

## Therapy Methods for Children and Teens

My approach when working with children and adolescents is dependent on assessment data, presenting issues, best practice standards (i.e., modalities informed by research and appropriate child development), and the training I have received. Below are the methods of treatment you can expect from me.

### Play Therapy

The emotional life of a child is very important, and play can serve a vital role in helping children process difficult feelings and life events. Over the last fifty years play therapy has evolved to become one of the most frequently chosen methods of mental health treatment for children. **Children, particularly those under the age of ten, lack the abstract language ability and cognitive development necessary to benefit from traditional talk therapy.** Play is their natural medium for self-expression, coping, and problem-solving. As a Play Therapist since 2013, I am trained to engage children in a variety of play therapies that cover a range of presenting issues. I tailor the play therapy approach I use to the individual needs of each child and family I service. Below is a description of the orientations I use.

### Client-Centered and Filial Play Therapy

Play **is** the work of the child. Play in therapy allows a child to share his inner thoughts and feelings, and the meaning he makes of his life experiences. Child-centered play therapy (CCPT) is a different experience than everyday play for the child. In CCPT, the therapist uses a set of skills in a consistent, predictable manner which creates an environment that promotes a child's self-expression and self-direction. When necessary, the therapist carefully applies limits and consequences in play which anchors the child to reality. The structure of limits and consequences directs a child to realize the mistake made, the consequences of the mistake, and continue his self-expression in an acceptable way. In the CCPT process, the child learns she not only can express her deepest, darkest emotions, but also let out those intense emotions, and still control her actions. As a result, the child learns to self-regulate. I use CCPT with a variety of issues such as anxiety, depression, grief, oppositional defiance, anger, and emotional dysregulation.

Parents can learn client-centered play therapy to use at home. This play method is referred to as Filial Therapy. Teaching parents how to therapeutically play with their children is a highly effective way for parents to build more connected and fulfilling relationships with their children. The play sessions provide an opportunity for children to get their emotional needs met which, in turn, often leads to improved communication, better emotional control, and more cooperation from children outside of play sessions.

### Theraplay®

Theraplay is a directive, specialized form of developmental play therapy. Theraplay® consists of play-based activities designed to facilitate healthy parent-child relationships in a playful atmosphere of empathy and attunement—eye contact, gentle touch, close physical proximity, sensory motor stimulation, and rhythmic movements are used. Further objectives are to help children/teens develop a positive sense of self, improve their ability to be self-reflective, and improve their ability to feel more

secure in relationships. Emerging research indicates that Theraplay® provides high levels of stimulation to the brain structures involved in emotional regulation and regulatory processes. Although originally developed for high-risk children and their caretakers, Theraplay® has since been adapted to work with foster and adopted children/teens, children/teens with autism and other pervasive developmental delays, anxiety disorders, and fetal alcohol syndrome.

### **Expressive Play Therapies**

Rather than healthily expressing their difficult feelings, children and teens may act their feelings out (e.g., tantrums, defiance etc..) as well as hold their negative feelings in (e.g., depression, self-injurious actions, somatic symptoms). Expressive therapies involve the creative use of music, writing, movement, art, and drama to provide children and teens with a non-threatening outlet for self-expression and the expression of emotions. Both directive and non-directive approaches are used to encourage clients to express themselves in both verbal and non-verbal ways. I often use expressive art therapies with children and teens who have difficulty with self-expression and who have a natural desire to express themselves using music, writing, drama, or art.

### **Floortime and DIR Model®**

Floortime is at the heart of the DIR Model which was developed by Dr. Stanley Greenspan. I use Floortime most often with children who suffer with Autism Spectrum disorder (ASD), but it can be used for other issues as well. Floortime play is unlike everyday play because the therapist uses a set of skills in a predictable manner to attune to and engage the child/teen. While the client chooses what he will play, the therapist attunes to the child/teen and tries to expand on what he is doing in order to create a joyful reciprocal interaction. The goal of Floortime is to promote the healthy social-emotional and cognitive growth of the child/teen. Dr. Greenspan believes a child's social-emotional growth happens when a child repeatedly experiences joyful reciprocal interactions. Floortime aims at increasing the number and length of these types of experiences for the client so that overtime he can continue to grow socially, emotionally, and cognitively.

