

Approaches! Techniques! Assessments! Working with Diagnoses & Presenting Issues in Children, Pre-Adolescents, and Adolescents in the School Setting

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Let's Check In!

Think of a challenging student/client you have currently/in the past.

What can you draw/write that symbolizes the thought(s) you have of this student/client?

What can you draw/write that symbolizes the feeling(s) you have of this student/client?

What can you draw/write that symbolizes yourself as his/her teacher/therapist?

What resource(s) do you already have? Lack?

What skill(s) do you already use? Lack?

Children & Adolescents



Model of Needs

- Maslow's Hierarchy of Needs: Physiological, Safety, Belongingness, Esteem, Self-Actualization
- Self, Emotional, Cognitive, Physical, and Social
- Puberty, Friendship, Grades, Mastery & Competition, Fears, Transitions, Sports, Peer Relations, Relationships with Parents, etc.
- Parental Alcoholism, Disease/Death, Step Family, Divorce, Violence, Abuse, Poverty,
- Self-Mutilation, Suicide, Teen Pregnancy, Substance Abuse, Eating Disorders, Violent Behavior, Delinquent Behavior, Criminal Behavior, Sexual Acting Out, Gang Involvement

(Ann Vernon, 2009)

Objectives 2-Day Workshop & Training

- > Overview of Diagnostic Disorders & Presenting Issues
 - Needs, Skills, and Supports
- > Assessing Diagnostic Symptomatology
 - Actual & Potential Levels
- > Therapeutic Approaches
 - Individual, Group, Family/Filial Therapy
- > Techniques & Activities
- > Stages of Therapeutic Process
- > Assessments
 - Functional Behavioral, Behavior Plans, IEP goals and objectives, Treatment Plans

Developmental Characteristics

- Physical
- Cognitive
- Self-Development
- Social
- Emotional

- Ages & Stages Need to be Considered!

Sample Issues

- 5yo girl's mother killed in a tornado
- 7yo has melt down when receives bad grade
- 9yo has family tension during divorce
- 12yo referred because of substance use
- 15yo reveals she has been raped
- 8yo is being bullied
- 10yo curses teacher out

Sound Familiar?

Diagnoses

- Neurodevelopmental
 - Autism Spectrum & ADHD
- Depressive
 - MDD, Dysthymia, Bipolar, DMDD
- Anxiety
 - Selective Mutism, Specific Phobia, Separation Anxiety, Social Anxiety, Panic Disorder, Agoraphobia, GAD
- Trauma and Stressor-Related
 - RAD, DSED, PTSD
- Disruptive, Impulse Control, and Conduct
 - ODD, Intermittent Explosive, Conduct

Presenting Issues

- Social Engagement
- Hyperactivity
- Impulsivity
- Attention
- Mood
- Depression
- Lethargy
- Inhibition
- Motivation/Initiation
- Fear
- Worry
- Apprehension
- Shame

Presenting Issues

- Guilt
- Sensitivity
- Introversion
- Withdrawal
- Attachment Relations
- Reactivity
- Aggression
- Defiance
- Opposition
- Empathy
- Fire Setting
- Cruelty

Presenting Issues

- Adjustment
- Grief/Loss
- Divorce
- Separation
- Sibling Rivalry
- Academics
- Poverty
- Neglect
- Abuse
- Psychosocial Factors/Environmental
- Trauma
- Natural Disasters
- Violence

Internalizers

- Depression
- Fears and Phobias
- Family Relationships
- Selective Mutism

Externalizers

- ADHD
- Conduct Disorder, Oppositional Defiance
- Sibling Rivalry

Stress Reactions

- Divorce and Separated Families
- Traumatic Responses to Crises
- Abused Children

Assessments Used in Schools

- Functional Behavior Assessments
- Behavior Plans
- Individualized Education Plan
- Accommodations
- Resources/Supports
- Skill Acquisition
- Formalized/Informal Assessments
- Family

Approaches Used in School Settings

- Expressive Arts
- Play Therapy
- Brief Counseling
 - Solution-Focused Therapy
- Rational Emotive Behavior Therapy
 - ABC Model, Assessing Irrational Beliefs
- Small Group Counseling
- Counseling Curriculums
 - Life Themes, Life Transitions, Life Skills

- Special Populations

Basic Guidelines for Working with Children & Adolescents

1. Kids may not know what counseling is? (Thompson & Henderson, 2007).
2. Consult with primary caregivers, supports. (Ivey, Ivey, Myers, & Sweeney, 2005).
3. Awareness of child's developmental age/stage. (O'Brien & Burnett, 2001).
4. Use approaches that cover spectrum. (Heckenberg, 2007; Milson, 2006; Peterson, 2006).
5. Active listening. (Thompson & Henderson, 2007).
6. Note, reluctance and resistance are COMMON. (Clark, 2002; O'Malley, 2002; Teyber, 2005).
7. PATIENCE. (Clark, 2002; Thompson & Henderson, 2007).
8. Observations and referrals. (Schmidt, 2008).

