the psychological impact of losing a close friend. Lindsay and the therapist talked about Lindsay's anger towards the girl and the potential consequences of Lindsay confronting this girl. Lindsay and the therapist were able to use this situation to help Lindsay express underlying feelings of hurt and to come up with other ways to deal with the girl besides approaching her. The therapist and Lindsay spoke about talking to friends or her mother about the situation and/or avoiding the girl. Lindsay stated that these were good solutions, but she reiterated that she may still approach the other girl. The therapist and Lindsay ended the session by talking about the potential consequences that Lindsay might have to face if she fought this girl.

Session 4. The session began with Lindsay reporting how a student threatened to physically hurt her. After this incident, Lindsay described how a friend took Lindsay to one of the school counselors. After hearing the incident, the counselor made a remark to Lindsay about how it seemed like her history at previous schools was being repeated at her current school. Upon hearing this statement, Lindsay told the counselor that she wanted to go home. Carrie reported that she was contacted and was told that Lindsay was the one who initiated the argument. Carrie felt as though Lindsay was being unfairly blamed and she did not appreciate that Lindsay's history at her previous school was brought up. It was clear that the relationship between Lindsay's family and the school faculty had turned negative. Also, the family began to feel as though the school was

placing fault on Lindsay for the conflicts that she was involved in. Given that this was a recurring theme throughout many of the sessions, the therapist struggled with the idea of whether the focus of treatment should be on Lindsay's current interpersonal conflict with Greg or to assist the family in managing the relationship with the school as both seemed to affect Lindsay's well-being, albeit in different ways. In the end, the therapist decided to focus on the former as he knew that for Lindsay, her motivation for treatment relied on working on things that interested her and she had expressed several times that she did not care what the teachers had thought of her. Rather than ignore the issue, the therapist felt that it would be best to give Carrie some time at the beginning of session to cover conflicts involving Lindsay's teachers and counselors.

When speaking with Lindsay alone, she shared more details about her relationship with Greg. Lindsay noted that Greg's romantic relationship with the other girl had ended, much to Lindsay's pleasure. Lindsay also reported that she did not approach the other girl. When asked about how she typically interacts with Greg, Lindsay stated that she still did not want to talk to him and would often ignore him whenever he approached her. Lindsay, however, also admitted that there was a lingering hope that they could be friends again. The therapist asked Lindsay to provide more information on how the conflict with Greg began. Lindsay described how Greg had ignored Lindsay in the past after she had revealed her romantic feelings for him. Lindsay stated that this experience was "awful" and it made her feel like she "wanted to die." Lindsay was unsure of their future as she was not sure if she could trust him to not hurt her feelings. She noted how she wished they were best friends again, but after this experience of being ignored by him, it was unclear for her as to whether they could return to that.

The therapist used their remaining time to talk about their treatment goal. He reflected back to Lindsay that she seemed to utilize a number of strategies that were very direct and aggressive, regardless of how it affected others. He acknowledged how these strategies may be helpful in some situations, but that they also were being used in situations in which it negatively affected Lindsay's relationships. Lindsay and the therapist then talked about working on how to manage her relationship with Greg as a treatment goal as it seemed to be a source of anger, jealousy and sadness for Lindsay. The therapist and Lindsay talked about how they could use their remaining time to figure out how to deal with this relationship so that it affects her in less negative ways. The therapist asked if, alternatively, she wanted to have treatment focus on improving her relationship with some of the teachers and faculty at her school. Lindsay stated that she was not interested in this goal. When asked if her relationship with Greg was something she talked about with her mom, Lindsay replied that she sometimes did, but that sometimes she did not because she was too embarrassed to share some details. This led into a discussion about sharing this treatment goal with her mom. Lindsay said that she would be willing to share general details, but did not want to go into specifics.

Lindsay's Case Formulation and Treatment Plan

There appeared to be two major issues that were involved in Lindsay's case. The first major issue appeared to be Lindsay and Carrie's difficult relationship with the school and how the family seemed to experience faculty members as antagonizing towards Lindsay. This was also an issue that the family had experienced with Lindsay's previous schools. Between Lindsay and Carrie, Carrie appeared to be more concerned about this issue as she often spoke about her worries and anger with regards to this situation.

Lindsay, on the other hand, often appeared unconcerned and would often say that she was okay as long as she still “got to do what she wanted to do.”

Lindsay seemed more preoccupied by an interpersonal dispute that involved her relationship with Greg. Initially, Greg and Lindsay were very close friends who could “talk to each other about anything.” When Lindsay revealed her romantic feelings for him, however, Greg reacted negatively towards Lindsay and rebuffed her attempts to talk to him about it. This event had left Lindsay feeling confused, hurt and upset. Lindsay still had a number of unresolved thoughts and feelings about the relationship and wondered whether their relationship could still continue.

After this event, both Lindsay and Greg had attempted to approach each other, but it appeared that they seemed to be at a relationship impasse. Lindsay was unsure of how to approach Greg and whenever he seemed to get close, she would act aggressively towards him. Although Lindsay wanted to be close friends again, she still felt hurt by Greg’s reaction and she was unsure whether Greg was interested in maintaining their friendship.

Lindsay also had a difficult time talking to her family about the relationship with Greg and the family had developed a very negative attitude towards him. Although these two relationships that the family presented seem unrelated, they both involved Lindsay’s central dynamic of acting aggressively towards others and presenting an attitude that she “did not care.” Thus, her relationship with Greg seemed like an excellent opportunity for Lindsay to consider other ways of interacting with others. The therapist formulated a treatment plan for treatment phase sessions 5-8 around helping Lindsay process what this particular relationship experience meant to her, determining how Lindsay would like to

proceed with this relationship and developing interpersonal skills that would assist her along the way. The plan was as follows:

- Goal 1: Further explore Lindsay's relationship dynamic with Greg.
- Goal 2: Assist Lindsay in identifying solutions that would help her towards resolving her interpersonal dispute with Greg.
- Goal 3: Help Lindsay identify and practice skills, such as seeking support from others and clarifying her emotions, that would increase her competence in her interpersonal dispute..

Lindsay's Course of Therapy, Sessions 5-8

Sessions 5-8 comprised the Treatment Phase of the therapy (see Appendix 1), and these are described below.

Session 5. The family reported that Lindsay had a serious altercation with another student that resulted in Lindsay being suspended. Lindsay reported that it was the other student who had started the fight and that other students had witnessed this as well. Carrie described how she was very angry with the school administration's handling of the situation and that she had a hard time speaking calmly to them. The way the school dealt with Lindsay also seemed to confirm Carrie's suspicions that they saw Lindsay in a negative light, and Carrie talked about how the other student appeared to receive a lesser punishment. The family said that as a result of the fight, this incident would be documented according to Harassment, Intimidation and Bullying legislation, with Lindsay reported as the perpetrator. It was clear to the therapist how upset Carrie was, but Lindsay appeared unfazed. When asked about how she felt about the situation, Lindsay said, "As long as I have my computer, I shall live." It was difficult to gauge if

Lindsay saw this as a serious incident. As evidence to the contrary, when speaking alone, Lindsay spoke not about the incident, but rather about her concerns concerning rumors she had heard about one of her favorite music groups.

Carrie reported that she had been told by the school that Lindsay needed psychological help for her fixation on Greg. As the therapist and Carrie talked about the situation, Carrie became visibly upset, to which she also responded in a joking manner to Lindsay, "God, you're killing me." Lindsay and Carrie had the chance to process this event and it was an opportunity for Carrie to talk about her concerns about how the school was treating Lindsay. Carrie also talked about how Lindsay had learned to stand up for herself after dealing with too many situations in which other students had physically attacked Lindsay and did not get in trouble. Carrie reported that Lindsay's father had told the school administration that Lindsay knows to stand up for herself if other students are harassing her. The therapist empathized with Carrie and used this opportunity to talk about treatment goals. The therapist shared how Lindsay's experience with Greg was affecting her well-being and that treatment would focus on helping Lindsay manage this relationship. The therapist added that Lindsay might also ask Carrie for positive support during and outside of the treatment process. The therapist also stated that due to the recent issues with the school, treatment may also be helpful for Carrie in that she will have a brief amount of time to discuss these events with the therapist, who could provide support and serve as a neutral party. Carrie stated that she agreed with the treatment plan and that it may help Lindsay with her broader issues with anger.

When talking with Lindsay alone, she shared that she often was willing to argue with adults. She described how she would even talk back to her mom when she was her

teacher at a previous school. Lindsay acknowledged that sometimes, she even liked to push the buttons of others, particularly some of her teachers, whenever she felt angry and/or offended by them. Although the session did not focus a lot of attention on Lindsay's relationship with Greg, this session did uncover ways in which Lindsay manages her own sense of anger, particularly when she also feels like she is being victimized. The therapist understood Lindsay as someone who was willing to challenge others, including authority figures, and that many of her conflict-related social skills involved either being defensive and/or oppositional towards others. Lindsay did not seem to have many skills in her interpersonal repertoire that allowed her to communicate her needs clearly nor take on the perspective of others. This conversation was also important because for first time since the therapist began working with her, Lindsay was speaking about her oppositionality and taking responsibility for it. The therapist attempted to reinforce her open honesty by complimenting on Lindsay for her candor in session. The therapist then finished their session by engaging her in a conversation on how her anger can trigger her to utilize certain behaviors such as arguing with others or ignoring them.

Session 6. The family reported that Lindsay had found an anonymous note in her bag that said, "Stupid bitch, no one likes you," and that in a separate incident, Lindsay was struck in the back by another student who thought that Lindsay had called him a name. Another student had witnessed the second incident, but did not want to report it to the school due to a fear of other students finding out that they had told a school staff member. Carrie reiterated that she felt like the school was not doing enough to protect Lindsay, and she was upset that the other students would not speak on Lindsay's behalf

because they did not want to get in trouble. The family and the therapist talked about the idea of setting up a meeting with Lindsay's teachers in order to get a sense of their perceptions of Lindsay and to have a serious conversation about Lindsay's difficulties with other students. Carrie stated that she was already moving forward with this idea, and she also talked about her disappointment in the school for not informing her about Lindsay's counselor's leaving. The therapist and Carrie talked about what this conversation with Lindsay's teachers might look like and how Carrie might react. Much of the focus on the conversation involved focusing on what Carrie wanted to talk about and making sure that Carrie was able to convey her concerns with the staff without losing her composure or making accusatory remarks.

When speaking with Lindsay alone, she revealed more detail about the history of her fake Facebook profile and described her actions as being motivated by her desire to keep in contact with her friend, Greg. Lindsay talked about how she and her friends created an elaborate persona that also involved stories about Lindsay and this fake person hanging out. Lindsay stated that this profile was eventually discovered after Lindsay's mother had found out about it from the school. Lindsay said that she started using the Facebook profile after Greg stopped talking to Lindsay when it was revealed that she liked him.

When Greg found out that Lindsay liked him, he refused to talk her, which upset Lindsay greatly. The therapist and Lindsay spoke about what this event was like for her. Lindsay described how it hurt her a lot in the beginning and that she was very angry at him. The therapist anticipated this response and hoped to see if she could clarify and label other emotions that she may have felt during this experience. The therapist asked

for Lindsay to speak further on how she emotionally felt and he added that he would have been very sad and hurt had he been in Lindsay's shoes. Lindsay agreed with this statement, adding that they never had the chance to talk about their feelings for each other after that and in turn, Lindsay ended up having to deal with her anger, pain and embarrassment alone. Lindsay reported often thinking about this moment and her memories were particularly strong whenever Greg was nearby. Lindsay described how she was still hostile towards Greg, particularly as a way to protect herself from feeling exposed.

The therapist validated and normalized Lindsay's experiences and the range of emotions that she felt. The therapist and Lindsay spoke about how Lindsay tended to focus more on how angry she felt when dealing with Greg and how that often influenced her behavior. The therapist also recognized Lindsay's wish that she and Greg would someday return to their old friendship, but that this would be difficult given the violation of trust that their relationship had experienced. The therapist and Lindsay spoke about how the relationship had mostly ended, but that perhaps in the future, they may be able to reconcile if they can calmly talk to each other about what happened. They also spoke about how, in addition to identifying when she feels sad and disappointed about her relationship with Greg, Lindsay could reach out to others to talk about Greg as a way to manage her negative feelings or to figure out the best way to approach him so that she did not get in trouble.

