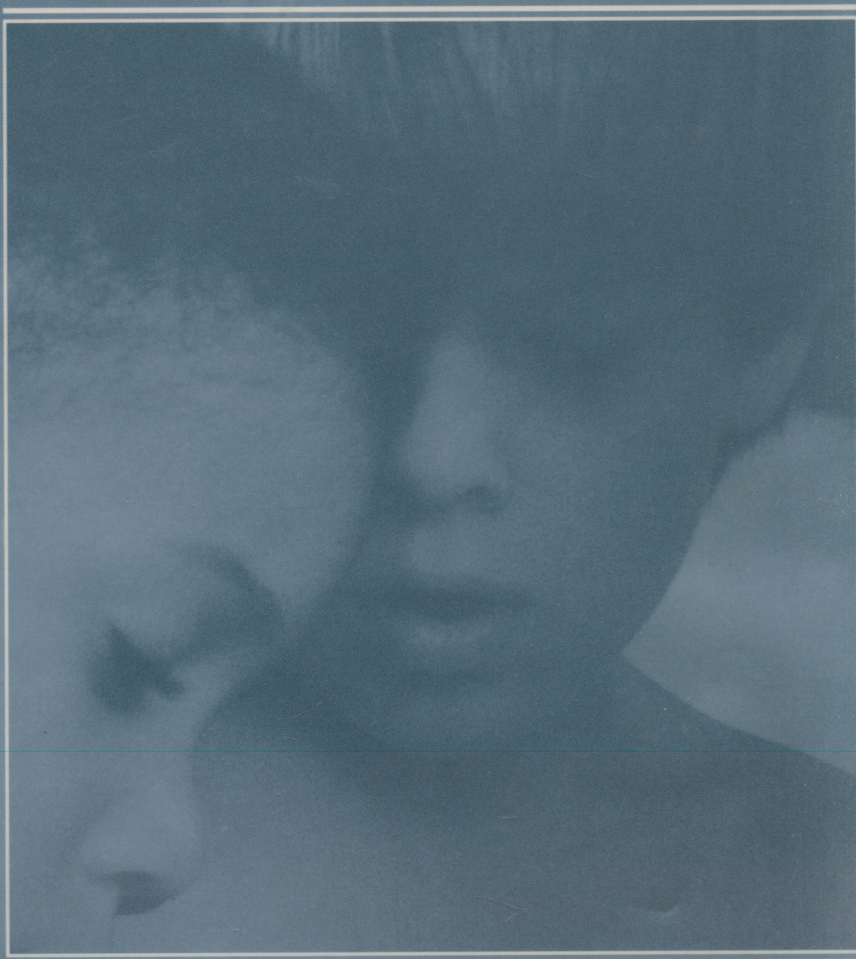


C H R I S T I A N E B R E M S

A COMPREHENSIVE
GUIDE TO Child
Psychotherapy



A Comprehensive Guide to Child Psychotherapy

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*This book is dedicated
to all the students and children in my life
who have inspired me to write it,
but foremost to Christopher and Jan.
May you grow up in a peaceful world!*

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Preface

This book represents the culmination of my personal experience as a psychotherapist for children, a supervisor of individuals who have wished to learn this skill, and a teacher who has introduced graduate students to the principles and concepts of conducting child psychotherapy. It presents a comprehensive interpersonal, systemic-psychodynamic approach to psychotherapy with children age 3 years to approximately 12 years. It discusses psychotherapy with children for novices and advanced professionals in the mental health field, thus provides thorough introductions, definitions of key concepts, and outlines to clarify material. This book was developed in response to a noted void in the market of child psychotherapy books in several ways. First, it takes an interpersonal, systemic-psychodynamic conceptual approach, while integrating a number of techniques that need not be theory-bound. Many other child psychotherapy books exist, but none that have attempted to integrate the wealth of information available in the literature from psychodynamic, developmental, humanistic, interpersonal, systems, and behavioral theories. Thus, this book is uniquely different from other books in the same general topic area.

Second, this book was developed not only with the expert, but also the beginning psychotherapist in mind. Again, several child psychotherapy books exist, but they are generally written for the mature audience only. This has the disadvantage of making existing books too specific for beginners and of leaving out too many issues that need to be dealt with by the beginning mental health professional. Texts such as this one exist for adult psychotherapy, but not for children.