Basic Guidelines for Working with Children & Adolescents

9. Strong Counselor/Teacher-Client relationship is necessary. (Semrud-Clikeman, 1995, p.91).
10. Use research-based intervention strategies. (Murphy, 2006).
11. Emphasis on the here-and-now. (Myrick, 1997).
12. Note strengths and pay attention to them. (Murphy, 2006).
13. Sensitive to teachers'/parents' time. (Muro & Kottman, 1995).
14. Consider the time spent with the client. (Hutchinson, 2007).
15. Listen to metaphors and join their language. (Winslade & Monk, 2007).
16. Be “real” and spontaneous. (Hutchinson, 2007).
17. Play a mentor role, find resources/supports. (Hutchinson, 2007).
(Vernon, 2009, pgs.40-41).

Meeting with Students

- Physical Setting
- Building Rapport and Defining the Problem
 - Cultural Differences
- Assessment
- Gathering More Information
 - Asking Questions

Establishing the Relationship & Developing a Focus

- Using Media
- Giving Feedback
- Unconditional Affirmation
- Telling the Truth
- Teacher/Counselor Self-Disclosure
- A “One-Down” Position

Establishing the Relationship & Developing a Focus

- Using “Process” Questions
 - Tell me how that felt...
 - What were you thinking just now?
 - What feelings do you have now –
 - What was it like to be challenged?
 - Tell me what just happened here.

Establishing the Relationship & Developing a Focus

- Using Structured Exercises
 - Sentence Stems (Peterson, 2007b)
 - Open-Ended Questions (Peterson, 2008b)
 - Checklists
 - Continuum Exercises (Peterson, 2007b)
 - Role-Plays
 - Written Scenarios (Vernon, 1993)
 - Self-Description Sheets (Peterson, 2008b)
 - Self-Monitoring Exercises (Vernon, 1993, p.30)
 - Family Role-Exploration (Peterson, 2007b)
 - Diaries, Logs, and Journals (Vernon, 1993, p.27-28)
 - Word-Movies (Spees, 2002)

Expressive Techniques

- Art
- Bibliotherapy
- Games
- Activity Books and Worksheets
- Music
- Drama and Role-Play
 - Empty Chair Technique
- Storytelling
 - Mutual Storytelling, Completing the Story, My Favorite Day, My Own Magic Wand
- Metaphors
- Therapeutic Writing
 - Autobiography, Lifeline

In-Session Progress Worksheet

- Energy level
- Intensity of Play
- Messiness
- Destructiveness
- Involvement level with therapist
- Independence
- Security/confidence
- Play sustainment
- Themes
- Creativity/expression

In-Session Progress Worksheet

- Verbalizations
- Conversational with therapist
- Affect intensity
- Affect
- Appropriate play level
- Mastery play
- Frustration tolerance
- Limit response
- Locus of control

Evaluate the 6 Conditions Necessary for Change

1. Client and counselor's level of contact
2. The client's level of incongruence
3. The therapist's level of congruence
4. The therapist's experience and communication of empathy
5. The therapist's experience and communication of unconditional positive regard
6. The client's ability to receive the therapist's attitudinal qualities

(Rogers)

Assessing Your Own....