Session 7. The family talked with the therapist about having Lindsay check in with one of the school's counselors every week. Lindsay did not like her new counselor and objected to seeing her, which led into a group conversation about how Lindsay could

do a bare minimum in order to establish a relationship with the school's faculty and to show that she was making an attempt to stay out of trouble. Lindsay appeared attentive to the conversation and considered what kind of positive consequences could come out of seeing someone briefly each week. Lindsay was initially reluctant, but then agreed to meet with the new counselor at least once for a few minutes.

When speaking with Carrie alone, Carrie brought up how she recently had a meeting with some of Lindsay's teachers. Carrie reported that the teachers' described Lindsay as being somewhat "hot and cold," that she could work harder, but that overall, there were no major issues. Carrie stated that based on recent events, she was unsure of whether the teachers were being entirely forthcoming with their opinions of Lindsay. Despite this, Carrie felt that the conversation was somewhat helpful and she was happy that the meeting did not result in an argument. Carrie also shared her experiences of Greg and revealed that she knew quite a lot about the situation. Carrie described how after Greg ignored Lindsay, their relationship worsened to the point where the school had asked that Lindsay and Greg not communicate with each other.

Carrie's knowledge of the situation was important as it revealed that Lindsay had communicated to her mother some of her more vulnerable thoughts and feelings about Greg. It also demonstrated how the family dealt with Lindsay's relationship with Greg. Carrie stated that she thought Greg was a "goober" and that the family often used this nickname when talking about Greg. As Carrie talked more about Greg, the therapist began to get the sense that the family often approached the subject of Greg in a humorous manner that was often at Greg's expense. The therapist then wondered what impact this had on Lindsay, especially in terms of her ability to open up to her family about how hurt

she felt by him. The therapist decided to ask Lindsay about how Greg's nickname affected her.

Carrie also described how the fake Facebook profile had become a subject of popular gossip at Lindsay's school and added that students at other schools knew about it. Carrie talked about how she was disappointed that Lindsay did this, but she also said that in some ways, she could also understand why Lindsay used the fake Facebook profile. She compared it to herself at Lindsay's age and her friends using 3-way phone calls in order to get another person to reveal information that they normally would not reveal in front of others. The therapist and Carrie talked about seeing things from Lindsay's perspective and how Carrie had clearly demonstrated she was doing this. The therapist complimented Carrie on her ability to utilize perspective-taking in order to understand Lindsay and noted how it was strength of hers that the therapist hoped she could pass on to Lindsay. The therapist also spoke about how this skill could be helpful when speaking to Lindsay about Greg, particularly in terms of helping Lindsay process her hurt feelings about him. Carrie stated that this was a good idea, but that she was still tempted to make fun of Greg.

When talking to Lindsay alone, the therapist asked whether Lindsay would feel okay with talking about her difficulties with Greg to her mom. Lindsay described how she knew a few adults with whom she was comfortable talking to, but with regards to her mother, Lindsay expressed worry that Carrie would laugh at her feelings. Lindsay then quickly made a joke, stating that another reason why she would not tell her mother about her feelings was because her mother was "creepy." The therapist laughed at this statement, but also stated that it sounded as though it was hard for Lindsay to speak to her

mother about certain topics. This led into a discussion about how it can be hard to talk about one's feelings because it can leave a person feeling vulnerable and exposed, but that relief can come from talking to someone about one's hurt and sadness as well.

Lindsay and the therapist talked about how the conversation between her and her mom might go and then they role-played the conversation. Lindsay initially thought this was a silly idea, but agreed to it on the condition that she could play her mother. The therapist then took on the role of Lindsay. The setting of the role play involved a conversation in which Lindsay would ask Carrie to listen to her talk about Greg while not making fun of him. The therapist stated that he would try to ask Lindsay to be serious. This seemed helpful to Lindsay in terms of setting an example of how the conversation might play out. Lindsay and the therapist also talked about how it was important to Lindsay that her mother be able to listen to her and be non-judgmental. This conversation seemed to help Lindsay identify what she wanted from another person when speaking to them about this topic and how she would like them to react.

Session 8. Lindsay began the session by talking about her birthday, which occurred over the past weekend. Lindsay also stated that she had not spoken to the new counselor because they already had a bad relationship and that according to Lindsay, the new counselor "won't look at her." When speaking with Carrie alone, the therapist talked to her about the fact that it was the family's last session and he asked her how she felt about treatment. Carrie stated that, initially, she had been worried about not having the same therapist as before, but her worries soon dissipated and she was pleased with Lindsay's progress. She noted that Lindsay seemed to stop and think more before she started to yell and get mad at others. She also described how Lindsay appeared less

focused on Greg and seemed to not be as focused on their relationship. Carrie stated that she wished Lindsay and Greg could acknowledge each other without anything dramatic happening. Carrie also stated that she appreciated that she was able to talk to someone outside of Lindsay's school, and it was chance for her to gauge her own feelings about Lindsay's actions.

When talking with Lindsay alone, Lindsay stated that she was not ready to talk to her mother about her feelings for Greg, but that she was willing to role-play the conversation one last time. The role-play involved the same situation that was used in the last session, except the therapist took on the role of Carrie while Lindsay role-played herself. After role-playing, Lindsay stated that it was not as bad as she anticipated, but that it was still hard for her to predict what her Mom would say. The therapist normalized Lindsay's feelings and they talked about Lindsay's fears of being ridiculed by her mom. The therapist also attempted to help alleviate some of Lindsay's fears by asking her to identify instances in which Carrie was sensitive to Lindsay.

In regards to talking to her mom about Greg, Lindsay stated that it was something that she would think about down the road, but that she was not ready to have that conversation. Lindsay identified friends who would be willing to hear her out about her feelings for Greg. When asked about her experiences with the therapist, Lindsay said that, for her, she had a positive experience with treatment and she felt like she was able to have a better understanding about her relationship with Greg and with the faculty at school. The therapist ended the session by speaking with the family as whole. When asked about whether they had any future concerns, they stated that they did not have any and that it was possible that they might move to another town due to the father's job. The

family and the therapist talked about identifying a counselor for Lindsay in high school who could serve as a positive relationship similar to the one that Lindsay had at her current school with Paula. The therapist also shared his experiences of working with the family, complimenting the family's strengths in terms of their humor, but also noted how their humor may distract them from talking about serious issues.

“Erica” and Her Mother “Jane”

Assessment of Erica and Jane

Referral information. Counselors at one of the middle schools identified Erica and her mother, Jane, as a family who was interested in obtaining services from the clinic and who might be good candidates for the study. Erica was a 13 year old, African-American female attending one of the local middle schools in the area. Erica had no prior experience with the program and was referred by the school psychologist for having difficulties with other students. It was also reported that Erica was a student who had academic difficulties, which was an issue that her mother hoped that the program could potentially address. Upon contacting the family, Jane expressed interest in obtaining services from the program.

Initial quantitative assessment on the Achenbach System of Empirically Based Assessment (ASEBA). Erica's total competence score on the YSR fell within the clinical range, below the 25th percentile (See Table 1.3). Her activities score fell within the clinical range (below the 2nd percentile) and her social score fell within the borderline range (2nd to 7th percentile). Erica's overall internalized score fell within the clinical range. This score is made up of three scales that assess areas involving anxious/depressed behaviors, withdrawn/depressed behaviors and somatic complaints.

Erica's scores for anxious/depressed behaviors fell within the clinical range (above 98th percentile) as she heavily endorsed behaviors such as crying a lot, having a fear of doing poorly, perfectionism, endorsing thoughts of suicide as well as feeling unloved, nervous, fearful and self-conscious. Erica's scores for the withdrawn/depressed and somatic complaints scales fell within the borderline range (93rd to 98th percentile). With regards to the scale measuring withdrawn/depressed behaviors, Erica scored high on being secretive, lacking energy and feeling sad. In terms of somatic complaints, Erica reported often having nightmares, headaches, nausea and stomach problems. Erica also exhibited clinical scores in areas measuring social problems (above 98th percentile) and she endorsed high scores for loneliness, accident-proneness, and clumsiness in addition to being teased a lot. Her score on the scale measuring attention problems was also in the clinical range as she reported issues with concentration, confusion, daydreaming, inattentiveness and impulsivity. Her score for the thought problems scale fell within the borderline range (93rd to 98th) percentile as she strongly endorsed behavior such as having difficulty getting her mind off certain thoughts, exhibiting strange behavior and ideas and having trouble sleeping. For these aforementioned areas, Erica reported more problems than are typically reported by girls aged 11 to 18.

Jane's total competence score fell within the clinical range, below the 33rd percentile (See Table 1.4). Jane's activities and school score for Erica fell within the normal range and her social score fell within the clinical range (below the 2nd percentile). All of Jane's scores for the nine syndrome scales fell within the non-clinical range.

Sessions 1-4: Assessment phase goals. The goals for the assessment phase included:

- Goal 1: Establish rapport with Erica and her mother, Jane.
- Goal 2: In addition to standard intake information, collect information on Erica's interpersonal relationships.
- Goal 3: Identify a specific, problematic relationship in Erica's life as a focus for treatment.

Sessions 1-4: Assessment phase process.

Session 1. After meeting with the family, discussing the study and obtaining their consent for participation, the therapist spoke with Erica's mom, Jane, alone. Jane described how her daughter's issues with her peers and with her grades were present throughout Erica's middle school education. Jane said that Erica was a sensitive girl who at times had a hard time moving past difficult situations. Erica appeared to feel insecure about her standing within her peer group and Jane expressed concern that Erica might be a "follower" in order to gain acceptance with her friends. Jane identified herself as someone who was able to speak her mind and she hoped that her daughter would be able to do the same. The therapist believed that Jane's perceptions of herself and her relationship with her daughter were valid as Jane appeared quite confident and direct to the therapist.

Jane noted that when she gave Erica advice on how to handle certain interpersonal problems, Erica often would laugh and say that Jane's advice was "too mean" for Erica. Jane stated that she did not want her daughter to engage in behavior that was either attention-seeking and/or dangerous and then gave an example that involved Erica cutting

herself at school with a plastic knife. Although the school wanted Jane to take Erica to the hospital for immediate evaluation, Jane took Erica to the family doctor. The doctor recommended that Erica see a mental health specialist, which led Jane to schedule a meeting with a psychiatrist for Erica.

Jane reported that she wondered whether a friend who was identified as having psychological problems may have endorsed self-injurious behavior to Erica. Jane was concerned that Erica's cutting behavior may be a negative way to get people's attention and cited how, prior to the incident at school, Erica had made a small nick on her wrist once. Erica told Jane that it was not serious, but Jane talked extensively with Erica about it. Jane shared with Erica that what she was doing was dangerous, that it could affect her in the long run if she kept doing it and that it could potentially "ruin her life." Jane was very upset about Erica's cut. Looking back on it, Jane stated that she was not sure if she handled the situation in the best way. When asked what she meant by that statement, Jane said that she was not sure. Based on this interaction alone, the therapist began to wonder if Jane and Erica had very different interpersonal styles that led them to not see eye-to-eye very often. The therapist planned on bringing up this topic later, when he had established a good rapport with the family.

Jane felt as though Erica's self-injurious behavior was not a cause for alarm and she did not think Erica had any suicidal intent. The topic of Erica's cutting behavior led into a discussion between the therapist and Jane about how Erica typically deals with conflict. Jane said that when Erica was upset, she would sometimes bring it up to Jane. In other instances, Erica would not say anything at first, but would clearly appear upset and then would later bring it up to Jane. Jane said that Erica was not very good at hiding

her emotions. Jane did not think that there was any current bullying happening to Erica, but she reported that Erica did have some difficulties with students in the past. In regards to dealing with those that were mistreating Erica, Jane had told Erica that she needed to protect herself, especially if another person starts to physically hit her.

