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CHANGES AND FACTORS IN MENTAL HEALTH FUNCTIONING OF ADOLESCENTS IN THERAPY

A thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in Psychology at Massey University (Palmerston North), New Zealand.

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ABSTRACT

To explore factors that might contribute to changes in mental health functioning in adolescents with mental health problems seen at a Child, Adolescent, and Family Mental Health Service (CAFMHS), the present study examined changes in scores on the Clinical Outcomes of Routine Evaluation (CORE) and the Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA) over a 3 month period. Ten female and 5 male adolescents completed the CORE and 7 of their respective therapists assessed their mental health on HoNOSCA, before and after 3 months of intervention. Life events and factors within therapy during the period of the study were assessed through interviews with clients and their respective therapists. Analysis of the data indicated that overall the mental health of the participants did improve. No significant correlations between clients' and clinicians' assessment of therapeutic factors were found. The hypotheses that focused on factors that might have contributed to the changes were not supported, possibly due to the small number of participants. Limitations of the study and future directions were discussed.

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1. INTRODUCTION

Rationale for research

The researcher involved in the present project has been working as a counsellor at Child, Adolescent, and Family Mental Health Service (CAFMHS) in Wanganui since June 1996. She observed that some clients do report they feel a lot better after a while, while others do not seem to make any positive changes. On occasions where she has asked the adolescents what they believe has made them feel better, the answers often involved factors such as getting into a relationship, changing schools, moving out of home or getting a part-time job.

The researcher became interested in finding a way to gather scientific data to obtain a better understanding of what makes young people with mental health problems feel better, according to themselves and their therapists. This project attempted to make a start in describing this.

Treatment outcome research in the literature is mostly focused on adult populations. Research with younger age groups is sparse and often children and adolescents are grouped together. Because of the developmental changes that occur from childhood to adulthood, it is important to distinguish between children and adolescents.

In the literature the emphasis is often on what kind of treatment works best for what population. The treatment programmes used often have a treatment manual and are monitored to ensure treatment integrity. The groups included in the research are frequently analogue samples, who differ from an average client

referred to a mental health service. Not much research has been done with adolescents in clinic settings.

Scientists have produced numerous reviews about the gap between research and the clinical field. A field study at a Child, Adolescent, and Family Mental Health Service (CAFMHS) might give some insight in what factors contributed to changes in mental health in clients who received services from a CAFMHS.

The main objective of the present project was to investigate whether adolescents saw life events (such as relationship break-ups, change of schools, family problems) as having more influence on changes in their mental health functioning than treatment at a CAFMHS. The following questions were formulated:

1. Does adolescents' mental health functioning change significantly over the 3 months of the study according to the adolescents?
2. Does adolescents' mental health functioning change significantly over the 3 months of the study according to their therapists?
3. What factors do adolescents report that are associated with any changes?
4. What factors do clinicians report that are associated with changes in their clients' mental health functioning?

This chapter provides a description of the definitions of adolescence and mental health that were used in this project. Chapter 2 gives an overview of research measuring adolescent psychotherapy outcomes. Chapter 3 describes factors that contribute to changes in mental health. Chapter 4 integrates the

previous two chapters. The methodology is described in Chapter 5, followed by results in Chapter 6, discussion in Chapter 7, and conclusions in Chapter 8.

Defining adolescence

There are a number of definitions of adolescence available in the literature. Within these definitions, the age range of adolescents varies between age 11-12 until age 18-19 (Miller, 1983), and the entire teenage years (Petersen, 1988). There are a number of disadvantages of defining adolescence in terms of age. The main limitation of this definition is that the onset and duration of developmental processes associated with adolescence vary between sexes, cultures, and individuals. A more useful way of describing adolescence might thus be as a phase of life in which the transition from childhood to adulthood takes place (Petersen & Leffert, 1995). Adolescence often is divided into three stages: early adolescence, middle adolescence and late adolescence. Again there does not seem to be consensus as to which exact ages these different stages include. Different changes and tasks are believed to take place in different stages of adolescence. In early adolescence the changes related to puberty are most pronounced. Adjusting to these physical and emotional changes is thus one of the major tasks of this stage. In the middle stage of adolescence, formation of identity takes place. Late adolescents are learning to become increasingly independent (Miller, 1983).

In spite of different opinions about the age limits of adolescence, there appears to be consensus that puberty is an important aspect of the transition from a child to an adult. Puberty is a time of rapid physical and hormonal changes. Boys and girls will experience changes in secondary sex characteristics and height, and will

obtain the physical ability to reproduce (Miller, 1983). It is widely known that girls tend to develop earlier than boys. Research focused on differences between early and late development has consistently found, that early onset of puberty for boys has mostly beneficial effects, while for girls this is associated with more psychological difficulties (Petersen & Leffert, 1995).