- Personal
 - Thoughts
 - Feelings
 - Experiences
 - Transference/Countertransference
 - Ethical/Legal Dilemmas
 - Moral Dilemmas

Developing Treatment Plans

- Readiness Assessment
- Overall Goal
- Functional Assessment
- Resource Assessment
- Rehabilitation Plan

Phases of Treatment

- Engagement & Assessment
- Feelings Expression
- Social Skills
- Coping & Problem-Solving
- Self-Esteem
- Termination

Therapeutic Approaches

- Individual, Group, Family
 - Play Therapy, Filial Therapy, Family Play Therapy, Theraplay, Activity Based Play
- Outpatient/Inpatient
- Home Based
- Multisystemic/Team-Oriented

DSM 5

Autism Spectrum Disorders (ASD)

Social communication and social interaction deficits

- Social-emotional reciprocity
- Nonverbal communication behaviors used for social interaction
- Developing, maintaining, and understanding relationships

Restricted, repetitive behaviors, interests, or activities

- Stereotyped or repetitive movements, use of objects, or speech
- Insistence on sameness
- Fixated interests
- Hyper- or hypo-reactivity to sensory input

(American Psychiatric Association, 2013)

ASD Rates & Risks

1 percent of child/adolescent population

- Male to female ration of 4:1

- Environmental

 - Advanced parental age

 - Fetal exposure to toxins

- Genetic

 - 15 percent of cases associated with genetic mutations

 - Multiple genes most likely involved

(American Psychiatric Association, 2013)

ASD Assessment & Treatment

Pediatricians are now using screening tools for ASD as early as 9 months to 24 months

- No known “standard” of treatment
- Combination of behavioral therapy, educational interventions and, when warranted, medication to treat specific symptoms such as sleeping difficulties or anxiety

ASD Interventions

- Consult with Professionals/Paraprofessionals
- Provide structure and routines
- Provide transition cues
- Use visual cues/charts/cards
- Explain figures of speech

ASD Interventions

Engagement/Assessment

- The “Talking Ball Game” (Leben)
- Call-Outs”: Learning the Language (Smith)
- Lifeline (Carroll & Ribas)

Feelings Expression

- I Am... Check-In Activity (Luna)
- Fishing for Feelings (McCool)
- Telling, Guessing, and Listening Game (Cooper-Smith)

ASD Interventions

Social Skills

- Who's Got the Turtle (Walton)
- The "Excuse Me" Game (Bierdeman)
- The "May I... Thank You" Card Game (Leben)

Coping & Problem Solving

- Bedtime Beads (Caufield)
- My Favorite Things (Starzyk-Frey)
- Care Tags (Smith) "When I _____ I am feeling _____ and I need _____"

ASD Interventions

Self-Esteem

- The Colors of Me (Arkell)
- Positive Postings (Swank)
- I am a Superstar! (Howson)

Termination

- How I Felt the First Day (Kelsey)
- What I Learned (Lowenstein)
- Termination Party (Leben)

ADHD Symptoms

- Primary feature is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development
- Present before age 12 and manifests in two or more settings
- Three subtypes within the disorder
 - Predominantly Inattentive
 - Predominantly Hyperactive/Impulsive
 - Combined

(American Psychiatric Association, 2013)

ADHD: Prevalence and Risk

- 5 percent of children/adolescents diagnosed with ADHD
- Girls most commonly diagnosed with inattentive subtype
- Environmental
 - Low birth weight
 - History of maltreatment or multiple foster placements, drinking/smoking/toxin exposure (lead) during pregnancy
- Genetic
 - Higher in first-degree relatives

(American Psychiatric Association, 2013)

ADHD: Assessment and Treatment

- Psychologists and psychiatrists use a number of tools
 - Parent or primary caregiver interview
 - Child interview
 - Connors Rating Scales completed by the primary caregiver(s) and teachers
- Treatment
 - Individual/parent counseling
 - Academic accommodations
 - Cognitive behavioral therapy
 - Social skills training
 - Medication (stimulants, antidepressants)

ADHD: Interventions

- Inattention
 - Only give one direction at a time and only when in direct proximity with the child
 - Develop self-talk messages (“Get back on track!”)
- Hyperactivity
 - Provide structured physical activity
 - Provide transition cues
- Cue to use calming techniques
 - Soup breathing (inhale 3 seconds/exhale 6 seconds)
 - Tactile objects (touch a soft object)
 - Centering (brings knees to chest)

ADHD Interventions

- Impulsive
 - Create think and do plans (think aloud)

- Organization
 - Use color, pictures and apps for routines
 - Say, “You’re off track! What do you need to be doing?”
 - Picture Schedule (Images)

ADHD Interventions

Engagement/Assessment

- Don't Break the Ice(Kenney-Noziska)
- Don't Spill the Beans
- Ants in My Pants

Feelings Exploration

- Revealing Your Feelings(Kenney-Noziska)
- Feelings Connect Four(Kenney-Noziska)
- Feelings Hide and Seek(Kenney-Noziska)

