CREATIVE WAYS TO HELP CHILDREN MANAGE BIG FEELINGS

A THERAPIST'S GUIDE TO WORKING WITH PRESCHOOL AND PRIMARY CHILDREN

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Foreword

Children use play from an early age; it helps them to develop confidence and resilience and allows them to share, negotiate and problem solve with peers and others; importantly, it promotes a joyful childhood. The authors of this book, both clinical psychologists, have harnessed children's love of play to provide an invaluable therapeutic resource for clinicians. The outcome is a user-friendly guide to a host of developmentally appropriate creative and, importantly, fun activities to assist with the therapeutic process in children with social, emotional and behavioral problems.

The great strength of this book lies in the organization, practical format and respectful presentation, which both newly-qualified and experienced clinicians can adapt to their therapeutic practice with children. Part I stresses the importance of a strong evidence base when assessing, diagnosing, formulating and sharing a treatment plan. The authors encourage creativity in the therapist but stress the importance of remaining true to a strong theoretical framework and provide a multitude of references for their assertions. Of even greater value is the significance given to the developmental considerations when working with children, and this is where Part II of the book comes into its own.

Part II is a logically organized set of creative activities, provided in an easily accessible format, which therapists can adapt according to the age, developmental level and interest of the child. The availability of the parent is also respectfully considered. The activities follow a set format: a short introduction, the materials required, how to go about the activity, how to involve parents and what to consider in terms of the child's development; possible adaptations are often considered. Some old favorites are presented—for example, *Big volcano*—but there are plenty of new activities as well, often tapping into the current popular culture for children. However, this is not a manual to slavishly follow. The therapist is encouraged to select and perhaps adapt activities following a thorough assessment and formulation and as part of the implementation of an evidence-based treatment plan. In other words, Part I is integral to Part II.

Overall, while the book is primarily aimed at psychologists, it will appeal to a range of clinicians working with children. Therapists with a range of experience from newly qualified to 'old hands' will be able to customize a list of favorite activities and apply these in their work with children who present with feelings of worry, sadness, fear or anger. This is an engaging resource based on solid evidence and clinical acumen by two experienced clinical psychologists and, while it is a wonderful addition to child psychology, it will also appeal to and enhance the therapeutic practice in a range of professionals working with children.

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Preface

The essence of this book is about using play to introduce therapeutic concepts to children and provide a space in which they can explore these ideas. Having a playful approach to therapy helps to engage children and assists them to understand and utilize therapeutic concepts. Being playful also makes therapy fun for children and parents, as well as therapists. It is our hope that this book provides you with some new ideas for working therapeutically with children and inspires you to develop some creative activities of your own.

This book focuses on helping children who are struggling with feelings of worry, fear, sadness or anger. While we expect that all children experience these feelings, some children will struggle more than others. For some children, their feelings will be too big for them to manage alone. Many of these children will meet the criteria for an anxiety disorder, a depressive episode, or a behavioral disorder and a large number will have more than one disorder.

Appropriate assessment, formulation and diagnosis is essential for working therapeutically with children; however, we have not organized this book according to diagnostic categories. There are several reasons for this. First, around a third of children who meet the criteria for an emotional or behavioral disorder will also meet the criteria for another disorder (Ford, Goodman and Meltzer 2003; Lawrence *et al.* 2015). Second, working therapeutically with children who have anxiety, mood or behavioral difficulties has many commonalities. For example, children with both anxiety and depression often struggle with emotional regulation and unhelpful thinking patterns, and lack coping strategies. Finally, in our experience, different emotional and behavioral difficulties can be interrelated. For example, angry outbursts are commonly triggered by situations that make the child feel anxious, and can result in challenging behaviors.

Like most experienced therapists our style is eclectic, drawing on a number of theoretical approaches. A developmental perspective sits as our overriding framework, which guides us in modifying therapy for the children we work with. Our approach is strongly influenced by our training in, and many years of using, cognitive behavioral therapy with children. A systemic family focus also guides our understanding of children and families and permeates our therapy. In addition, we draw on concepts and interventions from acceptance and commitment therapy and narrative therapy, and incorporate these when relevant. We use play to engage children and to introduce therapeutic concepts and strategies. Our approach fits well with cognitive behavioral play therapy, an approach described by Knell (2015) as using cognitive and behavioral interventions within a structured play therapy framework.

