CHILD MULTIMODAL THERAPY

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CHILD MULTIMODAL THERAPY

Developments in Clinical Psychology

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CHAPTER ONE

Multimodal Therapy

INTRODUCTION

The intent of this book is to update readers on the approaches and techniques which have been developed and utilized since the publication of *Multimodal Therapy With Children* (Keat, 1979) and *HELPING Your Child* (Keat & Guerney, 1980). I hope to provide a useful handbook for those who work with children, adolescents, and their families. In this volume, therefore, I present an integrated look at the development of the multimodal approach for assessment; the child therapy process itself; multimodal therapy cases with children and adolescents; group therapy approaches; multimodal parent training; and the need to deal constructively with the classroom environment and how multimodal education can be utilized therein.

This initial chapter will begin by describing the role of the multimodal approach in child therapy and how it utilizes a technically eclectic orientation. Next, the evolution of the multimodal model will be described, followed by an updating of the orientation's development. Finally, an overview will be provided to introduce the procedures which form the remainder of the book.

Eclecticism

Leonard Bernstein (Porterfield, 1985) has said that "eclectic is the name of the country" (p. 4). Writers on therapeutic psychology have talked about "emerging eclecticism" (Brammer & Shostrom, 1968) and the "technical eclecticism" or "systematic eclecticism" of Lazarus (1985a, 1986). I advocate the approach of "pragmatic technical eclecticism" (Keat, 1979, p. 1). This balanced omnibus approach gleans procedures from a wide range of therapeutic sources. Initially, the therapist is typically faced with presenting client concerns ("calling cards," Lazarus, 1981, p. 53) or problems. The multimodal problem-solving approach then orients the practitioner to utilize particular procedures in order to help ameliorate the presenting concerns. In choosing the particular procedure to use by matching the assessment with client treatment needs, the main criteria for utilization is whether the techniques have been useful and helpful in therapeutic

endeavors with children, adolescents, and their families. The primary questions are "Does it work?"; Is it useful?"; Is it an effective therapeutic strategy?" (Keat, 1979, p. ix). When the therapist can answer "Yes, in most cases," then the particular strategy might be used.

But what is the source of most intervention procedures? These techniques typically emanate from theoretical orientations which are usually associated with certain persons. I have personally been influenced by a wide variety of individuals who have written and practiced from particular theoretical stances. Therefore, in the next section I'd like to guide the reader on a journey through a series of theories. These theories are arranged alphabetically from A to I in which each initial letter serves as the cue for the heading. Under each theory, I will indicate some useful and helpful ideas which have emerged from that particular theoretical stance.

THEORIES

Analytic

Analytic theory is the basic foundation for most counseling and psychotherapy. Psychoanalytic thought is so pervasive in psychological thinking today that one cannot ignore its influence. Especially in the area of work with children, the major contributors have come from various analytic camps. As a matter of fact, even such generally used child-rearing books as Spock (1968) and Spock and Rothenberg (1985) are couched in analytic terminology. A quick review of some of the major concepts in analytic theory would include the following basic ideas: the personality systems of id, ego, and superego; the defense or coping mechanisms of the ego such as sublimation, repression, regression, rationalization, displacement, projection, fixation; the stages of development, that is, oral, anal, phallic, oedipal, latency, and puberty. These stages, of course, form the basis for the psychosocial theory of noted child analyst Erikson (1963). Some of the procedures advocated which can be utilized in therapy with children are those of free association, listening to dream content, the awareness and interpretation of the transference in the relationship, and the control of countertransference. The most important contributor from an analytic viewpoint is Anna Freud (Sigmund Freud's daughter). In her classic work on the psychoanalytic treatment of children (Freud, 1946), she stated that the therapist should be useful, interesting, and a powerful person who is indispensable to the child. In her discussion of some of the methods of analytic therapy, she touches upon the use of daydreams in child work, the importance of drawings for communication, the role of transference in child analysis and the educational function of the child's therapist. This early treatment was updated (Freud, 1965) when she delineated the goals of child therapy: to reduce anxiety and to dissolve crippling defenses. In addition, she said, therapy should provide outlets for drive activity which needs

relief. More recently Sandler, Kennedy, and Tyson (1980) have discussed the techniques of child psychoanalysis with Anna Freud. Smirnoff (1971) has provided a comparative book on the views of the two most important child analysts, Anna Freud (1946, 1965) and Melanie Klein (1960). From my viewpoint, the analytic approach has the most to offer as far as appraisal and/or understanding of the child is concerned. Where more efficient treatment procedures are desired or needed, as in most children's schools, then one must often turn to other approaches.