ADHD Interventions

Social Skills

- The Simon Game(Kenney-Noziska)
- My Boundary Bubbles(Kenney-Noziska)
- Respect My Space(Kenney-Noziska)

Coping & Problem-Solving

- What's Different? (Kenney-Noziska)
- Fast Play-Slow Play(Kenney-Noziska)
- Who, What, Where, and When(Kenney-Noziska)

ADHD Interventions

Self-Esteem

- I Have a Heart(Kenney-Noziska)
- Self-Esteem Crown (Smith)

Termination

- Farewell Fortune Cookies(Kenney-Noziska)
- Lifesavers (Kenney-Noziska)

Depression Symptoms

- Decreased interest in activities; or inability to enjoy previously favorite activities
 - Hopelessness
 - Persistent boredom; low energy
 - Social isolation, poor communication
 - Low self-esteem and guilt
 - Extreme sensitivity to rejection or failure
 - Increased irritability, anger, or hostility
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- Difficulty with relationships
 - Frequent complaints of physical illnesses
 - Frequent absences from school or poor performance in school
 - Poor concentration
 - A major change in eating and/or sleeping patterns
 - Talk of or efforts to run away from home
 - Thoughts or expressions of suicide or self-destructive

Depression Prevalence & Risk

- Major depression strikes 8 percent of youth ages 12 and older
- More girls than boys in adolescence; equal rates in childhood
- Three risk factors
 - Temperament (negative affectivity)
 - Environmental (adverse childhood experiences, particularly multiple experiences)
 - Genetic (two to four higher likelihood if first degree relative has depression)

(American Psychiatric Association, 2013)

Depression Assessment & Treatment

- Psychological and/or psychiatric evaluation needed
- Screening tools
- Comprehensive treatment often includes both individual, family therapy, and medication
- CBT

Warning Signs for Suicide

- Talking about suicide
 - Getting the means to commit suicide
 - Withdrawing from social contact
 - Having mood swings
 - Preoccupation with death, dying or violence
 - Feeling trapped or hopeless about a situation
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- Increased use of alcohol or drugs
 - Changes in eating or sleeping patterns
 - Risky or self-destructive behaviors
 - Giving away belongings
 - Saying goodbye to people as if they won't be seen again

(Mayo Clinic, 2012)

Depression Interventions

Engagement/Assessment

- How Big is the Problem? (Kenney-Noziska)
- Weighing Things Out(Kenney-Noziska)
- All About Me Show and Tell (Arkell)

Feelings Expression

- All Tangled Up (Goodyear-Brown)
- Floating Feelings (Dyson)
- If Feelings Talk, It Feels Better (Pintos)

Depression Interventions

Social Skills

- Hula Hoop Boundaries (Janis-Towey)
- Positive Peer Compliments (Marshall)
- Footsteps (Youlin)

Coping & Problem-Solving

- Balancing Out Your Feelings (Kenney-Noziska)
- Positive & Negative Thinking (Kenney-Noziska)
- Boo-Boos (Scalon)

Depression Interventions

Self-Esteem

- Blind Self Session (Borrayo)
- Bucket Filling (Arkell)
- Empowering Bracelets (Thome)

Termination

- Lifesavers (Kenney-Noziska)
- My Wish for You (Flinner)
- Putting the Puzzle Pieces Together (Cavett)

Anxiety Disorders

- Excessive fear (emotional response to real or perceived imminent threat)
- Anxiety (anticipation of future threat)
- Behavioral responses (fight, flight, freeze)

(American Psychiatric Association, 2013)

Anxiety Disorders Prevalence & Risk

Separation Anxiety

- Range of 2.8 percent to 8 percent
- Environmental
 - Often develops after a life stress, especially loss
 - Parental overprotection
- Genetic
 - Much greater risk in first-degree relatives
 - Exact rates unknown

(American Psychiatric Association, 2013)

Anxiety Disorders Prevalence & Risk

Social Anxiety

- 7 percent
- Temperamental
 - Fear of negative evaluation
- Environmental
 - Maltreatment
 - Modeling by parent
- Genetic
 - 2-6 times greater chance in first-degree

(American Psychiatric Association, 2013)