When talking to Erica about what she wanted to get out of treatment, Erica stated that she wanted “to feel better about herself.” Erica described how she often felt different based on the way people looked at her. These “looks” often made Erica feel like something was wrong with her and they tended to happen 3-4 times a day. Erica spoke about how she was often bullied for her relationships, particularly for one that involved a romantic relationship with a female student at her school. Erica initially appeared hesitant to talk about why she was being bullied, which led the therapist to reflect how issues dealing with sexuality can be difficult to talk about. He also shared that this was a safe place where she could talk about such things. This led into Erica opening up about the history of her relationships and she reported having a couple romantic relationships with other females at her school. Erica stated that most people at her school did not care about same-sex relationships with the exception of a small group of people. Erica described how these students made fun of her and would call her a lesbian. Erica reported that when others made fun of her, her typical reaction was to stay quiet and not say anything back. Erica stated that she also had been made fun of in front of teachers who did not respond to it. Erica said that these situations tended to make her feel depressed and that she would sometimes cry because of them. When asked if she identified herself as a lesbian, Erica stated that she “was in the middle.”

When the therapist asked Erica to show him the kind of looks she received, Erica found herself laughing as she tried to imitate them. The therapist tried to do it as well, which further increased Erica's laughter. This small interaction appeared to have the impact of making Erica feel more comfortable around the therapist. After listening to Erica, the therapist reflected back to her that she seemed to be a person who had been through a lot and who had a hard time speaking up for herself. Erica disagreed with this and described how she had often been told that she was weird due to how she tended to interact with people in open and friendly ways, which sometimes put people off. The therapist then reflected that perhaps her behavior was not that strange, but that in the eyes of others, it was considered "weird." Erica agreed with this sentiment. The therapist also explored Erica's cutting behavior, which led them to also discuss suicidal intent and ideation. Erica denied suicidal intent and said that she did not have any specific plan, but reported that sometimes she wanted to "disappear". Erica's use of self-injury was a concern to the therapist as it represented a negative coping skill that Erica may utilize in the future. The therapist decided that he would continue to monitor Erica for the presence of this behavior. Overall, rapport seemed to be quickly established with Erica, but it was difficult to tell how Jane felt about coming to the program.

Session 2. When the therapist asked if the family had anything they wanted to bring up, Erica immediately said yes, but that she wanted to talk about it without her mother present. The therapist made a note of this as he was concerned about whether Erica's need to speak to the therapist alone may have offended Jane. When he was with Jane alone, the therapist asked how she felt about that moment. Jane replied that she did not mind and that based on her experiences in the past, she found that Erica may not

bring up a personal issue right away, but with time, she would eventually tell Jane. The therapist and Jane spent time talking about Erica's personality and her style of interacting with others. Jane shared her observations, which seemed to match with how Erica saw herself, in that she was a sensitive girl and that she may have a hard time speaking up for herself in difficult situations. Jane stated that she did not have that much to report about the previous week and that everything seemed fine at the family household.

Erica wanted to tell the therapist about a recent conflict that she had gotten into with a few other classmates. Erica spoke about how she had kissed another student as a dare, which resulted in this person and her friends getting angry with Erica. Erica was surprised by the result because the other person was aware that Erica was planning to do it and did not say anything to Erica to stop her. Likewise, Erica also stated that this other person had previously told Erica that she liked her and had asked Erica out on a date in the past. After being kissed, this person got angry and told other peers about the experience, which led them to get angry as well. Erica shared that this kind of situation happens a lot and that "when one person is upset, everybody else is."

Erica stated that she was sad about the situation and was bothered by how several people would give her dirty looks in the hallway. Erica later learned that this person as well as several others had decided not to talk to her. Erica reported that this kind of dynamic tends to happen to her a lot. The therapist used this moment to learn more about Erica's interpersonal style and to take an inventory of her relationships, both good and bad. Erica's network revealed that she felt close to her family, that she had a small network of friends and a larger group of people that did not like her. Erica said that, for her, it is normal for friends to exchange friendly insults with each other, but that the

things that the other group was saying were “just mean.” The topic of difficult friends led Erica to talk about two important people in her life, Lisa and Jamie.

Erica stated that she, Lisa and Jamie used to be good friends, but that over time they started having a lot of difficulties with each other. Erica described how, over the course of several months, she fought with Jamie for the affections of Lisa. Erica listed numerous examples in which she and Lisa would start dating and then break up. Upon breaking up with Erica, Lisa would then start dating Jamie. She also added that she had a lot of friends come and go for various reasons and that this seemed to happen to others in school as well. Erica stated that her friends seemed to change several times throughout the year. Erica described this as if it were a given and said that she decided to “stop caring” when she started losing touch with certain friends. Given her sensitive nature, the therapist wondered about the validity of this perspective. To see if she was hiding any of her feelings, the therapist decided to ask Erica to clarify her actual feelings in the situation. The therapist wondered aloud whether Erica was actually more upset about losing friends than she let on and asked if she were perhaps hiding her feelings. Erica agreed, adding that she does it because of her concerns that others will take her feelings the wrong way and “start a bunch of drama.”

Erica also described how the school cutting instance left her feeling like she had gotten into a lot of trouble. Erica felt betrayed by the friend who told a school faculty member about it and she also did not like how the faculty seemed to watch her more carefully in the hallway. When asked if there was anyone she felt comfortable talking to, Erica said that she did not really have anyone she could talk to about sensitive subjects. She reported that when she did tell others, they would get upset at her for not taking a

more active approach and they would encourage her to be aggressive as well as vocal about her needs. By the end of the session, the therapist hypothesized that Erica may have the tendency to dismiss her feelings and needs and that she may be more oriented towards internalizing her problems.

Session 3. The therapist began session by asking Jane how Erica typically interacts with other people. Jane said that Erica was usually shy, but knew how to join in with other kids and she could not recall whether Erica had any serious friend issues in the past. Jane stated that Erica's relationship with her brother was pretty good and that they talked to each other a lot. She described how he sometimes would make fun of Erica as academics and sports came more naturally for him whereas she had to work harder at each and did not obtain the same level of success. Jane stated that the family was close knit and that she and her husband had been married for 16 years. She stated that in the beginning of their marriage, they had some "growing pains" but they were now in a good place and were in the process of purchasing a new home. Typically, her husband was more involved with the children as she was in nursing school and worked night shifts, full-time. Jane reported that her husband was involved in all of the kid's activities and that he tended to be a "lecturer" when it came to disciplining their kids.

When Erica entered middle school, Jane was hoping that Erica would be able to take care of herself more in terms of getting ready for school and completing her work. For Erica, however, her grades had been an issue starting in the sixth grade and by the seventh grade, it was clear that Erica was struggling. As of this year, Jane said that Erica's grades were the worst they have ever been and it seemed to her that Erica did not put any effort into her work as she often did not do assignments or would turn them in too

late. Instead of working, Erica tended to chat online frequently and Jane believed that if allowed, Erica would sit at the computer all the time. As a result of Erica's falling grades, Jane took away Erica's computer last semester. Jane gave Erica some space as a way for Erica to hopefully develop an independent work ethic, but Jane felt like she had to micromanage Erica as her grades were near-failing. Jane had signed her up for several after-school resources in the past, but Erica decided that she did not want to attend any of them. It appeared to the therapist that Jane was hoping that by giving her space, Erica would learn to independently pick up on skills such as studying and time management. When Erica did not do so, Jane appeared disappointed that Erica needed additional parental monitoring.

Jane also told the therapist that she did not quite understand the process of therapy and was wondering about what kind of work the therapist was doing with Erica. The therapist explained that he was trying to get to know Erica and help her feel safe talking to him. He also explained how he was getting to know more about Erica's relationships and that he was trying to find out how she sees herself in these relationships. The therapist stated that Erica seemed to be experiencing some problems in her relationships and they were causing her stress. The therapist expressed that treatment would most likely focus on helping Erica work on these relationships in order to decrease her stress and that part of treatment may involve Erica asking for Jane's assistance. The therapist asked Jane if she had any concerns about the process to which Jane replied that she did not and she added that she felt comfortable with what she was told.

Erica began her time alone with the therapist by talking further about her history with Jamie and Lisa. She described how she and Jamie liked Lisa at the same time.

Erica stated that Jamie was the first person to tell Lisa about her feelings and that when Erica revealed her feelings later, Lisa told Erica that she liked Jamie. Jamie and Lisa dated briefly and when they broke up, Lisa began dating Erica. Erica and Lisa have been in a relationship about four times. A relationship pattern emerged amongst these three girls, which involved Lisa always breaking up with Erica followed by Lisa and Jamie beginning a new romantic relationship that would also end. It seemed that every time Lisa was dating Erica, Jamie would share her renewed feelings for Lisa and make Lisa “feel bad” for dating Erica. As this relationship dynamic went on, Erica began to lose friends as some sided with Jamie. It was during the course of this relationship that Erica also began experimenting with cutting. Erica began to feel depressed by the relationship and was hurt by statements made by Lisa, such as being told that she was only dating Erica because she felt bad for her. A few weeks prior, the three of them decided to stop dating within their triad and became friends. Shortly after that, Lisa revealed to Erica that she liked her, thus beginning their relationship pattern again.

This most recent relationship, however, ended with Erica breaking up with Lisa. According to Erica, she ended the relationship after Lisa revealed that in addition to liking Erica, she also liked several other people. Erica described how she was also concerned about Jamie’s influences on their relationship. For example, Erica stated that Jamie would often use information she learned from Lisa and share it with Erica by taking screenshots of their online conversations. Other friends had also told Erica that Lisa was playing with her feelings. Erica felt confused as more people added their opinions to the situation. The therapist normalized her feelings of confusion and frustration, acknowledging how it was tough to decide who she could turn to for good

advice. The therapist also acknowledged that he himself felt confused due to the extensiveness and the back-and-forth quality of Erica's relationship with these two other girls.

The therapist asked what brought Erica back to Lisa, which led Erica to describe Lisa as someone with whom she shared a lot in common. In fact, Lisa was one of the few people that did not make Erica feel different. The therapist shared how that must have been important to her and that it made sense as to why she was attracted to Lisa. Erica seemed to appreciate these statements and added that she was unsure of what she wanted to do with the relationship currently. The therapist shared how these were important questions to ask about this relationship and that, perhaps, the focus of treatment could be on helping Erica figure out how to best manage this relationship so that it did not have such a negative impact on her. Erica expressed interest in this idea and stated that it was something that was on her mind a lot.

Session 4. The family reported that nothing particularly important had occurred over the past week and when speaking with Jane alone, she stated that she did not have anything that she wanted to discuss with the therapist. Erica described how Lisa expressed her romantic feelings for Erica through text, but also blocked communication with Erica several times during this period. Conflict between Lisa, Jamie and Erica worsened when Jamie and Erica agreed to enter a fake relationship in order to get a reaction out of Lisa. Erica also reported that Lisa apparently made some negative comments about Jamie, which prompted Jamie to approach Lisa to fight while Lisa was still in class. As this went on, other students approached Erica to let her know that Lisa did not truly like her.

Erica also talked about how other students have developed faked personas through the use of social media websites such as Facebook, Instagram, etc. and she added that she had believed that some of these profiles were real. Erica shared how some of these profiles were so detailed that people believed that these fake persons actually existed. Erica spoke about how one of these accounts was made by Jamie as a way to find out more information about Lisa.

The therapist and Erica talked about the goal for this treatment. The therapist asked if her relationship with Lisa would be good to focus on for the rest of their meetings. The therapist identified how it was causing her stress and contributing to her symptoms such as her low mood and anxiety. The therapist also talked about how it may be beneficial to talk about how to deal with managing this important relationship. Erica stated that she wished that everyone could be friends, but she also realized that they could easily fall into old ways. Thus, she felt unsure about maintaining the relationship and was confused about how to proceed. The therapist validated her feelings of confusion, adding that it sounded as though she had been getting very mixed messages. The therapist also shared that the goal of this treatment did not necessarily have to result in her maintaining her relationship and that they could talk about other solutions such as keeping her distance from Lisa or possibly even ending contact. Erica and the therapist then talked about how these sessions could be used to figure out how Erica wanted to interact with Lisa and whether she wanted the relationship. Erica agreed to the idea of exploring this relationship as a treatment goal.

The therapist asked Erica about whether her mom knew about her relationship with Erica and Jamie. Erica stated that she thought that Jane knew about Lisa, but not about their romantic relationship history or that she had been attracted to girls. Erica described how she tried to talk to her mom about liking girls in the past, but her mom did not want to talk about it. The therapist then asked if perhaps addressing this conversation with her mom might be a good goal for treatment. Erica replied that she did not want to talk about it as she was unsure about the trajectory of her sexual identity. Erica quoted a friend who told her that since there were more boys in high school, she would probably start liking boys and stop liking girls. Erica wondered aloud whether this was true and also added that she liked boys in the past, but not currently.

