



CHILD AND ADOLESCENT THOUGHT DISORDERS PROGRAM

University of Hawaii at Mānoa, Department of Psychology
2430 Campus Road, Gartley Hall, Honolulu, Hawaii'i 96822
Phone: (808) 956-8414, Facsimile: (808) 956-4700

Child Centered Services

We offer a comprehensive assessment and psychosocial intervention developed at the University of Hawai'i at Manoa to supplement psychopharmacological treatment for early onset schizophrenia. To improve the likelihood of an accurate diagnosis, we use the Kiddie-Schedule for Affective Disorders and Schizophrenia, a thorough semi-structured diagnostic interview of both the child and parents or guardians. Self-report questionnaires from various informants supplement interview information. Additionally, initial assessments focus on identifying behaviors of impairment and concern to help determine specific treatment goals for subsequent intervention.

Given the heterogeneity of the disorder, we offer a modular approach to therapy. Our modular intervention contains specific sections, or modules, for specific problem behaviors. We offer a "toolbox" of strategies designed to target different presenting symptoms. Our model allows clinicians the option of varying the ordering, intensity, and length of any "tool," or module, depending on clinical need. This approach provides the clinician with a range of strategies to address target behaviors, while offering flexibility and opportunities to exercise clinical judgment. Modular approaches to treatment are currently being evaluated with childhood anxiety disorders, depression, and disruptive behavior disorders.

Our modular treatment plan has its roots in a range of areas: cognitive and behavioral treatment for adult schizophrenia; empirically supported therapies for childhood anxiety, depression, and disruptive behavior disorders; social skills training; behavioral treatment for autism; motivational interviewing; and family therapy for symptom management and relapse prevention. Our interventions systematically address the heterogeneous symptomatology of the disorder by matching specific target symptoms with appropriate treatment interventions. Collectively, the various interventions provide a comprehensive treatment plan for the particular clinical presentation of each individual.

Finally, we provide an ongoing structured single case evaluation protocol involving multiple informants for therapists to track the effectiveness of specific interventions. Given the severity of impairment associated with this disorder, and its infrequency, continual evaluation may be particularly useful. Ongoing assessment of progress throughout the course of treatment enhances the ability to determine the most effective techniques for specific symptoms in a particular client and enables the monitoring of overall progress.

The following is a list of intervention strategies we might employ:

Relationship/Rapport	Maintenance
Self-Monitoring	Modeling
Psychoeducation-C	Parent Coping
Psychoeducation-P	Parent-Monitoring
Activity Scheduling	Peer Pairing
Assertiveness Training	Problem Solving
Cognitive	Relaxation
Communication Skills	Response Cost
Crisis Management	Rewards
Educational Support	Self-Praise
Educational Support	Self-Reward
Exposure	Skill Building
Family Engagement	Social Skills
Functional Analysis	Stimulus/Antecedent
Ignoring	Control

Family Group Services

To supplement child centered services, we also offer a caregiver-specific program. The benefits of family group interventions for adults with schizophrenia are well documented (e.g., Frances, Docherty, & Kahn, 1996). Both empirical evidence and local qualitative reports suggest that offering such a group for families of youth or young adults diagnosed in the prodrome of schizophrenia may be a valuable service to the community. To date, research on the effects of family group interventions with families of youth with schizophrenia has been limited. To address this gap in the literature, and to develop a needed community resource, we offer and assess the effectiveness of a 24-week Family Support Group with families of youth identified as having a schizophrenia-spectrum disorder. The content of the group includes psychoeducation, communication training, problem solving, stress reduction strategies, and open time for family members to share their experiences. Effectiveness of the group is monitored throughout and includes pre and post measures of client symptomatology and adaptive functioning, weekly stress ratings from parents, and qualitative reports.