Separation Anxiety: Symptoms

- Excessive distress when anticipating or experiencing separation from home or from attachment figures
- Excessive worry about
 - Losing attachment figures or possible harm to them
 - Experiencing an untoward event that causes separation from attachment figuresBeing alone or without attachment figures
- Reluctance or refusal to go out, away from home, to school
- Reluctance or refusal to sleep alone
- Nightmares with them of separation
- Repeated complaints of physical symptoms

(American Psychiatric Association, 2013)

Social Anxiety: Symptoms

- Fear or anxiety about social situations with peers and adults (conversations, meeting people, performance in front of others, being observed)
- Fears of being negatively evaluated by others
- Expressed in children through crying, tantrums, freezing, clinging, or failing to speak in social situations
- Social situations are avoided or endured with intense fear or anxiety
- Lasting for six months or more

(American Psychiatric Association, 2013)

Anxiety Disorders Assessment & Treatment

- Assessment

- Comprehensive evaluation by a psychologist and/or psychiatrist

- Sometimes use self-report measures completed by both the parent and child (if the child is old enough to self report on symptoms)

- Treatment

- Cognitive behavioral therapy

- Medication (antianxiety and antidepressant)

Anxiety Disorders: Interventions

- Empathize with your child's feelings
- Stay calm when he becomes anxious about a situation or event
- Recognize and praise her small accomplishments in handling anxiety and fear
- Don't punish mistakes or lack of progress
- Be flexible and try to maintain a normal routine
- Modify expectations during stressful periods
- Plan for transitions (i.e. allow extra time in the morning if getting to school is difficult)

(Anxiety and Depression Association in America, 2013)

Posttraumatic Stress Disorder: Symptoms and Interventions

- Intrusion symptoms
 - Avoidance of stimuli associated with trauma
 - Changes in cognitions and mood
 - Marked changes in arousal and reactivity
-
- Play therapy
 - Art therapy
 - Trauma-informed cognitive behavioral therapy

Anxiety Interventions

Engagement/Assessment

- Funny Faces (Snailham)
- Hand of Support (Downs)
- On Deck and Up to Bat (Gardner)

Feelings Expression

- Feelings Ring Toss (Dyson)
- Skeletons in My Closet (Lott)
- What's in Your Heart? (Nahalka)

Anxiety Interventions

Social Skills

- In Your Shoes (Bennett)
- Stop, Slow, Go (Johnson)

Coping & Problem-Solving

- Cool-Down (Yeager & Yeager)
- Courage Crown (Talbot)
- Protective Armor (Will)

Anxiety Interventions

Self-Esteem

- Feel Good File (Walker)
- Positive Thinking Checkers (Anderson)
- Positively Painted Desert (Schumann)

Termination

- Garden of Growth (Cassano)

ODD: Symptoms

- Angry/irritable mood
 - Often loses temper
 - Is often touchy or easily annoyed
 - Is often angry and resentful
- Argumentative/defiant behavior
 - Argues with adults
 - Defies or refuses to comply with requests or rules
 - Deliberately annoys others
 - Blames others for mistakes
- Vindictiveness/spiteful
- At least four symptoms; symptoms present at least 6 months
(American Psychiatric Association, 2013)

ODD: Prevalence and Risk

- Rates range from 1 percent to 11 percent, with an average prevalence of 3.3 percent
- More prevalent in families where child care is disrupted by a succession of different caregivers
- More prevalent in families in which harsh, inconsistent, or neglectful child-rearing practices are used

(American Psychiatric Association, 2013)

ODD: Assessment & Treatment

- Assessment

- No single test that can diagnose
- Psychiatrist interviews parent and child to determine if the behaviors meet the criteria for a diagnosis of ODD

- Treatment

- Family therapy to build positive family interactions
- Parenting skills training
- Social skills training for the child
- Conflict resolution and anger management skills for the child
- Possibly medications to treat related mental health conditions, such as ADHD

(AACAP, 2013)

ODD: Interventions

- Forced choice
 - Shirt or pants first. Your choice.
 - Shower or bath. Your choice
 - Meat or potatoes. Your choice
- Picking the “hills”
 - Basket A (high priority; must be dealt with immediately)
 - Basket B (high priority; can be dealt with later)
 - Basket C (low priority; do you really want to go there?)
- Positive reinforcement for delaying gratification
 - I noticed that.... I see that... (not I like how...)