Erica expressed concern over her mother's reaction to her same-sex attraction as she could take this revelation very hard. With regards to her dad, Erica said that he would be a little upset, but would be able to accept it. Erica then shared stories about how her mom reacted negatively to same-sex couples that they had seen in public. Erica said that she hopes her same-sex attraction will go away. When the therapist asked whether she wished she could talk to her mom about it, Erica said that she did not because she was usually "against what my mom is for" and that she probably would not date girls if her mom was accepting of it. Erica stated that she also could not see herself talking to her mom about it or asking for advice. When asked about why her attitude towards dating girls would change, Erica said she was not sure, but that she just thought it would be weird to have her mom be supportive of it. The therapist shared that he understood Erica's hesitation towards not feeling comfortable discussing her sexuality and that it was not a conversation that was necessary in treatment. That being said, the

therapist added that her mother would have to be given some idea about the treatment goal. The therapist stated that when speaking with her mother, they could talk about working on Erica's relationship with Lisa without stating that it was romantic in nature. Erica said that this was fine and then said that she would prefer to use treatment to work on her relationship with Lisa, but that she would have to think about the idea of talking to her mom about her sexuality.

Erica's Case Formulation and Treatment Plan

Based on what Erica shared about her relationships, it appeared to the therapist that Erica's relationships with her friends, Jamie and Lisa, seemed to be a major source of Erica's distress. Erica described what seems to be an interpersonal pattern where she would date Lisa, who would later break-up with Erica in order to start a relationship with Jamie. This would then be followed by that relationship falling apart and Lisa would then return to Erica. Erica reported obtaining several benefits from her relationship with Lisa, which included a reciprocation of romantic feelings and feelings of acceptance. Despite these positive aspects, this relationship also seemed to cause Erica to feel hurt and angry, particularly when Lisa would break-up with Erica so that she could date Jamie. Erica had a difficult time knowing how to approach her relationship with Lisa. On one hand, Erica wanted to have a romantic relationship with Lisa. On the other hand, Erica felt like Jamie kept intervening with their relationship and that Lisa would eventually dump her for Jamie. This back and forth caused Erica to feel increasingly confused about the relationship and her confusion was exacerbated by Erica's friends, who had been advising Erica on how she should handle the relationship. Thus, the focus of treatment would be for Erica and the therapist to explore Erica's feelings about her

relationship with Lisa and help her identify skills that would allow her to handle this relationship in ways that would decrease the amount of negative emotions that she feels. The therapist would encourage Erica to identify how she feels about this interpersonal dispute and he would provide space for Erica to fully speak her mind.

Goal 1: Further explore Erica's relationship dynamic with Lisa.

Goal 2: Assist Erica's in identifying solutions that would help her towards making sense of and resolving her relationship with Lisa.

Goal 3: Help Erica identify and practice skills that would increase her interpersonal competence such as identifying her emotions and her relationship needs.

Erica's Course of Therapy, Sessions 5-8

Session 5. The family began the session by saying that they did not have anything to report about the previous week. The therapist spoke to Jane alone and discussed how it had been tough for Erica to make decisions involving who was a good friend and who was not. Jane agreed and shared how Erica does not think about consequences until it is too late. The therapist talked about how the rest of treatment could be used to help Erica identify solutions to a current, troublesome relationship and about how he was planning on working with Erica to develop interpersonal skills that would hopefully assist her. Jane consented with the plan and also talked about how she saw Erica's interpersonal style. Jane expressed her worries that Erica had a "following issue" when it came to her friends. The therapist and Jane also explored whether Jane and Erica's relationship had changed over this past year. Jane expressed that at times, it had been hard for Erica to reach out to Jane, but she also recalled how it had been difficult at times for her when she was Erica's age.

When Erica was alone with the therapist, she shared excitedly that she and Lisa were dating. Their relationship had lasted a week, which was their longest relationship to date. Erica also described how Jamie's fake internet persona was discovered and how people were upset with her. Erica had a mixed reaction to Jamie's situation, as she understood how hurtful it was that Jamie had lied to others, but Erica also wanted to make sure that Jamie was okay. Despite their history, Erica attempted to comfort Jamie, who reacted by telling Erica to leave her alone. Erica expressed that she was unsure about how long her relationship with Lisa would last as Lisa and Jamie continued to talk to each other. Erica had recently told Lisa that their relationship needs to end if Lisa still liked Jamie and she expressed how she did not want to be hurt anymore. Erica even tried to have another girl like her so that in the event that Lisa broke up with her, Erica would still have someone to care about her. Although Erica said that she did not care if Jamie and Lisa talked, it was clear that their friendship continued to bother her. When this was pointed out to her by the therapist, Erica said that she did not want to appear "overprotective" of her relationship with Lisa and that it often felt like she cared more about the relationship compared to Lisa. According to Erica, Lisa had even told this to Erica once. The therapist and Erica focused on this idea, which led into a discussion about how Erica would often put other people's feelings and needs before her own. The therapist provided psychoeducation on healthy relationships and emphasized the principle that both partners have their needs recognized and addressed in some fashion. Erica shared that this was often difficult for her as she often focused on others.

Erica wondered aloud whether she should be caring this much about Lisa and whether it was right to care this much about a person. The therapist shared how it was

not necessarily wrong that she cared so strongly for a person and that perhaps the bigger issue was caring for someone who may not be as invested in the relationship. The therapist asked Erica to clarify herself by talking particularly about her feelings and her needs in the relationship. Although she was initially hesitant about saying it, Erica shared her own worries about the strength of their relationship and how she preferred to have it end now rather than get hurt later. Erica talked about how Lisa had been unclear about her feelings, which made Erica feel insecure in the relationship. Erica realized that she did not want to be in a romantic relationship if they were just going to maintain the same pattern. Erica then made the suggestion of putting Lisa and Jamie in the same chat room and forcing them to tell the truth about their feelings. The therapist validated this suggestion as a possible solution, but since they were running out of time, he also offered that the next few sessions be dedicated to figuring out other solutions, to which Erica agreed.

Session 6. Jane was curious about the progress of therapy and wondered whether Erica had been using the experience as if it were her “diary.” It was unclear what Jane had meant, but the therapist wondered if Jane was trying to convey her sense of being left out of the experience and when asked to elaborate further, Jane described how she was not sure what the therapist and Erica were working on. The therapist explained to her how they were exploring Erica’s relationship in terms of how they were affecting Erica. He also added that they were talking about how Erica could resolve these issues. When asked if she had any additional questions, Jane said she that did not and that speaking with the therapist helped clarify the process a little more.

When speaking with her alone, Erica described how she and Lisa recently broke up. Erica then shared how she, Lisa and Jamie had a lot of conflict over the course of the previous week about their feelings for each other. Initially, the three of them attempted to be each other's friends, but over time, Erica revealed how each person exchanged information with another person about the third person. At the end of the week, Jamie and Lisa were in a relationship. While in the relationship, Jamie attempted to convince Erica that she did not like Lisa and that she was dating Lisa in order to convince her to start going out with Erica again. Lisa, on the other hand, changed her mind several times about whether she liked Erica or not. Erica also reported that some of her friends had gotten involved and had confronted Lisa and Jamie about their behavior. Erica did not participate in the confrontation and she simply watched as she did not know what to do.

The therapist reflected back that it was easy to see how Erica was so confused after receiving so many conflicting messages from different sources. The therapist decided to explore this experience further in terms of how it impacted Erica. Despite all that had happened, Erica wished to maintain a friendship with Lisa because she felt that Lisa was honest. The therapist asked whether they were going to date again, to which Erica said that it was unlikely because Lisa liked several people, including Erica. The therapist referred back to their conversation about healthy relationships, which led into a conversation about how Erica was being emotionally hurt in the relationship.

The therapist and Erica talked about how it was a good idea for Erica to refrain from dating Lisa due to Lisa's apparent difficulty with committing to a romantic relationship. The therapist and Erica also talked about Erica's relationship with Jamie. Through this discussion, Erica decided that she did not want to be friends with Jamie, but

that she would not mind if Lisa still wanted to be friends with Jamie. Thus, she decided that she would limit her interactions with Jamie and maintain a friendly relationship with Lisa. Erica said that after the discussion, she felt not as upset about the situation and that she was more aware of her relationship pattern with Lisa. The therapist asked about whether Erica would be willing to share this information with her mother and turn to her for support. Erica stated that she was very uncomfortable with the idea and that she had a hard time trusting adults, especially after the way in which she was treated by school faculty when they found out about her cutting. The therapist validated her concerns and talked about how she could approach the conversation and clarify her wish that she not be “punished” for what she talks about. The therapist and Erica ended the session by talking about how they can approach the end of treatment and bring up what she had learned with her mom without exposing too much.

Session 7. In the family portion of the session, Jane reported that she recently received a letter from school about how Erica was in danger of failing for the year. As Jane spoke, Erica was noticeably quiet throughout the discussion and when asked, she did not have anything to add. When the therapist spoke with Jane alone, Jane described how the family had found out about Erica’s grades and how they were planning on dealing with it. It was clear that the parents had become more involved with Erica’s work as they decided to monitor her homework more closely during the past week. They also took away Erica’s cell phone and iPod. Jane stated that she and her husband were discussing whether Erica could go on the end-of-the-year school trip. Jane reported that this was the worst that Erica’s grades have ever gotten. The therapist sympathized with Jane and also complimented her on the plan to take more action in the form of increased monitoring,

clearly structured punishments and verbalized expectations. The therapist and Jane spoke about the parents' disappointment in Erica, particularly around the idea of her not being able to develop strong study habits. The therapist reflected back Jane's feelings, but also engaged Jane in a discussion about how these goals can still be achieved, but perhaps in a way that involves Jane's and her husband's support. Jane agreed with this and then spoke about her frustration with Erica, who seemed unfazed by this letter. Jane thought that Erica was taking the situation too lightly and began to wonder about what would happen if Erica had to go to summer school. The therapist was unfamiliar with summer school policies and thus recommended that Jane speak with Erica's school counselor. The therapist also reminded Jane that next week would be the family's last session and he asked Jane if she had any reaction. Jane stated that Erica has not been crying as much and has been coming home less upset from school during this treatment. Jane also noted that Erica seemed to like coming to the clinic and that she had reported benefiting from it.

When speaking with Erica alone, Erica shared that she felt like the academic situation was under control and that her parents were overreacting. Before going further, the therapist asked Erica if she thought this topic was worth exploring for today or if she wanted to talk about anything that had occurred in her relationship with Lisa and Jamie. Erica said that the difficulty she was having with her parents was more important and that since things with Lisa and Jamie were fine this week, she wanted to talk more about her parents. She described how it seemed like her parents were not listening to her and how she had turned in a lot of work recently, but her efforts would not be evaluated until later in the week. The therapist suggested that it may be difficult for Jane to see Erica's perspective and vice versa. This led into the therapist providing psychoeducation on

perspective-taking and how taking on another person's point can benefit a person in a relationship. This led into a discussion between the therapist and Erica about how underneath her parent's anger was a fear that Erica might fail. The therapist and Erica talked about coming up with a concrete plan that would allow her parents to feel better about her grades. The two came up with ideas such as talking with teachers after class about when her grades would be posted and asking her parents to speak with specific teachers over the phone to confirm how poor Erica's grades were. The therapist also used this moment as a way to help Erica express how she felt about being repeatedly reminded about failing, which allowed Erica to express her hurt over her parents' lack of confidence and trust. Although not much of the session focused on Erica's relationships, the therapist felt that Erica benefited from this discussion as it involved her learning about taking on other people's perspectives. In addition, she was able to utilize that skill to communicate with her parents in such a way that allowed her to recognize and respect their view point while also speaking about hers, which was something she had difficulty doing in her relationships.

Before meeting with Jane to discuss Erica's ideas, the therapist reminded Erica that their next week's session would also be their last session. The therapist asked Erica if she had any particular reactions to this. Erica said that she did not. The therapist brought the family back together so that Erica could present her ideas. Jane reported that she had actually implemented some of these ideas, such as emailing the teacher, and she also supported Erica to approach her teachers alone. Jane expressed that after this experience, she had a hard time trusting Erica. The therapist reflected back how it was clear how one's trust could be broken in this situation, but he also emphasized that trust

could be re-established by following the plan that the family had made together. Jane agreed to this sentiment.

