



## ***ABOUT CHILD & ADOLESCENT THERAPY: FAMILY THERAPY AND PLAY THERAPY***

What makes therapy different with children and adolescents, and what is play therapy or family therapy?

Therapy with children and adolescents is a different colour compared to traditional adult therapy in which a verbal adult sits on a chair and reflects on his/her feelings while the therapist listens closely to each word. The basis of this type of therapy is the client's experience at that moment with the therapist and how it relates to their whole life.

Adult clients can tell the therapist their feelings and are able to discuss their experiences. Children and adolescents, on the other hand, do not tend to be this reflective in their thoughts, and are not able to share with therapists the quality of their experience in words and eloquent phrases. And, whereas adult clients have a world of experiences outside of their family in work situations, with other adults, and on and on, children and adolescents experience the world through their families. The family constitutes their environment -- their world.

So, here we have two very noteworthy differences between adults and children/adolescents; first, that adults are able to describe in words and phrases their experience of the world fully, while children, and adolescents to a lesser extent, cannot. Second, the world adults respond to include a wide variety of experiences, whereas the family is the "world" for a child, and again to a lesser extent for the adolescent. As a result, children and adolescents respond not only in a different fashion than adults do, but also to a different environment. Therefore, different therapeutic approaches are required for working with children and adolescents.

Let's first deal with the issue of communication. As any parent will recall, at some time early in their child's development, cries and gestures meant certain things. This was how the child expressed their desires and needs as they did not have the verbal ability to say "I want this or I need that." Sometimes, once their children have grown, some parents tend to expect these children to act like little adults, with the ability to clearly say what they want. While in some cases children may be able to request certain things verbally, in many other ways they are not able to make their needs known fully through verbal communication. Instead, their actions may tell you what they need, or an imaginary friend's behaviour might be an indication, as their vocabulary at this stage in life is limited. So, as adults use words to communicate feelings or thoughts, children use actions or imagination. As with everything else, adolescents are stuck somewhere in the middle of this process.

Using the most basic example of the difference between children/adolescents and adults centres on one well established method for dealing with the limitation of communicating with children, play therapy. There, a child is able to convey their experience through the act of play. Play therapy involves simply a different language, a symbolic language that requires a well-trained professional to decipher. Frequently though, sceptical parents may say "all the therapist does is play with my child." But this play has a special language to it, a language that children and well-trained attentive adults understand. It is not so simple as board games or the like, rather an open ended form of expression that allows the child to utilize the full extent of their own symbolic language to convey their message, to communicate about the problems they are facing.

Like adults, children and adolescents are not always sure what it is they are trying to communicate. They often say "I don't know [what's wrong]." However, bringing out the nature of the problem that a client is wrestling with is the essence of therapy, and consequently the reason that therapists have a hard time telling their clients how long therapy will take. "It depends," they will frequently tell you, and it depends on the client and both the nature of the problem the client is struggling with, and how long it takes to understand the problem in a way that is therapeutically helpful.

Another important factor mentioned above, is that a child or adolescent's world is their family. While adults respond to a wide variety of experiences in their lives, the world of a child or an adolescent centre on the family. Everyone is born into a family and eventually separates from that family into the experiences of the world. But, unlike adults, where any number of factors may affect their emotional life, the clearest source of conflict for a child or adolescent is their family. The family is a child's world, and as such, when something is wrong with their family something is wrong with their world. Many times, a troubled child or adolescent may be noticed at school. However, it is much more likely a troubled child or adolescent is experiencing some distress about their family. It could be something so minor as they misinterpreted one part of their parent's conversation, and this young person broods about it for weeks. Or it could be something serious, as their parents may be having marital trouble. Whatever the case may be, when something effects their family, it effects their entire world. In such cases, focusing solely on the child in therapy is not the answer. While techniques like play therapy are helpful in these cases, therapeutic efforts need to be concentrated on the family.

The two key elements of family therapy are that a client, usually a child or an adolescent, and their family share responsibility in the problem(s), and that, by design, family therapy is aimed at modifying communication among family members so that the so called problem(s) can be dealt with in a therapeutic manner. Family therapists understand that the child or adolescent's behaviour, like a child's behaviour in play therapy, is symbolic or representative of a larger, more troubling, problem within the family. Family therapists encourage communication to take place in the session which turns these symbolic behaviours into

words and phrases that the rest of the family can understand, and therefore, begin to work with.

The discussion above has moved some distance down the path of making sense of children's and adolescent's behaviour, and the very different treatment requirements that follow. Understanding that their behaviours are their words and phrases, and that their world is the family, takes us some distance in understanding the relevance of different therapeutic techniques such as play therapy and family therapy. And, while no specific therapeutic technique was mentioned for adolescents, the task of therapy is to make certain rebellions and other "over the top" behaviours understandable to both the adolescent and the family. In each case, once the behaviours are, for lack of a better word, translated, then the process of healing can begin. Healing not only with the child or adolescent, but also within the entire family

At Psychology CAFFE we get to know you, your child, and your family as we collaborate with you, and your support networks to understand how we can best help you and the child. Typically, we have around four sessions to do a wholistic assessment that looks like this:

### **Session 1.**

We meet with the adults/parents/carers/representative in the child's world to discuss the developmental history, family dynamics and the make-up of the family, the level of development the child has in comparison to peers, their interactions with siblings, with school, with other settings they may visit or spend time in, like other relatives, before and after school care, daycare, sports etc. then we work on the current issues, the goals you might have for your child and family, and we will start to plan what happens next.

### **Session 2.**

We will most often meet your child, and possibly siblings, and will see the child in a playroom or other child friendly setting, this helps us to gather information, observe your child in an unfamiliar setting, with a 'stranger' and when they are offered time in the play room without a parent, all of this information, along with observation of their developmental level, in a child safe room, informs the best way to develop a plan to address your goals from therapy.

### **Session 3.**

We will meet with you, the parent/carer/representative to discuss what we have learned, how you are feeling following the assessment process, we will discuss any other assessments or observations that might be required, for example school, or day centres, involvement of other professionals, medical, Paediatric, other allied health services, and we can plan when we might meet and how that might work. You will have an opportunity to provide your feedback and ask questions. We can then formulate together a plan moving

forward, how many sessions this might be, what they will entail, and how they will be funded as we work towards your goals.

Most children and families with severe or complex emotional or behavioural problems need around 20-30 sessions over a 12month period to reach their therapeutic goals. Other individuals and families with mild-moderate concerns can benefit from 12-20 sessions, it is a very individual process, and we can talk about your options as we plan. Most families have a plan developed in the first four sessions. Other types of assessment, such as Positive Behaviour Supports (PBS) take around 50-60 hours to complete, and address some of the same issues, but are quite different in their focus.