We believe that a strong theoretical basis is important in therapy work, and we provide a brief overview of each of the therapeutic frameworks that influence our work in the first chapter. Your own theoretical basis, however, does not have to be an exact match to ours. Instead, we encourage you to incorporate our ideas and activities into your own framework, whether it is a traditional cognitive behavioral therapy framework, or more strongly influenced by behavior therapy, acceptance and commitment therapy, family therapy, narrative therapy, or any directive play therapy approach.

However, this is not a therapy manual and it assumes a basic knowledge of these therapies. Rather, the activities included in this book are more like a treasure trove of ideas that you can sift and sort through using your clinical knowledge and your understanding of your client, choosing what is appropriate.

Creativity is central to our work with children. Ronen (1997) wrote that "therapists who treat children, unlike other therapists, need to be artistic—in their capacity to be flexible, creative, and interesting" (p.xviii). Being able to modify therapy to meet a child's needs, adjusting the activity so that it fits with their developmental level, and engaging them by utilizing topics and methods that suit their interests is a constant challenge. Meeting this challenge requires therapists to be flexible and creative both when planning their sessions and when responding to children within sessions.

This book was developed from workshops we facilitated, the focus of which was working creatively with children. The workshops were aimed at child therapists with a background in psychology, social work, and other relevant professions. Initially we aimed the workshops at newly-qualified therapists; however, we had many experienced therapists attend and we realized that they too found it useful.

The first part of this book outlines our approach to working with children, while the second includes activities that we often find useful in our work. Each of the activities is presented simply, with a clear aim, list of materials and a method. Many of the activities also include variations and ideas for extension.

While it might be tempting to read the activities alone, we would strongly urge you to read the first part of the book too. The activities in this book are only therapeutic when implemented in the context of a thorough treatment plan following a comprehensive assessment by an appropriately trained professional. Reading the first part will enable you to develop a good grounding in child therapy if you are new to the area and help you to put the activities that follow into context.

If you are an experienced therapist reading this book then we would strongly encourage you to read the first part of this book too, reviewing your practice as you do so. As experienced therapists we love having students and supervisees. In providing them with guidance and answering their questions we find ourselves reviewing and reflecting on our own practice. It has been wonderful to see what experienced therapists have taken from our workshops. Some have left reflecting on basic elements of their practice, such as how they can work more with parents, incorporate some family sessions into their practice, or even how they can set up the physical space in their clinic room so that it facilitates a more playful approach to therapy.

With a few exceptions, the activities included in the second part of this book have been developed in our work with clients. To the best of our knowledge these activities are originals and are not used elsewhere. That said, the ideas are simple ones, and it is possible that you or others have developed similar ways of working with children. The few exceptions are several activities that are commonly used in therapy, including *Blow your worries away*, *Body mapping*, *Calm box*, *Fear hierarchy* and *Feelings thermometer*. Although similar activities are used in other programs, we felt it essential to include them here as they really are a core part of working with children. We have described the way in which we present and use these activities with children, including our tips and variations that we have found helpful. Wherever we have been aware of a similar activity or approach we have made reference to it so that you can read further if you wish to do so.

In developing activities, we have attempted to use materials that are inexpensive and readily available, meaning that you do not need to invest time and money in specialty shopping. We are mindful that many of you will work across settings and therefore need to rely on materials that don't take up a lot of space and can be easily transported. We are also conscious that therapists, particularly those who are in the early stages of their careers, often do not have large sums of money to spend on specialist resources. Most of the activities use simple materials such as paper and markers, cardboard boxes, a ball, play-doh, or glass jars.

All of the activities in this book are designed to be used by psychologists, social workers, mental health clinicians and other appropriately qualified and experienced professionals. The activities should be used following a thorough assessment, as one component of an overall treatment plan. As always, we urge you to use your clinical judgment in your work with children and their families and to engage in appropriate supervision. Your own clinical decision-making regarding each individual client is essential in choosing an appropriate therapeutic approach and activities at each stage of therapy. Clinical skill is required to be able to modify the activities provided here to your individual client and use these in a thoughtful and collaborative manner, responding in the moment to the child in front of you.