Behavioristic

The behavioristic approach probably provides the greatest variety of concrete procedures and techniques which the therapist can utilize. Therefore, the behavioral or social learning theory approach really provides the theoretical underpinnings for most of the procedures advocated by the multimodal therapist. Woody (1971) made a strong case for "psychobehavioral" counseling or the integration of behavioral and insight-oriented therapies (analytic approaches). Behavioral procedures have direct relevance for work with children because they focus on the client's actions which are sometimes easier to deal with than verbalizations. These procedures are especially useful where verbal approaches are not too effective, such as with the younger child who is still functioning on a predominately behavioral level. The behavior therapist is sometimes seen as a person who deals directly, on an operant or respondent level, with a client on a one-to-one relationship. In this sense, behavioral therapy is interventionistic in that some direct intrusion is made upon the life of the child. Once the evaluation of a child is done to determine where the predominant concerns are, then some form of behavioral interventionistic procedures can be utilized as they relate to the assessment. Therefore, initial assessment helps to guide the treatment that is to follow. Some behavioral methods which will be discussed during the course of this book are relaxation training, systematic desensitization, assertiveness training, behavioral rehearsal, reward systems, and modeling. These methods will be delineated during the course of outlining treatment approaches that can be utilized with children. Blackham and Silberman (1981) have written a series of books which outline numerous behavioral procedures which can be used with individual children in school settings as well as in the home environment.

Client-Centered

This approach, of course, has its basis in the work of Carl Rogers. It should be noted that Rogers' early experience was with children and he did, indeed, write a book on the treatment of the child (Rogers, 1939). In this book Rogers contrasts his approach with the analytic process. He states that the approach of relationship theory "places its major emphasis on the curative power of the emotional

relationship itself rather than on any insight gained by the individual through the interpretation of his past experiences'' (Rogers, 1939, p. 340). Rogers' (1951) later book contains a chapter on the client-centered approach to play therapy (Dorfman, 1951). In this approach it should be noted that the relationship is the key to the therapeutic change (Rogers, 1961). Rogers has also written books having to do with the marital relationship in *Becoming Partners* (1972), and more recently he wrote *A Way of Being* (1980). His theoretical underpinnings have been the basis for other relationship approaches that have dealt with different populations (Guerney, 1964, 1977). The approach of Axline (1947, 1964) is an extremely important one in the practice of relationship therapy. Louise Guerney (1983), in the filial modification approach, utilizes the Axlinian relationship-oriented approaches as basic but also expands them to include the aspects of communication skills training as well as some more behaviorally-oriented procedures.

From the multimodal perspective, the relationship is viewed as a necessary condition for therapeutic change but it is often not sufficient. The relationship, therefore, precedes much of what one can hope to do behavioralistically.

Developmental

In work with children, especially, the developmental aspects can help a therapist understand the child's functioning level. Erik Erikson, one of the great child analysts of our time, has delineated the eight ages of man (Erikson, 1963). This particular conception describes various tasks which persons must possess to demonstrate their full development (i.e., trust, autonomy, initiative, industry, identity, intimacy, generativity, and ego integrity). Some of these tasks, as they apply to education, have been delineated by Havighurst (1953). Later Dinkmeyer and Caldwell (1970) wrote about the developmental approach, viewing it as the ''organized effort of the school to personalize and humanize the educational process for all students'' (p. 3). This developmental aspect as it applies to multimodal education will be discussed later in this book because the school is one of the major environments where therapists need to help children learn to function effectively.