Session 8. Jane reported during the family portion of the session that Erica had managed to bring her grades up and that she would be able to graduate. Erica was allowed to go to the school dance, but, as punishment, she was not allowed to go to her graduation trip. The therapist noted that this was the last session and that they would use the time to review progress, identify any worries or concerns and talk about resources available to Erica when she enters high school. While talking to the therapist alone, Jane expressed her disappointment again in Erica's work ethic, which led into a discussion about what Erica and Jane can do for the next school year (i.e. monitoring her grades and work, working close with Erica's teachers, etc.).

In their time alone, the therapist asked Jane about her experience at the clinic. Jane said that she had no idea what to expect at first, but that she believed that Erica had benefited emotionally from treatment and that Erica seemed to enjoy coming to the program. When the therapist asked if she thought anything should have been done differently, Jane replied that she would not have changed anything.

When speaking with the therapist alone, Erica said that she was not that upset about missing the trip because she had heard that it was not that fun. Erica wanted to spend time talking about how she had found out that Jamie and Lisa were dating. Erica also added that she had heard rumors that Lisa was talking about Erica behind her back, which led some of Erica's friends to confront Lisa. During this confrontation, Erica did not say anything. Erica spoke about how this event was hard because she wanted to still be friends with Lisa and even Jamie, but they kept getting into conflict with each other

due to the frequent romantic pairings and rumors. Erica added that instead of wanting a friendship, Jamie seemed more interested in wanting someone to like her back. At some point, Lisa approached Erica and told her that she still liked her, but that she did not want to date her because her “feelings would go away” once they began a romantic relationship.

Erica described how this situation and the advice she was getting from her friends on how to deal with Jamie and Lisa had made Erica feel very depressed. Even though she decided to limit contact with both of them, Erica still seemed to have a hard time watching Lisa and Jamie interact with each other. In addition, Lisa and Jamie’s behavior almost appeared to the therapist as a means to pull Erica back into the trio’s relationship pattern. Erica mentioned that she was even thinking about cutting, but had not presently injured herself. Erica had shared this with some of her friends, who became very concerned for her and told her that it was dangerous. The therapist reflected back to her that she was going through a lot of pain in terms of her relationship and that he also agreed with Erica’s friends. He also complimented Erica on her ability to verbalize her emotions and her thoughts in addition to reaching out to her friends. The therapist identified that as a positive way of coping. When asked, Erica denied suicidal ideation and intent. The therapist asked if there were others she felt safe talking to about this. Initially, Erica became upset as she felt as though “no one really cared,” but as she and the therapist talked further, Erica identified a couple of friends and a teacher that she could talk to whenever she felt down and thought she would start cutting. The therapist and Erica then made a safety plan which included a list of people that Erica could reach out to whenever she began to think about cutting as a way to cope with her feelings. The

therapist and Erica also spoke about how, given this event, Jamie and Lisa may try to interact with Erica again. Erica reiterated that she would try to set boundaries with Jamie and Lisa by keeping her distance from them and focusing her energy on other friends.

The therapist and Erica ended the session by talking about the future and what she had gained from this experience. Erica stated that she liked that she could talk about things that were on her mind and that she could sort out her feelings. She also felt like she had learned a lot more about herself and her relationship with Lisa. The therapist shared with Erica some of the resources that were available in high school such as counselors and student groups. Erica stated that she would be interested in seeing someone individually and would possibly be interested in a group treatment as well.

Therapy Monitoring and Use of Information Feedback

I reviewed the measures that were taken after each session and listened to the audiotape. In doing so, I was able to reflect on their contents and reflect on the process of therapy. My own experiences and opinions on the progress of each case were supplemented with supervision by the program director, who was a doctoral-level clinical psychologist that has had extensive experience with this age group. Our meetings were used to further process the progression of the treatment and determine whether any modification was needed for either the formulation or treatment plan in order to meet the therapy's goals.

Concluding Evaluation of the Therapy's Process and Outcome

Lindsay and Carrie's Quantitative Outcomes

Strength and Difficulties Questionnaire (SDQ). With the exception of her peer problems score, which fell into the "Slightly Raised" range at the beginning of treatment,

Lindsay scores were in the average range throughout and by the end of treatment (See Table 2.1). At the beginning of treatment, Carrie's observation of Lindsay's peer problems fell within the "Very High" range while her scores for Lindsay's emotional symptoms and conduct problems fell within the "Slightly Raised" range (See Table 2.2). Overall, Carrie's observation scores indicated that Lindsay's total difficulties were in the "High Range." Carrie's total difficulties score increased after the second session due to an increase in Carrie's scores for emotional symptoms and hyperactivity-inattention, but as presented in Table 2.2, Carrie's scores for her observations of Lindsay's behavior were all within average range by the end of treatment. The observed changes in Carrie's scores were not clinically significant. Norms were only available for the parent response form of the SDQ, thus a Reliable Change Index (RCI) score could not be calculated for the youth reported scores. Also, due to a lack of psychometric data available for the United States' version of the SDQ, psychometric data from the Australian SDQ was used to calculate the RCI scores. Overall, there was a high correspondence between Lindsay and Carrie's scores (See Table 3.1), in which both had observed symptom reduction in a majority of the areas assessed (66% - Total Difficulties, Emotional Symptoms, Conduct Problems and Peer Problems) and an increase in areas measuring Prosocial Behavior (17%). A deviation was observed in only the area measuring Hyperactivity-Inattention, in which Carrie had observed an increase in symptoms whereas Lindsay reported a decrease in symptoms.

Achenbach System of Empirically Based Assessment (ASEBA). By the end of treatment, Lindsay's total competence score increased to the point of putting her within the borderline range (See Table 1.1). Changes in Lindsay's activities and social scores

led to these areas falling into the normal and borderline range, respectively. These differences in scores, however, were not clinically significant. All of Lindsay's scores for the syndrome scales fell within the normal range, but her social problems score still remained at the upper end of this spectrum. Lindsay reported a decrease in aggressive behavior at the end of the treatment and this score was determined to be clinically significant (RCI= 2.33). Lindsay reported that she was experiencing decreases in behaviors such as arguing with others, disobedience at home and at school as well as decreases in fighting, screaming and temper.

Carrie's post-treatment total competence score for Lindsay fell within the clinical range, but all three scores comprising this score fell within the normal range (See Table 1.2). This anomaly is most likely due to the fact that these three scores were on the lower end of the normal range. Compared to her pre-treatment scores, Carrie observed improvement in Lindsay's behavior with regards to her social and academic behaviors, but these changes were not clinically significant. All of Carrie's scores in the syndrome scales fell within the normal range, with the exception of her social problems score, which remained in the borderline range. Carrie observed a significant decrease in externalizing behaviors in Lindsay. According to her CBCL, Carrie observed decreases in behaviors that were often associated with Lindsay's aggression such as screaming, stubbornness, sulking, temper and volume. Once again, there was a correspondence in a majority of Lindsay and Carrie's scores in which both reported a reduction in symptoms, particularly in areas assessing for externalizing issues, anxiety/depression, attention problems and aggressive behavior

Lindsay and Carrie's Qualitative Outcomes

Lindsay appreciated being able to talk about her relationship with Greg and she utilized treatment to vent her aggression as well as her disappointment. The program gave Lindsay the opportunity to talk about her anger without being chastised for it. By expressing these feelings, she also had the chance to explore her hurt and disappointment, which was largely motivating her angry impulses. In the context of the relationship, Lindsay had the chance to grieve over her loss and was able to practice approaching her parents about her feelings about her relationship with Greg. It was particularly important for Lindsay to identify her fear that when bringing up this topic, they would make fun of her instead of respecting her. Although Lindsay frequently got in trouble at school, Carrie noted that Lindsay appeared to think out her actions before implementing them and she also liked that she had the chance to vent her frustrations about what was happening at school. Goals obtained through treatment include:

Goal 1: Help Lindsay achieve greater awareness of her relationship dynamic with Greg.

Goals 2: Increase Lindsay's awareness of the feelings that are underlying her anger.

Goal 3: Assisted the family in identifying resources that would be helpful for Lindsay's transition into high school.

Erica and Jane's Quantitative Results

Strength and Difficulties Questionnaire (SDQ). By the end of treatment, Jane's observations of Erica's behavior all fell within the average range with the exception of her peer problems (See Table 2.4), which was in the "Very High" range. This was an area in which Jane's scores initially increased and then decreased towards the end of treatment. Erica's score for peer problems was also within the "Very High" range, but

had slightly decreased over the course of treatment (See Table 2.3). Erica's emotional symptoms score remained in the "Very High" range throughout treatment, but her score in the hyperactive-inattention area decreased and was within the average range by the end of treatment. Erica's overall total difficulties score was within the "High" range at the beginning of treatment, but was in the "Slightly Raised" range by the end of treatment. Despite these changes, none of them were deemed to be statistically significant. A notable observation between Erica's and Jane's scores was the high level of discrepancy between their two scores as Erica reported far more problems than Jane. A comparison between the two sets of scores (See Table 3.2), however, indicated that Erica mostly saw a decrease in several areas where as Jane mostly saw an increase in Erica's symptoms, particularly in areas measuring Total Difficulties, Hyperactivity-Inattention and Peer Problems.

Achenbach System of Empirically Based Assessment (ASEBA). Erica's total competence score fell within the clinical range, below the 25th percentile. Her activities score was still within the clinical range (below the 2nd percentile) and her social score had decreased, putting her in the clinical range (below the 2nd percentile). Erica's overall internalized score fell within the clinical range. Her scores for the anxious/depressed and the withdrawn/depressed scales scores were lower compared to her pre-treatment scores, but these differences, however, were not clinically significant. Her scores were in the clinical and borderline range, respectively. Erica's score for the somatic complaints had significantly increased, putting her in the clinical range (above the 98th percentile). Erica reported increases in dizziness, eye problems, nausea and vomiting. Erica's score in attention problems decreased to the point of entering the borderline range (93rd to 98th

percentile) and her score in the thought problems area also decreased, falling into the non-clinical range (below the 90th percentile). These changes were determined to be not statistically significant.

Jane's total competence score for Erica fell within the clinical range, below the 28th percentile. Jane's activities score had increased, thus putting her score into the borderline range (between the 2nd and 7th percentile) and her social score remained in the clinical range (below the 2nd percentile). Her academics score for Erica remained within the normal (below the 49th percentile). All of Jane's scores for the nine syndrome scales fell within the non-clinical range. The majority of the comparisons between the two scores (See Table 3.2) indicated that both saw a reduction in symptoms in areas assessing Erica's academic competence, anxiety/depression, withdrawn/depression and attention problems. A notable discrepancy arose in which several of the comparisons indicated that Jane had seen no change in Erica's symptoms whereas Erica experienced either an increase (i.e. somatic complaints, social problems, and rule-breaking behavior) or a decrease in these symptom areas (i.e. externalizing issues, thought problems, aggressive behavior and other problems).

Erica and Jane's Qualitative Results

According to both Erica and Jane, Erica appeared to obtain some benefits from the treatment. Erica appreciated having a space to talk about her relationship issues and it allowed her to think over these situations without feeling like she was being judged. Erica appeared to have developed a better awareness of her negative relationship pattern with Lisa and Jamie. This experience allowed Erica to think about what she wanted from the relationship and how she wanted to proceed with the relationship. By having the

chance to untangle her complicated set of feelings for Lisa, Erica was able to recognize that while she still liked Lisa, a romantic relationship would not be feasible with her due to Lisa's perpetual feelings for Jamie and others. Jane also reported that Erica appeared to be coming home less upset and was not crying as often. Despite these positives, Erica had a difficult last session as she experienced a number of conflicts with Lisa. Overall, a short-term model may be inappropriate for Erica as she still had a difficult time finding someone that she could trust and be fully open. Likewise, Erica seemed to be still experiencing a number of internalized mood issues that were not fully addressed within the context of therapy. Although Erica obtained some benefits from the program, the nature of her issues may have been better addressed with a longer treatment modality that would be able to monitor her throughout her school year. Looking back on the progress of therapy, the therapist also wished that he could have included Jane more in the therapy process by having them collaborate on a particular treatment goal and helping Jane obtain a greater awareness of Erica's issues. Goals obtained in the treatment were:

Goal 1: Help Erica obtain greater awareness of her relationship dynamic with Lisa and of how it was affecting her.