Within this book we use the word therapist to refer to the psychologist, social worker, counsellor, psychotherapist, or other mental health clinician. The word "child" refers to the client, with the emphasis in this book being on preschool- and primary school-aged children. The word "parent" refers to anyone who is in the role of a caregiver or guardian. There are a number of case examples used in the first part of the book. The details in each case have been altered substantially to ensure the privacy of children and families and they have been chosen because they represent common patterns we have observed in children over the years.

We begin Part I by briefly outlining the therapeutic frameworks that inform our work and reflecting on the ways in which working with children differs from working with adults. We then focus in Chapter 2 on the importance of assessment, including some practical ideas relevant for assessing children and families. In the chapters that follow, we begin to explore therapy with children in more detail. This includes a discussion of how to ensure therapy is purposeful, the use of play in therapy, and working with parents, families and preschools

or schools. We also look more specifically at the preschool and the primary school periods from a developmental perspective and consider how therapy needs to be modified for children in these age groups and to take into account developmental concerns. We finish Part I of the book by describing some of the core components of child therapy, including many practical and helpful ideas, and finally outlining how to use the activities in this book.

PART I

Therapeutic Work with Children and Families

CHAPTER 1

Therapeutic Frameworks and Why Working with Children Is Different

This chapter provides an overview of the major therapeutic frameworks that influence our work with children. We consider the importance of a developmental perspective and look at some of the key ways in which working with children differs to working with adults.

Therapeutic frameworks

Our approach fits within a cognitive behavioral therapy framework, though modified to be developmentally appropriate for children, with a systemic family focus and a playful context. We also incorporate elements of narrative therapy and acceptance and commitment therapy. We will briefly outline each of these therapeutic frameworks and supporting research here.

Cognitive behavioral therapy

Cognitive behavioral therapy (CBT) focuses on helping children to understand the relationship between their thoughts, feelings and behavior. It involves interventions aimed at identifying and changing unhelpful thoughts that impact on the child's emotions and behaviors, as well as behavioral techniques such as exposure and behavioral experiments or skills training. CBT is a well-established therapy for the adult population; however, there has been a clear recognition that CBT needs to be modified for use with children (Knell 2015; Ronen 1997; Stallard 2013). Kendall was one of the pioneers of CBT with children and his books on the subject continue to be among the most helpful (for example see Kendall 2006a).

There is good support for the efficacy of CBT in treating emotional and behavioral difficulties in school-aged children and adolescents (for reviews see David-Ferdon and Kaslow 2008; Eyberg, Nelson and Boggs 2008; Silverman, Pina and Viswesvaran 2008). A number of CBT programs have been developed specifically for children, such as the Cool Kids program (Rapee *et al.* 2006) and the Friends program, which originated with an Australian adaptation of Kendall's Coping Cat program (see Barrett 1999). CBT workbooks,

including psychoeducational material and worksheets, have also been developed for older children (e.g. Huebner 2005, 2007a, 2007b; Stallard 2002). More recently, CBT programs for younger, preschool-aged children have been developed (e.g. Fun FRIENDS Program; Barrett, Fisak and Cooper 2015) and some research has emerged supporting the efficacy of CBT in treating this younger age group (Barrett *et al.* 2015; Hirshfeld-Becker *et al.* 2011; Pahl and Barrett 2010). We discuss this further in Chapter 5.

The development of cognitive behavioral play therapy is a recent example of CBT being modified to better meet the needs of children (see Knell 2015). It was developed by adapting empirically supported cognitive and behavioral techniques for use in a play setting with preschool and early school-aged children. Knell (2015) describes some key elements of cognitive behavioral play therapy. As the name suggests, children are involved in therapy through play, and that therapy focuses on the child's thoughts, feelings, fantasies and environment, and includes strategies for developing more adaptive thoughts and behaviors. One aspect of this approach that clearly differentiates it from other play therapy approaches is that it is directive and goal-driven, with structured components. Many of the interventions discussed in this book are derived from a CBT framework but delivered through play, and in that way could be considered cognitive behavioral play therapy.

Play therapy

Play therapy was pioneered by therapists such as Anna Freud and Melanie Klein and has a long tradition in being used to treat children with a broad range of emotional and behavioral difficulties. Play is utilized as the child's language and the assumption is that children will symbolically enact or draw feelings and experiences that they cannot put into words. Although play therapy is often criticized for lacking an empirical basis, a meta-analysis by Bratton and colleagues in 2005 reviewed 93 controlled studies and found that play therapy was effective, with the inclusion of parents leading to better outcomes. The criticisms were further disputed by Bratton (2015), who reviews recent research into play therapy and concludes that although limitations exist, there is considerable evidence that play therapy is an effective intervention for children with a range of emotional and behavioral difficulties.