Existential

This approach is of philosophical, more than practical, interest. The major contributor has been Rollo May (May, Angel, & Ellenberger, 1958; May, 1969). In the latter book, May (1969) delineates his stages of treatment as follows: (a) developing the wish or bringing out an awareness of the needs and desires of the person; (b) movement from wish to will where awareness is brought into self-consciousness, which represents the incorporation of wish on a higher level of consciousness; and (c) making the decision. May (1969) views the decision as a

pattern of acting and living which is empowered by wishes, asserted by will and responsible to and responsible for the significant other persons who are important to one's self in the realization of long-term goals. Another major contributor to this area, Clark Moustakas, has taken the existential approach and utilized it primarily with children. He has a whole series of interesting readings in *Existential Child Therapy* (1966); he also developed a series of publications (e.g., 1959, 1975) based on his work with children. His major contributions in the 1980s are presented in books entitled *Rhythms, Rituals, and Relationships* (Moustakas, 1981) and *Phenomenology, Science and Psychotherapy* (Moustakas, 1988).

Factor, or Trait-Factor

This theory states that a person is an organization of his or her patterns of abilities and therefore assessment is important. In a later chapter, we will discuss child assessment and evaluation. The case study is an important kind of approach here. In particular, the reality therapy approach of Glasser (1965, 1969, 1972) falls under this rubric. Glasser says that if therapy provides a child with one person who cares, this could be sufficient for growth and continued investment in life. Therefore, the therapist could be this person—one who meets the basic need (factors) of the child to be loved, as well as the need for feeling worthwhile (Keat, 1985c). The goal at the start of treatment (viewed by Glasser as being a special kind of teaching or training) is to gain some involvement or establish a relationship with the child. The second stage is the therapist's rejection of the behavior which is unrealistic, while still accepting the child and maintaining an involvement with him or her. The third step, somewhat behavioristic in nature, is teaching the child better ways to fill his or her needs within the confines of reality. Gronert (1970) has advocated the coordination of the behavioristic approach with reality therapy (Glasser, 1965). Glasser's procedures have particular relevance to the schools in the utilization of classroom meetings (Glasser, 1969). There will be a special chapter (9) devoted to the utilization of various approaches in the classroom later on in this book.

Gestalt

Fritz Perls (1969) has been the major contributor to this approach. This theory focuses on the "here—now," the function of awareness in therapy and the expansion of human awareness. Some of his approaches have been adapted to child work by Lederman (1969). The foundation of Gestalt counseling in therapy is focusing on the now and the how, or the ongoing process. Shostrom (1967) has attempted to popularize some of the Gestalt principles. In his book he has a chapter on children and parents and the types of manipulative children. There is Freddy-the-Fox who begins life as a cryer and becomes Junior Calculator in getting other people to do things for him; Tom-the-Tough who uses hate and fear

to control people and becomes a Junior Bully. And Finally, Carl-the-Competitor who is a combination of Tom and Carl viewing winning (being one up) as the most important thing. The one person, however, who has utilized this approach most effectively with children has been Violet Oaklander (1978). In her book entitled *Windows to Our Children*, she describes many procedures which help the child therapist deal therapeutically with his or her clients. Oaklander uses a variety of procedures such as drawing, painting, clay-play, bibliotherapy, and drama. A wide range of procedures are described; one may adapt and use those which fit a particular therapist's personalistic style.

Humanistic

This approach purports a concern for the primary human experience. The existential (May et al., 1958) and relationship approaches (Rogers, 1961, 1980) could be easily considered under this heading. Skinner (1971) also considers himself to be a humanist. In this approach, the person is the focus of attention and the emphasis is on the distinctively human qualities. Meaningfulness and significance are considered in the selection of problems for concern. Finally, the worth of the human being and the development of the authenticity of the child is important (Button, 1969). Perhaps the one person who has had the most influence on this author's thinking in this area is James F.T. Bugental. In the writings of Bugental (1976, 1978, 1981, 1987), the therapist is lead on a journey through various existential crises and learns how a creative therapist actually functions. One particular book entitled *The Search for Existential Identity: Patient-therapist Dialogues in Humanistic Psychotherapy*, (Bugental, 1976) allows the observer to be in on Bugental's personal thoughts as dialogues are presented for six case studies in the process of long-term psychotherapy. Attitudes learned from such writings as these can carry over to the understanding of and work with younger clients.