Goal 2: Identify positive relationship characteristics that Erica was looking for in others.

Goal 3: Identify positive friends and adults that would listen to Erica.

Goal 4: Identify resources in the community and in school that would be helpful to Erica.

Broader Issues Raised by the Therapy Process

Level of functioning. The clients who participated in this study had strikingly different pre-treatment presentations. According to her YSR, Lindsay's scores were largely within the non-clinical range and appeared to be concordant with her mother's

scores on the accompanying CBCL. Thus, Lindsay and Carrie seemed to hold similar views of Lindsay's behavior across a number of different domains. Lindsay's scores on both measurements were quite different from Erica's, who presented with more areas that were rated as either borderline or critical. Erica's scores were also very different from her mother's, whose scores almost all fell within the non-clinical range. Erica appeared to experience a number of problems and they may have been ones that were either not shared or not readily apparent to her mother as many of them fell within the internalized areas. Also, Erica may have benefitted from additional and/or more long-term services to address her needs. Erica presented with numerous areas of concern and it was difficult to only focus on one particular issue within therapy. Thus, Erica may be an example of a case in which having the family-based psychotherapy clinic as the only resource would not be the most appropriate in terms of addressing many of the family's needs.

Navigating romantic relationships. Lindsay and Erica both presented with social difficulties involving their romantic feelings towards others. Romantic relationships in adolescence is a developmentally normative experience and can be important for the acquisition of positive relationship skills and benefits such as intimacy, companionship, enhancement of peer status and gaining independence (Furman & Wehner, 1997; Starr et al., 2012). Involvement in such a relationship can provide a sense of belonging and may also affect that person's status within the peer group. These relationships, however, can also challenge adolescents and expose them to stressors that they may not be adequately prepared for. In fact, a number of studies have demonstrated a positive association between involvement in adolescent romance and various forms of psychological symptoms, but others have suggested that this finding may also be due to a

number of interrelated factors (Starr et al., 2012). Romantic relationships for adolescents can also have their drawbacks as previous research indicates that adolescents in these kinds of relationships tend to experience more conflict than other adolescents (Collins, 2003). For example, Joynder and Udry (2000) found that those who had begun romantic relationships within a year had reported more symptoms of depression than adolescents not in romantic relationships. In addition, a person's personality and their relationship history can potentially exacerbate depressive reactions to relationships events as well. Overall, the experiences of dating and engaging in romantic relationships can have a significant impact on an adolescent's development.

Both Lindsay and Erica felt strongly for the other person and they also had close friendships with these people prior to revealing their feelings to them. The people who were the target of their romantic feelings appeared to have a difficult time managing their own experiences and reacted in ways that were, at times, hurtful to Lindsay and Erica. For example, when Lindsay had told Greg that she had feelings for him, he reacted by ignoring Lindsay and not acknowledging her presence whenever she was around. This way of communicating with Lindsay was very hurtful to her and resulted in her feeling very angry towards him. Lindsay had a difficult time throughout this process, particularly with managing her feelings of disappointment and trying to cope with the loss of a friend who was a major source of companionship and intimacy.

Although Erica had been able to have a romantic relationship with Lisa, she frequently broke-up with Erica and would quickly begin dating another person. Erica had a difficult time understanding the ambiguous nature of her relationship. Erica valued this relationship as it was one in which she felt understood and cared for. Yet, difficulties

arose once it became clear that Lisa had feelings for multiple people, including Erica. Thus, much of the treatment process for Erica involved exploring her needs and weighing out the pros and cons of continuing this relationship.

For both Lindsay and Erica, the solution was not clear in terms for resolving their relationship difficulties. Lindsay and Erica both expressed a similar wish that their relationships could return to how they were in the past. Although their relationships had the opportunity to mature into something more intimate, both went into their respective relationship scenarios with minimal experience and sought guidance from any trusted source. In both cases, Lindsay and Erica found a number of people willing to give them advice and some friends went so far as to even intervene in the situation even though they were not directly involved in it.

Despite the fact that both were dealing with romantic relationships, there were some notable differences between Erica and Lindsay. For example, the issue of same-sex attraction introduced a new and important facet in Erica's treatment which was not as present in Lindsay's case. Erica presented with a same-sex relationship which brought on the pressure of having to deal with the prejudice and bias of others who reacted negatively to Erica dating another female. Likewise, it also led to a conversation about Erica's perceptions of her sexual identity and how she saw it as something rather fluid that would crystallize into a heterosexual identity once she entered high school. Lindsay, on other hand, did not present with such an issue. Erica also had an extensive dating history with Lisa and thus much of the treatment involved examining how Erica felt within the context of her relationship. Lindsay, on the other hand, did not have an established romantic relationship with Greg, but was able to interact with him through the

fake Facebook profile. Lindsay's romantic experiences were thus understandably limited in that she and Greg were only able to interact with each other through online messages and were never able to establish any contact outside of electronic communication.

Ability to cope with social difficulties. Competent adaptation to social difficulties can include the ways in which adolescents manage their emotions, think constructively, regulate and direct their behavior, control their autonomic arousal and act on their environments to alter or decrease sources of stress (Compas et al., 2001). In addition, children who were rated higher in regulation skills were also rated higher in peer social status, engaged in more socially appropriate behavior, were higher in the capacity for empathy, had fewer behavior problems, and exhibited less negative emotionality. Adolescents who are highly reactive may have a slower recovery or return to baseline and typically display a greater reactivation of arousal with repeated exposure to stress, which in turn may inhibit their abilities to develop mature regulatory skills. Lindsay's reactivity tended to express itself in the form of anger and she was also characterized as someone who stood up for herself often. Erica was also very reactive, but her style was far more internal and was rarely expressed outwardly. Erica and Lindsay's high reactivity could have contributed to their difficulties in coping with their social difficulties.

Lindsay's coping strategy could be best characterized as emotional ventilation. Lindsay appeared to have a higher sense of personal autonomy and she would often fight and/or argue back when it was infringed upon. Lindsay had an extensive history of being bullied and reported that she initially took a stance of not fighting back with the hopes of a teacher intervening. The family reported that Lindsay often did not seem to receive the

protection she needed and thus felt victimized by both students and teachers. After a while, she began to stand up for herself and fight back. Thus, Lindsay had learned how to fend for herself, but it also seemed to have the unintended effect of exacerbating some situations, particularly when others enjoyed her reaction or when it involved adults who expected a degree of conformity. Her ability to stand up for herself appeared to have especially clashed with faculty as they may have interpreted her attitude as flippant and oppositional. Although this coping strategy may have been helpful in some situations, it also appeared to be applied across several scenarios in ways that were ineffective and, at times, harmful.

Erica tended to have a more passive approach of resigned acceptance in which she would often let others confront the people that she was having conflict with and she often had a difficult time expressing how she felt when these conflicts were occurring. Erica's temperament could be described as inhibited as she often used non-confrontational methods of dealing with her experience such as avoidance and/or withdrawing. Erica valued her friendships and often took on the role of being the one that tried to settle conflict. She also served as a good listener to those who wanted to be heard. Erica seemed to run into trouble with those who did not reciprocate these things back with Erica and, in some cases, they may have even taken advantage of Erica's kindness. Erica, at times, also seemed to lend support when it came at a cost to her well-being. For example, despite the fact that Lisa would frequently break-up with her, Erica continued to lend Lisa help, even when it meant trying to get Jamie and Lisa to express their feelings for each other. Erica went so far as to force them into a conversation online with the intent of having them date again. On one hand, this could be seen as an example in

which Erica went out of her way to help others while dismissing how the situation was having a negative impact on her own well-being. Yet, a strength to Erica's altruism was that it may have helped her develop a network of friends who were willing to offer their advice and defend Erica whenever she was in trouble, particularly in regards to her relationships with Jamie and Lisa. Despite all the advice that she received, Erica was often left feeling confused and she did not seem to have the opportunity to be able to express her own thoughts and feelings. In addition, Erica seemed to have a difficult time identifying how she wanted to resolve the conflict. In many ways, Erica seemed to have more difficulty compared to Lindsay in regards to coping with her social difficulties, as she had several CBCL scores within the clinical range and, in some instances, Erica used dangerous methods such as cutting as a way to manage her feelings.

School's involvement with student. Research indicates that the ways in which teachers and school staff manage and organize the school environment could moderate the degree to which deviant peers can influence an adolescent (Wang & Dishion, 2012). School-related characteristics can function as protective buffers against the effects of risky peer groups and enhance pro-social peer interactions (Crosnoe, Erickson & Dornbusch, 2002). Positive perceptions of academic support, behavior management and positive teacher social support are strongly associated with behavioral adjustment for adolescents in middle school. Likewise, focus on behavior management of students in public middle schools has been associated with lower levels of problem behavior (Wang & Dishion, 2012). Griffith (1999) reported that students who feel that their school establishes, communicates and enforces a fair discipline system with clear rules and consequences also report having fewer problem behaviors and less victimization.

Achieving this, however, can be difficult as teacher–student relationships during this period are less positive and teachers often feel less effective during middle school (Stormshak, Dishion, Light & Yasui, 2005).

Both Lindsay and Erica reported experiences with the school intervening in their conflicts. Compared to Lindsay, Erica had received far less intervention from her school, but she also experienced its impact as negative. When Erica was approached about her cutting incident at school, Erica described the experience as unhelpful and uncomfortable. Although it sounded like the school took steps to monitor Erica, she felt as though she was being watched in a way that made her feel more out of place rather than helped. Lindsay, on the other hand, had a far more extensive involvement with school faculty as she reported weekly conflict that involved members of the school administration. The family tended to see the school’s involvement as mostly negative and they often felt like Lindsay was being blamed for the problems that she was experiencing.

In some instances, the school’s reaction to Lindsay’s behavior was dictated by official school policies which had to be applied in the event of specific occurrences (i.e. reported bullying), which resulted in official reports being filed and, in one instance, the involvement of local authorities. Although the family understood that the school was following procedures set in place, they often felt as though these procedures either had no impact on the situation at hand or had a further negative effect on Lindsay. A recurring discussion throughout treatment involved the topic of whether the school was able to protect Lindsay from other students and whether the family would be able/willing to work with the faculty involved. Overall, it seemed as if both Erica and Lindsay had

difficulties trusting their school systems to assist them in their conflicts, primarily due to issues around the school not having all the information about the situation or not being able to sympathize with the girls' perspectives. Despite this, the therapist acknowledged that their respective schools operated under specific rules and regulations with regards to particular student behavior and that their intent was most likely to protect the girls and ensure their safety. In addition, information obtained from these situations only came from one source, the clients. Thus, throughout therapy, the therapist found it critical to maintain a neutral stance with regards to the school's involvement in these issues while also respecting the client's subjective emotional experience.

Although they may have had some negative experiences with some school staff, both of the clients also identified faculty members who were positive role models. Lindsay's came in the form of her counselor, Paula, who seemed to fill the role of a supportive protector. Lindsay valued Paula as someone she could turn to about anything; she described Paula as someone who was like a second parent to her. In addition to her ability to handle Lindsay's anger, Paula often seemed to advocate for Lindsay whenever she was involved in a conflict. According to the family, Lindsay rarely got in trouble until after the counselor had gone on leave during the school year. Erica also had a faculty member that she could turn to, particularly in terms of having someone who would listen to her in addition to offering advice. This person seemed particularly helpful to Erica in that she was outside of her usual friend network. Thus, this person was not someone who was susceptible to start rumors and/or talk about the situation with those who were directly involved as others had. Both of these girls seemed to value the space and trust provided by these staff members.