(Greene, 2010)

Conduct Disorder (CD) Symptoms

- Pattern of behavior in which the basic rights of others or societal norms and rules are violated
- Behaviors fall into four categories
 - Aggression to people/animals
 - Destruction of property
 - Deceitfulness or theft
 - Serious violation of rules

(American Psychiatric Association, 2013)

CD Subtypes

- Three subtypes
 - Childhood onset (prior to age 10)
 - Adolescent subtype (no symptoms prior to age 10)
 - Unspecified (not enough information to determine onset)
- Lack of remorse, empathy, concern about performance, or affect

(American Psychiatric Association, 2013)

CD Prevalence & Risk

- Range of 2 percent to 10 percent; more boys than girls
- Temperament
 - Difficult temperament; lower than average IQ
- Environment
 - Neglect, abuse, frequent change in caregivers
 - Inconsistent, harsh discipline
 - Lack of supervision, parental criminality or substance abuse
 - Association with gangs and delinquent peer group
- Genetics
 - Family history of depressive disorders, bipolar, ADHD, CD
 - Slower resting heart rate

(American Psychiatric Association, 2013)

CD Assessment & Treatment

- Assessment

- Psychological and/or psychiatric evaluation
- Child Behavior Checklist

- Treatment

- Family therapy
- Cognitive behavioral therapy
- Anger management
- No specific type of medication for CD
- Medications used to treat co-existing conditions, such as depression, ADHD, or anxiety

(AACAP, 2013)

CD Interventions

- If child is capable of feeling empathy for others and remorse after violating the rights of others:
 - Build anger management skills
 - Trigger, correct interpretation, head talk/cool talk, calming techniques, problem solving skills
 - Correct attribution bias (view of intent in interactions)
 - Was it on purpose or accidental?
 - Promote making amends when rights of others are violated
 - Use logical consequences for stealing or destruction of property (reparations)

CD Interventions

- If child is not capable of feeling empathy for others and remorse after violating the rights of others:
- Clearly state the misbehavior, don't ask why (will probably only lie to you), state the consequence, end the conversation
- It will take extended time in therapy to help the child develop empathy for others
- For a few adolescents, empathy never develops and they are at risk for the diagnosis of antisocial personality disorder in adulthood

ODD/CD Interventions

Engagement/Assessment

- Brain Work (Flournoy)
- What If Game (Budd)
- School Sucks (Bowden)

Feelings Expression

- People I Like (Stein)
- Power Pies (Flournoy)
- Draw-A-Story (Mariaschin)

ODD/CD Interventions

Social Skills

- So SORRY! (Smith)
- How Would You Feel? (Zakeri)
- Friendship Fruit Salad (Wells)

Coping & Problem-Solving

- Two Faces (Blackmore)
- It's Not That Simple (Kenney-Noziska)

ODD/CD Interventions

Self-Esteem

- Feel Good File (Walker)
- Me CD (Gill)
- Who is Behind the Mask? (Danilewitz)

Termination

- What I Learned (Lowenstein)
- Farewell Fortune Cookies (Kenney-Noziska)
- Garden of Growth (Cassano)

Contact

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 - Lians Lowenstein
- Digging for Buried Treasure (2 books)
 - Paris Goodyear-Brown

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Children diagnosed with an anxiety disorder reported more frequent somatic complaints compared to children without an anxiety disorder, but somatic complaints did not differ across the principal anxiety disorder groups. Children with comorbid anxiety and depressive disorders reported somatic complaints more frequently than children without comorbid disorders.Â To provide a new approach for conceptualizing and studying functional somatic symptoms (FSS) in children and adolescence. A developmental model is proposed based on the synthesis of the extant literature and previous theoretical perspectives of FSS in children and adolescents. Child and adolescent psychiatrists evaluate and treat children and adolescents who have psychiatric disorders that impair emotional, cognitive, physical, and/or behavioral functioning. The child or adolescent is evaluated in the context of the family, school, community, and culture. Most of the identified signs and symptoms with their associated impairments in developmental functioning respond to established treatments. The physician must prioritize symptoms and diagnoses so that a reasonable treatment plan will address multiple problems. Many children and adolescents have comorbid disorders w Assessments Working with Diagnoses and Presenting Issues in Children and Adolescents in the School Setting. Sign up or log in to save this to your schedule and see who's attending! Tweet Share. This presentation will provide attendees an overview of various techniques and activities used with children and adolescents presenting with varying presenting issues as well as those who meet diagnostic criteria fulfilling a disorder. Attendees will be provided an overview of disorders, presenting issues, as well as an overview of needs, skills, and supports in order to promote progress during tre