Individual Psychology

This approach was initiated by Alfred Adler and today is called Dreikurian. Dreikurs has attempted to deal with the classroom setting (Dreikurs, 1968), and the basic principles of child encouragement are delineated in another book (Dreikurs & Dinkmeyer, 1963). Of particular interest here are the child's four goals or mistaken motivations (Dreikurs & Soltz, 1964; Soltz, 1967) which serve as the basis for treatment. These are: (a) *Attention*, which can be active-constructive, represented by cute remarks; or passive-constructive, which can be seen in such behaviors as excessive neatness, conscientiousness and attempts at being the model child. Active-destructive tendencies are those of showing off, clowning and obtrusiveness. Passive-destructive behaviors are instability, tearfulness, lack of stamina, bashfulness, eating problems and performance diffi-

culties. (b) *The power struggle* is more intense than an attention-getting behavior. Active-destructive examples are temper tantrums, contradicting, masturbation, untruthfulness, and dawdling. Passive-destructive behavioral illustrations are laziness, stubbornness, disobedience, and forgivingness. (c) *Revenge*: Active-destructive revenge behaviors are the hurting of others by stealing, and bed wetting. Passive-destructive acts are seen in reluctance and passivity. (d) *Displaying inadequacy or giving up*. The only form of behavior herein is passive-destructive; examples of behaviors are stupidity and indolence. The Dreikurian approach advocates numerous procedures for therapy. The techniques which this author has found to be particularly helpful are the bathroom technique and the family council meetings (Dreikurs & Soltz, 1964; Soltz, 1967). It should be noted that Don Dinkmeyer's (Dinkmeyer & Caldwell, 1970) approach is mainly based upon individual psychology, As a matter of fact, Dinkmeyer has been the primary contemporary spokesman for this approach and has written a very useful book on *Raising a Responsible Child* (Dinkmeyer & McKay, 1973) which utilizes not only Dreikurian approaches but incorporates some communication skills training *à la* Gordon (1970). Dinkmeyer has developed some additional useful approaches for utilization in the classroom with DUSO-R (Dinkmeyer, 1982), for teachers in *Systematic Training for Effective Teaching*, (STET) (Dinkmeyer, McKay, & Dinkmeyer, 1980), as well as for parents in *Systematic Training for Effective Parenting* (STEP) (Dinkmeyer & McKay, 1976). The STEP program was adapted from the book cited earlier that he published with Gary McKay in 1973. He has also written a book called *Adlerian Counseling and Psychotherapy* with Pew and his son, Don Dinkmeyer Jr. (1979). These contributions represent the development of useful materials which hit upon particular areas (i.e., home and school) of the child's life and provide positive impact.

Most of the foregoing illustrates a broad spectrum of theoretical influence. The emphasis has been thus far on the various theories delineated above, although sources of related techniques have been alluded to. "However interesting, plausible, and appealing a theory may be, it is techniques, not theories, that are actually used on people. Study of the effects of psychotherapy, therefore, is always the study of the effectiveness of techniques" (London, 1964, p. 33). The task of the therapist remains one of personally incorporating appropriate aspects of various approaches into ones armamentarium of techniques and developing ones own personalistic approach in order to carry out effective therapy with children.

While these approaches have provided a broad background of theory, the core issue is that persons typically need to have a basic philosophic orientation to life and thus to clients. Indeed, some persons view therapy as the teaching of life's skills to children. If the therapist is indeed a person who is skilled in living, then these skills can be transformed in some positive way into learning experiences for children. Therefore, the term that applies most appropriately to the multimodal approach is "technical eclecticism." Lazarus defines the term in this way:

"The technical eclectic uses many techniques drawn from different sources without adhering to the theories or system that spawn them" (Lazarus, 1985a, p. 3). This approach is what I call 'pragmatic technical eclecticism" (Keat, 1979). It is pragmatic in that you do what is practical or useful in order to help children. You utilize whatever techniques are useful in helping the child solve his or her particular problems or concerns. It is eclectic in that it draws from a broad spectrum of techniques or procedures which can be helpful in working with children.

MULTIMODAL EVOLUTION

The multimodal approach is the current Zeitgeist in therapy. This balanced approach represents a way of conducting effective therapy in that it first identifies problems and then utilizes intervention strategies which are meant to ameliorate the client's condition. As just mentioned, due to the fact that it is really a broad range of useful techniques that help our clients, this approach can be labeled "pragmatic technical eclecticism" (Keat, 1979).