In addition to biological changes in adolescence, there are cognitive and psychosocial developments that take place during this period including the adolescent's increased abilities to think and reason about abstract concepts. This makes it possible to discuss for example "What if....." scenario's, in which the adolescent is asked to consider hypothetical situations. They also become increasingly better in decision making processes (Petersen & Leffert, 1995). Adolescents have a better developed self concept than children and start to form an identity. Autonomous functioning and formation of meaningful relationships are also tasks of adolescence. Resnick (2000) describes a number of needs for adolescent, taken from a report from the Federal Department of Health, Education, and Welfare, to help them to develop into healthy adults. These need are; to participate in different aspects of the community (such as work, household), make decisions; have interactions with other adolescents and have a sense of belonging; have the opportunity to be self-reflective; practice discussion of beliefs and develop own values; experiment with relationships, identity, and roles, without having to commit oneself; feel accountable in relationships with peers; and have fun in life.

In the first half of the last century, adolescence was seen as a period of turmoil and stress. Emotional and behavioural difficulties were seen as part of normal

development (Petersen, 1988). These ideas were based on theoretical concepts instead of sound research. Research in the second half of the twentieth century suggests that the majority of adolescents do not experience significant difficulties (Petersen, 1988). Adolescents who do experience these problems often continue to develop into troubled adults. Even today a lot of people appear to have the understanding that adolescents are supposed to be moody, unpredictable and difficult. Problems they experience are often brushed off and seen as a stage they will eventually grow out of. This is likely to lead to the underestimation of mental health problems in adolescents. Especially in detecting internalising disorders, such as depression and anxiety, adolescents themselves identify more problems than their parents (Cantwell, Lewinsohn, Rohde, & Seeley, 1996).

Adolescence is a period in life which has received a lot of attention in the literature in the last century. It is a period in which a transition from childhood to adulthood takes place, and is characterised by a number of biological, psychological, and social changes. The view that adolescents usually experience significant problems has not been supported in the literature. If problems in adolescence occur, this could lead to ongoing mental health problems in adulthood.

The age of adolescents who were asked to participate in the present project was 13 to 20. This is the distinction the Child, Adolescent, and Family Mental Health Service (CAFMHS) Wanganui makes between children and adolescents. Some clinicians worked predominantly with children aged 0-12 and some clinicians worked mainly with adolescents aged 13-20. Younger children, aged 10 to 12 were not included because of this distinction within the service. Another reason

was the fact that one of the measurement instruments used, Clinical Outcomes in Routine Evaluation (CORE), was developed for the use with adults and not appropriate for younger children. The normative data available for CORE are based on non-clinical samples with an age range from 14-45 years and clinical samples with an age range from 16-78 years (CORE System Group, 1999). No specific norms for adolescents were available; however as the available norms started at age 14, CORE is likely to be suitable for the use with adolescents. A version of CORE especially designed for teenagers, Teen CORE was developed. Rationale for not using this instrument will be given in the methodology section.

Defining mental health

Kazdin (1993a) described two aspects of mental health. The first aspect is absence of impairment in day to day psychological, emotional, behavioural, and social functioning. The second aspect is optimal functioning in psychological and social areas. Impairment in any of the areas described in the first part of the definition include not only categories as described in manuals for classification of psychiatric disorders, but also behaviours such as alcohol and drug use, sexual promiscuity, and social circumstances such as poverty. Optional functioning or well-being assumes more than only absence of impairment. If a person has optimal functioning, he/she is likely to have a number of personal and interpersonal strengths to achieve this. Both aspects of this definition are obviously related. If a person has impairment in any of the described areas, it is likely that he/she will not be able to achieve a sufficient level of well-being. This

overlaps with Sharman's (1997) description. He related mental health to being able to cope with the stresses that people encounter in their day to day life and adjusting to these stresses.

The adolescents that participated in the present project were likely to have had one or more DSM IV diagnoses. Having a DSM IV diagnosis means mental health problems. However, the absence of a DSM IV diagnosis does not mean that the adolescent did not have mental health problems. Adolescents without a formal diagnosis were therefore not excluded from the present project. The researcher approached all adolescents that were assessed at CAFMHS Wanganui in the period of the study and could be followed up after 3 months. Their mental health was measured with use of CORE. CORE will be further described in Chapter 4. The definition of mental health used in the present project was thus broader than the presence of a DSM IV diagnosis.