The approach taken by this book is conceptually complex and integrative, and yet simple and general enough to be particularly useful for individuals new to the treatment of children. It has a level of sophistication that requires some prior experience in the mental health field, but not with children. The outline of the book is specifically designed to parallel the process of work with children. Thus, it renders the book ideal as an accompaniment for early practicum courses, as well as general theory courses. It prepares the clinician to make decisions about the actual environment in which she or he will work with children, ranging from discussion of the physical lay-out of a clinic to specific objects in the therapy room. Then it provides thorough overviews of relevant issues in ethics, development, and multicultural psychotherapy. In its second section, the book walks the child therapist through the initial stages of intake, assessment, and conceptualization before moving on to therapeutic issues. Then it focuses on the therapeutic process and specific techniques in the middle stages of psychotherapy. It ends with a thorough discussion of termination issues.

I chose this format because I deemed it advantageous to making the book a good accompaniment to actual practical work with children. For instance, as a clinician begins work with a child for the first time, she or he will progress through the work with this child client in the same order as she or he will progress through the book. Thus, there is sufficient time to digest information in the book, apply it, and see it work, before moving on to a new stage in the therapeutic process that requires a new or slightly different set of skills and knowledge. It is this format which makes the book a truly valuable tool for the beginning child psychotherapist.

Given its corollary purpose as a primer, this book is sufficiently structured as a text book that it will enhance the teaching of a practicum or theory course in child psychotherapy. It makes use of many features that facilitate learning, including chapter summaries, tables, illustrations, and bibliographies. The book relies upon case material to support conceptual points and to demonstrate clinical techniques. This book is written with sensitivity to the beginner, therefore it was imperative that the book be written in a clear and concise style and language that minimizes jargon, and maximizes explanation and illustration. This approach serves to make the material more practically-applied for the student and to provide the student with a resource that can serve as a quick and simple reference while working in a practical setting.

The proposed book's perhaps most outstanding feature is its diversity in presented techniques. It represents an attempt at integrating interpersonal, systemic-psychodynamic case conceptualization with numerous techniques, including behavioral strategies, art, storytelling, and parent education. While combining strategies of these diverse approaches may sound incompatible upon first reading, it is actually a preferable way of conducting child psychotherapy. Literature exists that is supportive of psychodynamic and behavioral approaches, and clinical experience has demonstrated that a combination of the two schools of thought is highly successful in creating change in children. Specifically, a comprehensive and integrating approach will avoid the mistake of disregarding important features in a child's life. Strict adherence to one approach of looking at children is simplistic and disregards the realities of modern life. Children rarely grow up in the vacuum of a nuclear family anymore, nor is the family an easily understood system. Children are profoundly impacted by their larger environments and culture, and all of these factors must be considered. Similarly, children are not merely the product of cause-and-effect or reinforcement contingencies. Human interactions are much more complex than such a strict behavioral approach would suggest. Nevertheless, behavioral strategies are a critical piece of intervention with children.

The specific mode of integration presented in this book is the suggested use of comprehensive interpersonal, systemic-psychodynamic concepts for the intake, assessment, and conceptualization phase of the therapeutic work with a child, and the suggested use of a variety of techniques to arrive at the specific treatment goals derived from the initial conceptualization. Thus, it is suggested that the conceptual underpinnings of each child psychotherapy case be interpersonal, systemic-psychodynamic in nature. Then, an eclectic component is added in the form of psychother-

apeutic techniques or interventions that supplements the comprehensive conceptual framework and treatment planning utilized for each case.

This book is not to be mistaken as a text on child psychotherapy research. It does not cover specifics about matching diagnoses with treatment approaches. While such considerations are beginning to appear in the child psychotherapy literature, and are no doubt extremely important and valuable, they are beyond the scope of this book. Here, the reader is merely introduced to the basic and practical principles of the work with children. Once these basic principles have been mastered, the clinician is encouraged to move on to research-focused texts that cover specific findings with regard to evaluating the appropriateness of various family or child intervention in relation to specific presenting concerns or diagnoses.

I hope that the readers of this book will find it as much help and will have as much pleasure in reading it as I have enjoyed preparing it. I am looking forward to hearing about your experiences as you use this book to acquaint yourself with a truly unique and gratifying process: the therapeutic intervention with children.

Acknowledgments

I wish to express my gratitude

to my life partner, best friend, and valued colleague Mark Johnson, who not only contributed a valuable chapter to this book, but also patiently endured my preoccupations and busy schedule, and lovingly supported my every effort as I wrote this text;

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to my own teachers and supervisors over the years who have contributed to my growth, my love for my profession, and my enthusiasm about my work;

and to my family who provided a nurturing and safe home for me in which to grow and mature, build the self-confidence to become a psychologist, and form the strength to become a teacher.