Smith (1982), in discussing trends in counseling and therapy, noted that when therapists were surveyed as to what the most useful approach was as far as their preferred *modus operandi*, multimodalism was chosen more than any other method. However, if we look at other areas related to eclecticism, we find that there are more methods in the same cluster. For example, the second choice in this survey was emerging eclecticism, then technical eclecticism, then creative synthesis. Adding all of these similar eclectic areas together, you find that about two-thirds of the therapists identified themselves with the eclectic orientation. This major movement has been reflected in a book edited by Norcross (1986) entitled *The Handbook of Eclectic Psychotherapy*. In this book the initial chapter presented on the "eclectic approaches" is that of multimodal therapy (Lazarus, 1986).

Indeed, Arnold Lazarus has initiated the approach as it applies to adults. Therefore, I consider him to be the father of the movement. His casebook (1985a) illustrates the broad range of applications to adult therapy. The only case in that book that has to do with children is mine (Keat, 1985c). Therefore, I quite often say that I consider myself to be the mother of the movement in that I have taken the initial approach, and nurtured and adapted it for use with children.

Part of the evolution, however, also involves an adaptation of the multimodal modes into another acronym. Lazarus originally proposed the seven modes as being Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal relationships, and Drugs. (Lazarus, 1973). The BASIC I.D. acronym is the descriptor for the approach in order to delineate the seven modes. These zones are viewed as the seven pillars of personality which one utilizes when assessing and then intervening in order to provide effective therapeutic change (Lazarus, 1985a). When I asked myself what I thought I did, I came up with the idea that as a child

therapist I'm primarily a helper. Therefore, I proceeded to develop another acronym which I feel is more easily remembered by parents and teachers when they are interested in helping a child. The question that I ask, therefore, is "Are you interested in helping you child?" The answer, of course, is usually "yes." Therefore, the multimodal evolution has to do with the shift in my work from the BASIC I.D. acronym—which would quite often help gain entrance into analytic clinic circles—to the HELPING acronym which would lead to more basic understanding by the persons to whom I'm trying to convey what the seven modes are. Therefore, Table 1-1 is presented as a descriptor of the multimodal evolution in its change from the BASIC I.D. modes to the seven HELPING modes (Keat, 1978). The seven helping modes are those of Health, Emotions-feelings, Learning-school, People-personal relationships, Imagination-interest, Need to know-think (Notions), and Guidance of acts, behaviors and consequences. Taking the first letter of each of these words you come up with the HELPING acronym which is particularly useful in communicating these concepts to parents, teachers and even children. The modes remain the same. Which one you choose depends upon to whom you're trying to communicate the ideas.

The core idea of the multimodal approach is the therapist's formulation of an assessment (of the concern or problem). This systematic problem-solving approach gives the therapist some diagnosis or evaluation of where the child or the client is primarily experiencing his or her concerns. Then the therapeutic task is to help the child become "unstuckified"* from where they are in life. That is, are they stuck on not getting their school work done, not getting along with others, debilitating anxiety, inappropriate expression of anger and fighting, and so forth. Therefore, therapy aims at trying to help the child get over the hump of where he or she is stuck. The multimodal approach provides this comprehensive HELPING map for the child. It evolves through each contact; then the therapist tries to figure out the main therapeutic task of what can be done to ameliorate the problems, concerns and troubles that the child is presenting to you. That is what most of this book will be about: Learning to delineate, integrate and activate effective procedures for helping children.

MULTIMODAL UPDATE

As previously mentioned, the purpose of this book is to update the multimodal practitioner about scales, techniques, and procedures that have been developed since the publication of the initial book on *Multimodal Therapy With Children* (Keat, 1979). A few years after the initial publication on children, Gerler (1982b) provided an update on multimodal therapy. This book will bring the reader up to date with developments since that time.

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* I thank Dr. David "Sandy" Macdonald for introducing this idea during a Psychological Associates case conference.