### **Therapeutic Stories: Narrative Therapy, Bibliotherapy, and Lifebooks**

Narrative therapy and bibliotherapy techniques are based on the belief that we make meaning of our lives through the stories we hear and tell. Books and stories can illustrate various problem situations relevant to children/teens in either direct or metaphoric language. Most youth easily relate to characters in stories and a dialogue can then open in a non-threatening way to discuss difficult situations the client is experiencing. Stories are particularly useful when children or teens have difficulty understanding and expressing their feelings. I use bibliotherapy and narrative therapies often with children struggling with major life changes such as divorce, social challenges, and behavioral challenges. With foster and adopted children/teens I sometimes create a Lifebook which is a unique story constructed to provide children with an orderly, cohesive narrative of events in their lives (e.g., facts about their birth, their birth family, why and how they were removed from their birth family). Lifebooks help children and teens make sense of their lives, reduce magical thinking, and correct distorted ideas children/teens may have about themselves and their birth families.

### **Skills Training: Social Skills, Anger Management, Coping Skills**

Many children/teens with social-emotional problems, mental health conditions, learning disabilities, and processing problems benefit from direct skills training. Not all children/teens intuitively understand, for example, how to behave in socially acceptable ways with their peers. Some youth may not have been taught or modeled acceptable social behaviors. Other youth may have had adequate teaching and exposure, but may have difficulty accurately reading, processing, and responding to social cues as with clients who have Non-Verbal Learning Disorder or Autistic Spectrum Disorder. Some children/teens may simply be excessively anxious in social situations causing them to have impairment. Some children and teens—both with and without mental illness—have difficulty regulating strong emotions such as frustration, anger, and anxiety. These youth often benefit from learning to label their feelings, identify their triggers, and develop a realistic coping plan for themselves. Furthermore, many children/teens will benefit from learning how to systematically relax and calm their minds and bodies. There is a growing body of research validating the benefits of such mind-body work. I utilize a variety of age appropriate interventions when engaging in skill building with children/teens. Therapeutic board games and activities are often useful for practicing and rehearsing skill sets. Such games often operate from a cognitive behavioral orientation and children/teens are required to use positive self-talk, refute unhelpful thoughts, or practice coping techniques during game play. Behavioral modeling and role-play are also beneficial. Parents can access many free and low- cost apps and downloads to help children/teens learn breathing techniques, visualization and guided imagery, progressive muscle relaxation, and other techniques to positively manage stress.

### **Eye Movement Desensitization and Reprocessing**

Eye Movement Desensitization and Reprocessing, also known as EMDR, is a method of psychotherapy used to address the distressing symptoms associated with traumatic and adverse life experiences. Treatment works by accessing memory networks in the brain which store disruptive or traumatic experiences. Traumatic memories (i.e., inadequately processed memories and their associated images, thoughts, emotions, and physical sensations) are re-processed using a therapeutic technique called bilateral stimulation. Through the unique processing of EMDR, troublesome memories are desensitized, insight emerges, and a shift in consciousness allows for new learning and experience. Traumatic event and memories are not erased; rather, they have been redefined and cease to hold power and control over the individual. Research supports the effectiveness of EMDR for children, teens, and adults who have experienced life events which cause traumatic stress, generalized anxiety, depression, phobias, grief/loss, and attachment trauma. EMDR is used across the globe and has gained significant validity over the last decade. Over 30 randomized controlled trials now support its effectiveness. I received my EMDR training from EMDRia.

### **Dedicated Parental Formation**

Rather than just focusing on the child or teen alone, an often overlooked component of therapy is equipping the parents with specific tools that complement and enhance the other therapies used. I have found that dedicated parental formation in the area of the child's struggles can serve as a catalyst towards overall effectiveness of treatment. I generally spend ample time helping parents understand their child/teen's needs and the circumstances causing their distress. When a child or adolescent acts out (e.g, clinginess, inaction due to fear, anger outbursts, defiance, self- harming behaviors, lying, stealing, etc..), he is trying to get his emotional needs met in a maladaptive way. When parents have a

thorough understanding of how these factors impact the psychological functioning of their child/teen, they are better able to understand why their child or adolescent is displaying emotional or behavioral problems. This dedicated formation for parents can consist of one or more of the following: Parent and child attachment styles, effects of family of origin, information about child or teen's mental illness (if applicable), helping parents reflect on their parenting style, and connecting parents to other resources which may serve their or their child's needs.