Parental involvement. The degree to which parents were involved in the adolescent's lives was a theme that appeared in both cases and seemed related to issues of identifying positive peer relationships. Research indicates that there may be a link between the quality of the child-parent attachment relationship and children's peer relationships, especially close friendships (Dwyer et al., 2010). For example, patterns of interaction learned in the context of parent-child relationships can be generalized to other areas such as peer relations. Parents who engage in poor family management, which can include behaviors such as inconsistency and punitive parenting, tend to have children who have higher levels of childhood antisocial behavior, which in turn is related to academic failure, peer rejection and emotional distress (Stormshak, Dishion, Light & Yasui, 2005). Likewise, if parents continue to utilize these behaviors throughout a child's adolescence, they may further exacerbate existing problems. In the context of a positive parent-adolescent relationship, parental monitoring and established communication processes can serve key protective factors that limit/deter access to deviant peer groups and reduce the level of influence that these peers may have on an adolescent's problem behavior. Behavior control exerted by parents who have adolescents that socialize with deviant peers has been shown to slow the growth of externalizing behavior (Stormshak, Dishion, Light & Yasui, 2005). Difficulties can arise during middle school years, however, as their adolescent's peer group becomes more diffuse and it can be more difficult to track friendships and peer communication.

Both Jane and Carrie expressed a wish that their children would be able to be more independent and be able to make good decisions, especially with regards to their social lives, but the ways in which they attempted to achieve this differed. Carrie seemed

to be more involved in Lindsay's social life as she was frequently updated by Lindsay on her friends and Carrie had even scheduled social gatherings in which she would be able to meet Lindsay's friends and their respective parents. Thus, Carrie utilized her own involvement in Lindsay's social life as a way to help Lindsay identify positive peers. Carrie was also informed about Lindsay's conflicts with others. In addition to Lindsay sharing some of these issues, Carrie was also frequently notified by the school about the social problems that were happening in that environment. Jane did not seem as informed on Erica's social life and school problems in comparison to Carrie. This may have been a result of several factors, such as Jane giving Erica more personal autonomy in the hopes that she would become more independent. It also could have been partly due to Jane not being able to be as present in Erica's life due to her attending school and working a full-time job. Erica also had a difficult time sharing these things with people and did not openly express her thoughts and feelings as much as Lindsay.

Changing friend networks. When transitioning into middle school, early adolescents often experience a disruption in their peer networks as they have more opportunities to create new friendships (Bettencourt & Farrell, 2013; Veronneau & Dishion, 2011) and peer groups tend to become more diffuse during this time period (Stormshak, Dishion, Light & Yasui, 2005). Rueger, Malecki and Demaray (2008) found that adolescents who experienced decreased pro-social peer social support also had increased problem behavior, which was an effect that was stronger for girls. Difficulties in relationships are also associated with negative changes in self-concept and in feelings of self-worth. Healthy, intimate relationships, on other hand, provide a number of positive benefits, such as a decrease in the amount of peer conflict that the adolescent will

experience (Wang & Dishion, 2012). The rapid cycling of friends was an issue that both girls had dealt with in varying fashions and it seemed to result in a fairly fragile social network. Both talked about how the past few years were ones in which they had gained new friends and lost many old ones. Erica and Lindsay appeared to have seen this as a normative experience and Erica had shared that friend groups tend to shift often until high school. The loss of friends can be a potentially harmful experience, but for both Erica and Lindsay, it appeared to be an accepted change. Adolescents during this age may find it easier to simply lose touch with these friends as it may be too difficult to process and work through these changes. The potential experience of conflict during this change was a reason cited by Erica as to why she did not approach friends with whom she was losing touch.

Online activity as a way to mine for information. Online communication was a primary social activity for both cases. Both parents recognized its power and importance, often using it as leverage when considering a punishment for their daughters. Research indicates that online activity is a fairly common habit amongst adolescents and its uses are many. As of 2009, 73% of 12-17 year olds in the U.S. used social networking sites and 75% of teens reported having cell phones (Sontag, Clemans, Graber & Lyndon, 2011). Through these technologies, adolescents can essentially access each other at any time and information can spread quickly. These devices and websites also make it difficult for adults and school faculty to maintain and regulate these behaviors. In addition to communicating with others, Lindsay and Erica also presented how these social-networking sites and communication mediums were used to find out additional information about other people, particularly without having their identity revealed to the

target person. Both Lindsay and Erica had experiences with a fake online profile that was used to communicate with others. Lindsay, including others, had direct involvement with the use of such a profile, which also had been discovered by her parents and her school. Erica was aware of a fellow classmate who utilized a fake online profile and a popular picture-posting website to create a person who also interacted with several students. Both accounts established intimate relationships with other students, who revealed personal and private information to these fake profiles. In both situations, it was discovered that the profiles were fake, which greatly hurt and upset those that thought that the person was real. Both students and faculty interpreted the creation and use of these profiles as malicious in that the use of these profiles allowed students to gain access to private information under false pretenses. Yet, it also became clear that both were motivated to become closer with those that were the target of these profiles while not having to expose themselves to the risk of being open and emotional vulnerable.

Concluding summary and implications. The results of this study suggest that families can obtain benefits from a brief, interpersonal treatment within a school-based psychotherapy clinic located in a public high school. Both cases involved in this study had reported obtaining benefits in the form of either a greater awareness of one's actions or the opportunity to process distressing relationship experiences. The treatment model used in this school-based psychotherapy clinic was able to elicit issues that were relevant to the adolescents that participated in this study. In addition to getting help with their specific interpersonal issues, this treatment also helped its participants explore their current relational environment, which revealed several broader issues that may be worth exploring on a larger scale. These cases also highlighted how symptom/issue severity

will affect the degree to which the program will be able to assist the family. Given the short-term treatment model utilized by the program, those families presenting with more severe issues may require additional mental health resources in addition to the school-based mental health clinic.

By closely monitoring the progress of two cases, several observations arose with regards to the benefits of supplying mental health treatment via a school-based clinic that provided short-term treatment. One positive aspect of the program that appealed to the study participants was that it was a safe place to discuss situations that were happening in school. Both adolescent participants had negative experiences with revealing personal information to school staff and thus had developed feelings of mistrust towards them. An additional benefit to having a school-based program was that the program has been able to establish close relationships with the schools in the district, thus allowing therapists at the program to contact key school personnel when it was either deemed necessary by the case content or if the case participants thought it would be beneficial. For these particular cases, it was not only important to identify and seek staff who would be able to help the clients, but who would also be able to maintain appropriate professional roles.

A family-based mental health clinic also serves as a way to address adolescent and/or family mental health issues that are occurring in the classroom. Teachers often observe problems that may be related to or go beyond the academic realm and it has been difficult to find ways to deliver mental health services across these settings as schools are usually not setup for systematic interventions that include parental involvement (Stormshak, Dishion, Light & Yasui, 2005). Thus, a major benefit of this program was its ability to serve students and their respective families, all within the context of a school

system. Finally, the clinic was also a way in which families could be connected with additional resources in the community. Future research could further examine the issue of the specific benefits derived by families with issues that differ in type and severity.

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Table 1.1 Lindsay's ASEBA Youth Self Report Scores

Lindsay's Pre-treatment Scores	<u>Raw Score</u>	<u>T-Score</u>	<u>Percentile</u>	<u>Category</u>		
Total Competence	14.8	32		Clinical		
Activities	6.5	34	6	Borderline		
Social	4.3	29	2	Clinical		
Academic	4					
Syndrome Total	38	52		Normal		
Internal	8	47		Normal		
External	12	55		Normal		
Anxious/Depressed	6	54	65	Normal		
Withdrawn/Depressed	1	<50	<50	Normal		
Somatic Complaints	1	<50	<50	Normal		
Social Problems	7	64	91	Normal		
Thought Problems	0	<50	<50	Normal		
Attention Problems	5	53	61	Normal		
Rule-Breaking Behavior	1	<50	<50	Normal		
Aggressive Behavior	11	60	84	Normal		
Other Problems	6					
Lindsay's Post-treatment Scores	<u>Raw Score</u>	<u>T-Score</u>	<u>Percentile</u>	<u>Category</u>	<u>Reliable Change Index (RCI)</u>	<u>Symptom Change (%)</u>
Total Competence	17.7	37		Borderline		20%
Activities	7.7	37	11	Normal		18%
Social	5	33	5	Borderline		16%
Academic	5					25%
Syndrome Total	24	54		Normal	0.8	-37%
Internal	5	42		Normal	0.68	-37%
External	7	47		Normal	1.25	-41%
Anxious/Depressed	3	<50	<50	Normal	1.15	-50%
Withdrawn/Depressed	2	51	54	Normal	0.063	50%
Somatic Complaints	0	<50	<50	Normal	0.53	-100%
Social Problems	7	64	91	Normal	0	0%
Thought Problems	0	<50	<50	Normal	0	0%
Attention Problems	3	51	54	Normal	0.95	-40%
Rule-Breaking Behavior	3	52	58	Normal	0.91	200%
Aggressive Behavior	4	<50	<50	Normal	2.33*	-64%
Other Problems	5					-17%

* = statistically significant at $p < .05$

Table 1.2: Carrie's ASEBA Child Behavior Check List Scores, Pre- and Post-treatment

Carrie's Pre-treatment Scores	<u>Raw Score</u>	<u>T-Score</u>	<u>Percentile</u>	<u>Category</u>
Total Competence	13.8	27		Clinical
Activities	7	37	9	Normal
Social	4	30	2	Clinical
Academic	2.8	35	7	Borderline
Syndrome Total	33	58		Normal
Internal	3	45		Normal
External	10	58		Normal
Anxious/Depressed	2	51	54	Normal
Withdrawn/Depressed	1	51	54	Normal
Somatic Complaints	0	<50	<50	Normal
Social Problems	8	69	97	Borderline
Thought Problems	2	56	72	Normal
Attention Problems	5	59	81	Normal
Rule-Breaking Behavior	2	54	65	Normal
Aggressive Behavior	8	59	81	Normal
Other Problems	5			

Carrie's Post-treatment Scores	<u>Raw Score</u>	<u>T-Score</u>	<u>Percentile</u>	<u>Category</u>	<u>Reliable Change Index (RCI)</u>	<u>Symptom Change (%)</u>
Total Competence	17.8	35		Clinical		29%
Activities	8.8	43	25	Normal		26%
Social	6	39	13	Normal		50%
Academic	3	11	37	Normal		7%
Syndrome Total	24	54		Normal	1.43	-27%
Internal	4	48		Normal	0.43	33%
External	4	49		Normal	2.14*	-60%
Anxious/Depressed	3	52	58	Normal	0.77	50%
Withdrawn/Depressed	1	51	54	Normal	0	0%
Somatic Complaints	0	<50	<50	Normal	0	0%
Social Problems	7	68	96	Borderline	0.71	12%
Thought Problems	2	56	72	Normal	0	0%
Attention Problems	3	54	65	Normal	1.05	-40%
Rule-Breaking Behavior	1	51	54	Normal	0.53	-50%
Aggressive Behavior	3	51	54	Normal	1.72	-62%
Other Problems	4					-20%

* = statistically significant at $p < .05$

Table 1.3: Erica's ASEBA Youth Self Report (YSR) Scores, Pre- and Post-treatment

Erica's Pre-treatment Scores	<u>Raw Score</u>	<u>T-Score</u>	<u>Percentile</u>	<u>Category</u>
Total Competence	10.3	24		Clinical
Activities	3	25	1	Clinical
Social	5	33	5	Borderline
Academic	2.3			
Syndrome Total	84	67		Clinical
Internal	40	79		Clinical
External	9	51		Normal
Anxious/Depressed	21	86	>98	Clinical
Withdrawn/Depressed	9	69	97	Borderline
Somatic Complaints	10	68	96	Borderline
Social Problems	11	73	>98	Clinical
Thought Problems	10	66	94	Borderline
Attention Problems	13	78	>98	Clinical
Rule-Breaking Behavior	3	52	58	Normal
Aggressive Behavior	6	52	58	Normal
Other Problems	4			

Erica's Post-treatment Scores	<u>Raw Score</u>	<u>T-Score</u>	<u>Percentile</u>	<u>Category</u>	<u>Reliable Change Index (RCI)</u>	<u>Symptom Change (%)</u>
Total Competence	12	26		Clinical		17%
Activities	4	27	<2	Clinical		33%
Social	4	29	<2	Clinical		-20%
Academic	3.8					65%
Syndrome Total	80	66		Clinical	0.36	-5%
Internal	40	79		Clinical	0	0%
External	7	47		Normal	0.5	-22%
Anxious/Depressed	19	81	>98	Clinical	0.77	-10%
Withdrawn/Depressed	6	61	86	Borderline	1.88	-33%
Somatic Complaints	15	83	>98	Clinical	-2.63*	50%
Social Problems	12	75	>98	Clinical	0.56	9%
Thought Problems	7	61	86	Normal	1.43	-30%
Attention Problems	11	69	97	Borderline	0.95	-15%
Rule-Breaking Behavior	5	57	76	Normal	0.91	66%
Aggressive Behavior	2	<50	<50	Normal	1.33	-66%
Other Problems	3					-25%