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Part I

The End Preliminary Issues *Materials of Child Therapy*

By choosing this book, the reader clearly has made a decision to work with child clients. As such a decision is difficult and has many implications, this book was written to help the reader in the process of becoming a child therapist. Children are a unique therapy population in that all therapists who choose to work with children have childhood as an experience in their own background. It is often claimed that therapists are most successful and capable in working with those clients who have concerns that the therapist himself or himself has experienced at one point in life. The only population of which it can easily be said that all therapists have experienced the frame of perspective is that of children. All therapists have been there; however, having been a child, or even having children of one's own, does not suffice to qualify a therapist to work with children in psychotherapy. There are too many issues to be aware of, too many blind spots unknown about, and too many pre-conceived notions that may interfere. To think that having been a child will help a therapist understand all children better is just as unrealistic as believing that being a woman automatically makes her a better therapist to work with women, or being a man makes him a better therapist for men. In fact, it is often with exactly the population that the therapist feels a special affinity or understanding that preexisting beliefs, values, and attitudes enter the treatment processes in an uncontrolled, unmonitored manner.

Further, even the best training and experience in working with adults will not prepare the therapist for interventions with children. Children are unique and different from adults in a variety of ways that can prove to be a challenge to the therapist. They are at a different developmental level and thus have different tasks to master and take different approaches to problem solving, living, and to the setting of priorities. Their language is not as well developed, nor is their cognition or emotional expression and perception. A child therapist not only has to understand these

Chapter 1

The Environment and the Materials of Child Therapy

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Further, even the best training and experience in working with adults will not prepare the therapist for interventions with children. Children are unique and different from adults in a variety of ways that can prove to be a challenge to the therapist. They are at a different developmental level and thus have different tasks to master and take different approaches to problem solving, living, and to the setting of priorities. Their language is not as well developed, nor is their cognition or emotional expression and perception. A child therapist not only has to understand these

differences from an intellectual, or knowledge, point of view, but also has to realize that these differences alter the type of therapist-client relationship that will develop. Special sensitivities are necessary, and verbal interchanges are no longer primary in the therapy process, as they are in the treatment of adults. Often the therapist has to rely on nonverbal exchanges to understand the child, to communicate understanding back to the child, to help the child process difficult issues, and to work through difficult transferences and countertransferences. This use of nonverbal communication is often a significant challenge to adults, especially bright and highly educated adults, who have been taught for many years that verbal communication is the panacea for most problems that arise.

Consequently, it is extremely important for all therapists who work with children to do so only after they have informed themselves about the process of child therapy as much as possible. This book is designed to help with this process by outlining a number of preliminary issues involved in the work with children before moving on to the discussion of assessment and treatment. The first, and perhaps most important, consideration in treating children has to do with the physical plant in which therapy is conducted. While a simple office suffices for most work with adults, children have special needs that are directly related to their uniqueness as less verbal and more exploratory human beings. Hence, it is important to assess whether the environment available to the therapist is one that can be rendered conducive to the conduct of child therapy.

For clients, entering a clinic is much like entering the house of a new friend. Clients will look at furnishings, art work, cleanliness, and layout to glean information about the people working and living in this environment. Judgments may be made based upon these first impressions and it is certainly worthwhile for the enhancement of rapport to keep the clinic as inviting as possible. It is not important that the furnishings and equipment be shiny, brand new, or even expensive. They merely must be arranged in such a way as to communicate privacy, safety, and caring to the children and their families. The environment is best, if clean and warm, and obviously designed with children in mind. Entering a psychotherapy center that is disheveled, dirty, or dark may communicate a lack of caring and concern that could leave the child frightened and the parent concerned. Of course, excellent work can potentially be done in such an environment, but if disarray and negative atmospheres can be avoided, it is preferable to do so to set the best stage for beginning the work with children and their families.

There are a number of considerations with regard to clinic design and equipment. None are written in stone, but all are to be carefully weighed before making the decision to begin seeing children. These considerations include the general physical layout and design of the clinic in which the room is located, the arrangement of the waiting area, decisions about appropriate places and cleanup arrangements for child therapy, and the play therapy room itself with all its necessary play or activity materials and furnishings. In pondering each of these facets of child therapy, there are four factors that appear to have been agreed upon by child therapists (e.g., Coppolillo, 1987; Landreth, 1991; Simmons, 1987; Spiegel, 1989) that are foremost on the clinician's mind: the atmosphere and safety of the setting, the