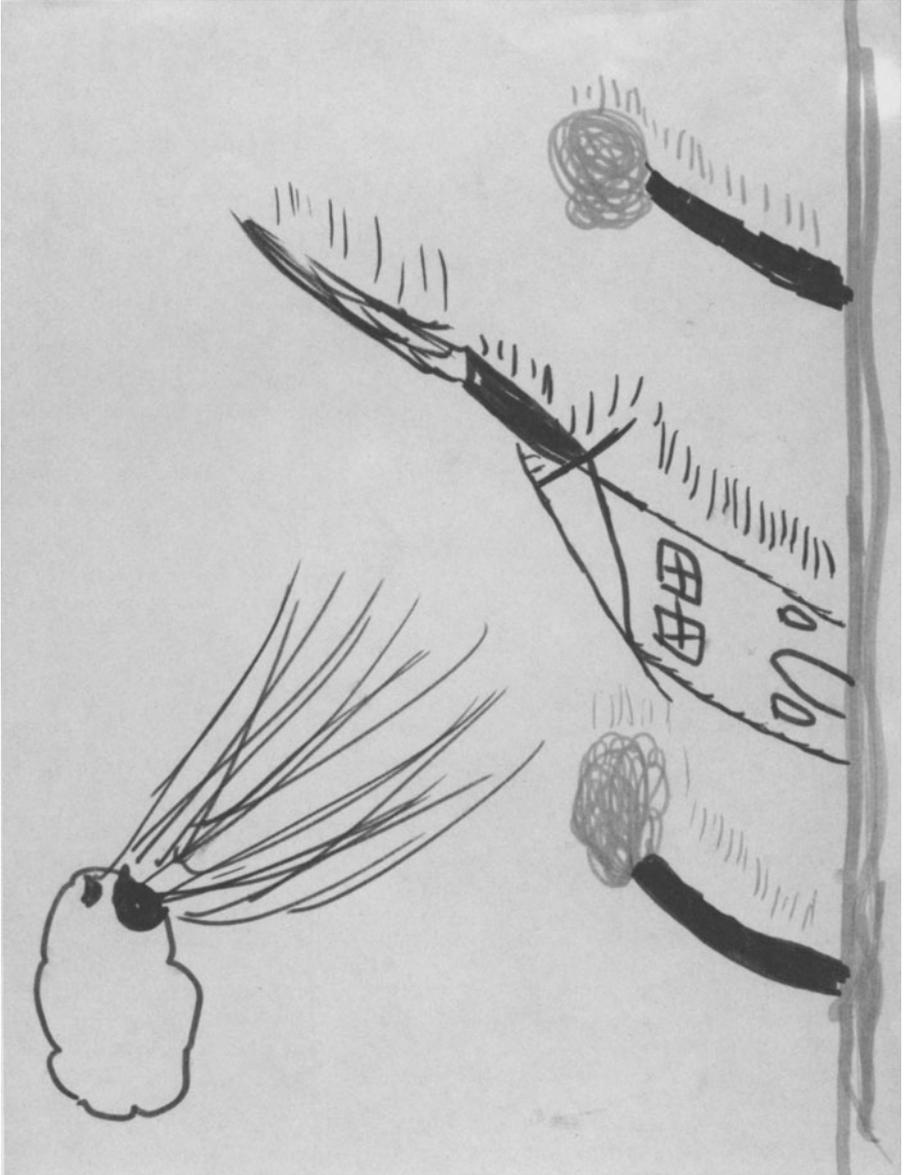


# II

## *Program Models*



In this part, which includes Chapters 4 through 9, a variety of program models is presented. Because no form of day psychiatric treatment has clearly demonstrated superior efficacy to another, it is entirely reasonable that we should present a number of apparently competing but in truth complementary models. In fact, few settings blindly employ a single, narrowly defined model. Settings that consider themselves behavioral almost always consider biological, socio-cultural, and psychodynamic contributors to their children's and families' problems. Some of these models, such as the psychodynamic model, grow from theoretical considerations, whereas others, such as the model for disadvantaged children or the model for afterschool day treatment, attempt to address the needs of particular populations.

In Chapter 4, Gaston Blom, a child, adolescent, and adult psychiatrist and psychoanalyst, treats us to a description of a relatively new perspective in the treatment of children with serious emotional disturbances. He makes cogent criticisms of the squandering of scarce resources on ineffective traditional treatments and makes a convincing case that the rehabilitation perspective offers new hope to a poorly treated population.

In Chapter 5, Laurel Kiser and David Pruitt describe the theoretical basis for the program discussed in Chapter 2. They show us how the data from a wide variety of sources are capably integrated into a comprehensive and comprehensible treatment plan.

Robert Lyman and Steven Prentice-Dunn, both clinical child psychologists, describe in Chapter 6 a carefully thought out and well-documented program based on behavioral principles. Of all treatment methods, behavioral treatments are perhaps best at generating usable data, and in this chapter, the authors illustrate how the data

derived from such a program can lead to validation of their treatment efforts.

In Chapter 7, Janet Newman, a psychoanalyst and child psychiatrist and the director of a day treatment program for many years, thoroughly and sensitively leads us through the remarkable depth work done by a psychodynamically oriented program. She shows how information from a child's life and emotional–developmental history can be used both in individual child psychotherapy and in the milieu treatment.

Stewart Gabel, Mark Finn, and Robert Catenaccio, in Chapter 8, discuss a program that offers treatment to a difficult and underserved population. Gabel, a pediatrician and child psychiatrist, Finn, a psychologist, and Catenaccio, a child psychiatrist, offer an open and honest discussion of their creative attempts to involve parents in their treatment efforts and the results of these efforts.

Ellie Sternquist, a clinical child psychologist, tells us in Chapter 9 of a remarkable adaptation to the needs of the community and describes an afterschool day treatment program that was funded on a shoestring and continues to serve community needs in an important way. This program can be thought of as a model for several different agencies working together to provide services for children.