* = statistically significant at $p < .05$

Table 1.4: Jane's ASEBA Child Behavior Check-List (CBCL) Scores, Pre- and Post-treatment

Jane's Pre-treatment Scores	<u>Raw Score</u>	<u>T-Score</u>	<u>Percentile</u>	<u>Category</u>
Total Competence	17	33		Clinical
Activities	11	48	42	Normal
Social	3	28	<2	Clinical
Academic	3	15	37	Normal
Syndrome Total	15	48		Normal
Internal	8	55		Normal
External	1	40		Normal
Anxious/Depressed	5	57	75	Normal
Withdrawn/Depressed	3	57	75	Normal
Somatic Complaints	0	<50	<50	Normal
Social Problems	2	54	65	Normal
Thought Problems	0	<50	<50	Normal
Attention Problems	4	56	72	Normal
Rule-Breaking Behavior	0	<50	<50	Normal
Aggressive Behavior	1	<50	<50	Normal
Other Problems	0			

Jane's Post-treatment Scores	<u>Raw Score</u>	<u>T-Score</u>	<u>Percentile</u>	<u>Category</u>	<u>Reliable Change Index (RCI)</u>	<u>Symptom Change (%)</u>
Total Competence	14.2	27		Clinical		-16%
Activities	5.4	32	4	Borderline		-51%
Social	4	30	2	Clinical		33%
Academic	4.8	48	42	Normal		60%
Syndrome Total	10	45		Normal	0.79	-33%
Internal	4	48		Normal	1.74	-50%
External	1	40		Normal	0	0%
Anxious/Depressed	2	51	54	Normal	1.58	-60%
Withdrawn/Depressed	2	54	65	Normal	0.77	-33%
Somatic Complaints	0	<50	<50	Normal	0	0%
Social Problems	2	54	65	Normal	0	0%
Thought Problems	0	<50	<50	Normal	0	0%
Attention Problems	3	54	65	Normal	0.53	-25%
Rule-Breaking Behavior	0	<50	<50	Normal	0	0%
Aggressive Behavior	1	<50	<50	Normal	0	0%
Other Problems	0					0%

Table 2.1: Lindsay's SDQ session scores:

Lindsay	Session #								Symptom Change (%)
	1	2	3	4	5	6	7	8	
Total Difficulties	9	5	7	6	4	6	3	3	-66%
Emotional Symptoms	2	3	3	2	0	2	1	0	-100%
Conduct Problems	2	1	1	0	0	2	1	0	-100%
Hyperactivity-Inattention	2	1	1	1	1	0	0	1	-50%
Peer Problems	3	0	2	3	3	2	1	2	-33%
Prosocial Behavior	9	9	9	10	10	10	8	10	11%

Table 2.2: Carrie's SDQ session scores:

Carrie	Session #								Reliable Change Index (RCI)*	Symptom Change (%)
	1	2	3	4	5	6	7	8		
Total Difficulties	17	20	18	17	19	19	19	13	-1.11	-24%
Emotional Symptoms	4	6	5	4	5	6	6	2	-1.25	-50%
Conduct Problems	3	3	2	2	2	2	2	2	-0.83	-33%
Hyperactivity-Inattention	4	5	5	5	5	5	5	5	0.56	25%
Peer Problems	6	6	6	6	7	6	6	4	-1.67	-33%
Prosocial Behavior	9	10	10	10	10	10	10	10	0.83	11%

* Due to a lack of psychometrics available for the SDQ – United States, calculations were based on psychometrics taken from the SDQ – Australia.

Very High
High
Slightly Raised
Close to Average
Slightly Low

Table 2.3: Erica’s SDQ session scores

Erica	Session #								Symptom Change (%)
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	
Total Difficulties	19	22	23	23	22	21	20	16	-16%
Emotional Symptoms	7	8	8	9	8	10	7	7	0%
Conduct Problems	1	1	2	2	1	1	1	1	0%
Hyperactivity-Inattention	6	7	6	6	6	5	6	4	-33%
Peer Problems	5	6	7	6	7	5	6	4	-20%
Prosocial Behavior	9	8	8	7	6	7	6	7	-22%

Table 2.4: Jane’s SDQ session scores

Jane	Session #								Reliable Change Index (RCI)	Symptom Change (%)
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>		
Total Difficulties	6	10	8	8	9	9	10	10	1.11	67%
Emotional Symptoms	2	4	3	2	1	4	3	3	0.63	50%
Conduct Problems	0	0	0	2	0	0	0	0	0	0%
Hyperactivity-Inattention	2	3	3	2	5	3	4	3	0.56	50%
Peer Problems	2	3	2	2	3	2	3	4	1.67	100%
Prosocial Behavior	9	9	9	8	10	9	8	9	0	0%

* Due to a lack of psychometrics available for the SDQ – United States, calculations were based on psychometrics taken from the SDQ – Australia.

	Very High
	High
	Slightly Raised
	Close to Average
	Slightly Low

Table 3.1: Correspondence of Lindsay and Carrie's SDQ and ASEBA Scores:

	Reduction (-)	Increase (+)	No Change (NC)	Discrepant (Parent +, Child -)	Discrepant (Parent -, Child +)	Discrepant (Parent +, Child NC)	Discrepant (Parent NC, Child -)
SDQ	66.00%	17.00%	0.00%	17.00%	0.00%	0.00%	0.00%
ASEBA	56.25%	0.00%	6.25%	12.50%	6.25%	6.25%	6.25%

	Discrepant (Parent -, Child NC)	Discrepant (Parent NC, Child +)
SDQ	0.00%	0.00%
ASEBA	0.00%	6.25%

Table 3.2: Correspondence of Erica and Jane's Scores

	Reduction (-)	Increase (+)	No Change (NC)	Discrepant (Parent +, Child -)	Discrepant (Parent -, Child +)	Discrepant (Parent +, Child NC)	Discrepant (Parent NC, Child -)
SDQ			16.66%	50.00%		16.66%	16.66%
ASEBA	31.25%			12.50%	6.25%		25.00%

	Discrepant (Parent -, Child NC)	Discrepant (Parent NC, Child +)
SDQ		
ASEBA	6.25%	18.75%

Appendix A: Outline of the Treatment Model

Assessment Phase (Sessions 1-4):

Session 1 and 2:

The initial sessions will be used to meet with the adolescents' parents/guardians and establish a working relationship with them as well as to learn more about the adolescent's interpersonal conflicts and how they affect the family system. The therapist will begin each session by talking with all attending family members and then will talk to parents and the adolescent separately. Sessions one and two will be dedicated to talking about what issues/events brought the family to the clinic and what they would like to get out of it. The therapist will also address the issue of what it is like for the family to be seeking treatment at this particular community program and explore their previous treatment experiences as well as talk about the family's expectations for treatment. The therapist will examine the degree and nature of the symptoms that the adolescent is experiencing as well as assess for symptoms that suggest the presence of clinical psychopathology. The therapist will talk to the adolescent about their most significant relationships with peers and family members. Attending parents/guardians will also be asked about their relationships with the referred adolescent and their observations on the adolescent's symptoms and social functioning.

Sessions 3 and 4:

The therapist will conduct an interpersonal inventory and thus further explore the adolescent's significant relationships, both current and past, in order to obtain a complete picture of the adolescent's social relationships and interpersonal functioning. The referred adolescent will be asked several questions about her relationships such as their

duration, the frequency of how often they met, what they did together, the degree to which it was satisfying, supportive and/or conflict-laden, the terms and expectations of the relationship and whether or not the relationship is still ongoing. The adolescent will also be asked about how she uses technology to interact with others, which will involve assessing her use of texting and her use of websites that involve online communication. The adolescent and the attending family members will also be asked about when they started to notice changes/problems occurring and they will be asked to give details such as what was happening around that time and identify where these issues were occurring (i.e. at school and/or at home). These sessions will also be dedicated to examining how the family attempts to resolve the adolescent's issue and what resources they utilize to assist them. The therapist will use this information to identify the major problem area that is contributing to the adolescent's symptoms. The major problem area will then be the focus of treatment and the treatment plan that is presented to the family in session four will detail how the therapist will address the major problem area in therapy.

For these referred students, it will most likely be an interpersonal dispute, but it is also possible that the problem area could fall into another category such as grief, role transition or interpersonal deficits. Identification of the problem area will inform the goals of treatment, which will be expressed with the entire attending family in the fourth session. The family will also be given psychoeducation about how their adolescent is experiencing a "developmental transition" with regards to her relationships and that she is having difficulty navigating challenges that are occurring within these relationships. The family will also be informed on how these difficulties are contributing factors to the adolescent's distress. The purpose of this explanation is to allow the adolescent some

relief in that their experiences are normalized and that as they recover, they will receive time-limited, special care for this issue in the form of the clinic. The family and the therapist will then talk about the treatment plan which will span over the remaining four sessions. The therapist will tell the family that they are free to ask questions and discuss whether they would like to agree to the treatment plan or if they have any concerns that need to be addressed.

Treatment Phase (Sessions 5-8)

Session 5-7

The last four sessions will focus specifically on treating the problem area that was discussed in the treatment plan in session four. Session five through seven will involve clarifying the problem area further as well as identifying and implementing strategies that will assist the adolescent and the family in bringing about resolution of the problem, alleviation of the symptoms and improvement in interpersonal functioning. The therapist will monitor the adolescent's thoughts and feelings associated with her problematic relationship(s), thus helping the adolescent to learn how to recognize, to manage and to openly self-disclose her affective state. The therapist will help the adolescent actively find and practice solutions in session that will help her address specific, relational conflicts. Techniques that are often used in this treatment involve encouraging the adolescent to identify and express their emotions, communication training and role-playing difficult conversations.

For interpersonal disputes, work in these sessions will often involve defining the issue in conflict and the significant people involved. The goal of treatment may involve resolving of the conflict, understanding the nature of the dispute, revising expectations

for the relationship or mourning the loss of the relationship, if it ends (Mufson, Moreau, Weissman & Klerman, 2004). Strategies of treatment often involves revising one's expectations of the relationship in conflict, identifying relationship patterns, improving the adolescent's ability to communicate with the other person, identifying resources to fulfill certain needs which can take the pressure off the relationship or, if necessary, helping the adolescent make an informed decision to end the relationship.

Parents/guardians may be asked to participate in session, particularly in situations that involve disputes at home. Parent(s) will be educated on the issue that the adolescent is dealing with and together, the therapist and the parent can examine the parent's role in the dispute and identify strategies that the parents can use. This will involve exploring how both the adolescent and the parents would prefer to talk to each other with regards to the adolescent's interpersonal issues. This process often involves learning about how to empathize with the other family member and communication training. Throughout this portion of treatment, the therapist will remind the family of how many sessions they have left. This will be necessary as it is important that the adolescent be thinking about and willing to discuss feelings about ending treatment. This experience can serve as a way in which the adolescent can learn about what it means for one to end a relationship that was positive. For parents, it's important for them to consider this issue as well as it will be critical that they think about how they will adjust without the assistance of the clinic.

Session 8:

In session eight, the therapist will go through termination with the family. This session will involve identifying the progress that the family has made and what they have gained from the experience. Original symptoms and interpersonal conflicts will be

reviewed and the family will also have a chance to talk about whether they achieved the goals set in their treatment contract. The therapist will also share his observations of the changes that have been made, identify coping skills gained and talk to the family about any hopes and/or concerns they have for the future when they leave the program. With the adolescent and with the attending family members, the therapist will go over potential warning signs and talk about when it would be beneficial to seek additional treatment. The adolescent will also have the chance to talk to the therapist about what it will be like without the therapist's support, which will serve as an opportunity for the therapist to reinforce the skills gained that have helped foster the adolescent's competence. The therapist and the adolescent will also talk about how these skills can be applied to future situations. The therapist will also let the family know that they can return to the clinic for future services, should they so desire it.