Table 1-1. Multimodal Evolution

Letter	Helping Modes	Basic ID Modes
H	Health	Drugs-Diet (D)
E	Emotions-Feelings	Affect (A)
L	Learning-School	Sensation-School (S)
P	People-Personal relationships	Interpersonal relations (I)
I	Imagination-Interests	Imagery (I)
N	Need to know-Think	Cognitions (C)
G	Guidance of acts, behaviors, consequences	Behavior (B)

The primary evidence of success with the multimodal approach has been through case examples. These single-subject case studies provide demonstrations of the ways in which the multimodal approach can be utilized and how it can achieve particular therapeutic goals and gains with clients. The author (Keat, e.g., 1976, 1979, 1980c, 1985a, 1985c) has provided many case studies for the interested reader. Examples of additional successful utilizations of the approach have been provided by other authors such Gerler and Locke (1980) and Lazarus (1976, 1981, 1985a). The literature in the field has been growing so that the current list of multimodal references is about five pages in length. As can be seen by the references in this book, the major contributing persons are Gerler, Keat, and Lazarus.

OVERVIEW OF THE BOOK

The rest of this book will deal with the multimodal model and will present useful procedures which can be utilized in this approach to therapy. Chapter 2 will delineate aspects of helping yourself multimodally and lead the reader through a self-structural profile as a way of understanding the system and also initiating a personal growth journey. Then, from the premise that you need to assess accurately what you are concerned about, the referral forms and parent interviewing procedures that are utilized in the multimodal approach will be presented (Chapter 3). Chapter 4 will also have to do with assessment in that the multimodal approach to interviewing children is presented and a case application is used to illustrate how this style can be meaningfully utilized. There are additional assessment procedures which can be utilized from other sources (see Keat, 1979), but these are some that we have developed in the multimodal approach. Chapter 5 delves into the child therapy process and presents some of the "nuts and bolts" of how to do child therapy from the first session of the journey with the child through the termination of contacts. Chapter 6 presents an actual case study of a child as he moved from childhood through adolescence in the course of therapy. The case study is the best way to illustrate the use of the approach because this is where the ideas come to life and can actually be illustrated. One of

the major movements to influence more children has been the utilization of a multimodal approach with groups. We present a session-by-session outline for "Motivating children to attend school through friendship groups" in Chapter 7. Chapter 8 will move into effective ways of dealing with one of the major environments of the child—that of the home. An outline for parent group sessions will be delineated in this chapter. Chapter 9 moves into the final major environment of the child, that of the school. Herein we will see how the multimodal approach exemplifies the wholistic approach to classroom work with children. Chapter 10 will present the concept of second-order analysis. The earlier presentations in the first nine chapters have to do with the first-order analysis of the multimodal approach. The second-order analysis means that when you come to impasses or you want to take a particular mode and multimodally analyze that zone itself, you then perform a HELPING analysis of that mode. For example, in the personal area of friendship, you may want to take the particular concept of interpersonal relationships and go through each of the HELPING modes as far as what types of things influence the aspect of personal friendship domains. Table 1-2 (adapted from Keat, 1982b) provides an illustration of second-order analysis. More of these analyses will be detailed in Chapter 10.

Chapter 11 will outline some particular multimodal procedures for children which the author has developed for audiotape presentation. I feel that learning in between sessions is an important component of therapy with children. Therefore, some illustrations of particular procedures or components of programs will be outlined in this chapter. The content of these chapters are designed to update the reader on the child multimodal therapy approach. I expect that you will have a pleasant journey as you read this book and learn more effective ways of HELPING children.

Table 1-2. Helping Children with Friendship

	Problem	Treatment
H	Overweight Cleanliness	Dieting & Exercise Behavioral Contracting
E	Fears of initiating contact Lack of empathy for others	Relaxation Exercises Talking-Feeling-Doing Game
L	Subject difficulty Self-expression	Peer Tutoring Friendship Vocabulary
P	Lack of friends Poor communication	Group Counseling, Buddy Communication Training
I	Low self-esteem Lacks interests	IALAC Reward Survey
N	Mistaken self-sentences Friendship concepts	Cognitive Restructuring Bibliotherapy
G	Inappropriate facial expressions Lacks friendship behaviors	Mirror Feedback, Behavioral Rehearsal Friendship Training