Acceptance and commitment therapy

Acceptance and commitment therapy (ACT) is a newer CBT approach that encourages the development of mindfulness and acceptance of inner experiences, such as thoughts and feelings, rather than trying to change, avoid or cling to them. ACT also focuses on helping individuals identify what is important and meaningful to them, to promote behavior change that will lead to improved quality of life. Hayes and Ciarrochi (2015) have recently presented a model for using ACT with youth which has been modified to provide developmentally appropriate concepts and interventions. Research into the effectiveness of ACT with adolescents is in its preliminary stages, though the studies to date have shown

promising results (Hayes, Boyd and Sewell 2011; Livheim *et al.* 2015). With children, however, research has yet to clearly demonstrate the effectiveness of ACT (for a recent review see Swain *et al.* 2015).

One of the elements of ACT that we find helpful in our work with clients is the emphasis on trying out new behaviors and focusing on what really matters. Understanding that even difficult thoughts and emotions are transient is also useful for children and parents. This concept is consistent with the practice of mindfulness, which is a component of ACT but has a longer history and is widely used outside of ACT. Mindfulness has been defined as bringing awareness and attention directly to the present-moment experience of thoughts, feelings and sensations (Willard 2010). The use of mindfulness with children at school, home and in therapy has been growing in popularity and we talk further about our clinical use of mindfulness in Chapter 6. Although mindfulness training has been gaining support for its efficacy with adults, research with children is only in its early stages (Burke 2010; Zelazo and Lyons 2011).

Narrative therapy

Narrative therapy uses play and storytelling to help children develop a coherent narrative of their experiences. Actively engaging in storytelling allows the child to take control and develop the storyline in their preferred manner and provides opportunities to expand and change the story. Narrative approaches enable children to distance themselves through pretense. Michael White, an experienced Australian family therapist, developed narrative therapy and identified four main stages in which children can be engaged in externalizing a problem. White described externalizing conversations as involving defining and naming the problem, mapping the effects of the problem, evaluating the effects of the problem and justifying the evaluation (White and Morgan 2006). Externalizing conversations can also be used for exploring people's strengths, resources, and relationships, as well as the problems they experience (White and Morgan 2006). Ann Cattanach has written a number of books on the use of narrative therapy (for example, see Cattanach 2008).

Narrative therapy is a widely used family therapy approach. While family therapy and family-based interventions are well supported by research, Carr (2014b) comments that more research is needed on narrative approaches. In our clinical work with children and families, we have found the concept of externalizing the problem as separate from the child to be very helpful. We often utilize externalizing conversations in our work, frequently beginning these conversations at the time of assessment.

Family therapy

Family therapy has a long tradition and its emphasis on family relationships and on the broader system make it particularly useful when working with children. Family interactions are observed and the structure within the family is considered. Systems theory proposes that an individual's problem or difficulty needs to be understood in the context of the family

and the broader system in which the family fits (Nichols 2011). Different schools of family therapy emphasize different aspects of family relationships in order to facilitate change. Nichols (2011) provides a good overview, as do Goldenberg and Goldenberg (2013) and Carr (2012).

There is a growing body of literature supporting the effectiveness of family therapy in treating childhood mood, anxiety and disruptive behavior disorders (see Carr 2012, 2014a, and Kaslow *et al.* 2012 for reviews). Carr (2014a) presents evidence from meta-analyses, systematic literature reviews and controlled trials demonstrating the effectiveness of systemic interventions for families of children with various emotional and behavioral disorders. He used a broad definition of systemic interventions by including family therapy and other family-based approaches such as parent training, and support was found for these when used either alone or alongside other treatment modalities (for example, alongside individual therapy with the children, or interventions with the broader system such as the school). He noted systemic interventions developed within the cognitive behavioral tradition were well supported. Retzlaff *et al.* (2013) and von Sydow *et al.* (2013) provide recent reviews that focus specifically on systemic family therapy, finding good support for its efficacy in treating childhood emotional and behavioral difficulties.

Beyond therapeutic frameworks

Therapeutic frameworks provide a basis; however, a developmental approach is central to our work with children. Having good relationships with children and families is also essential to our work, regardless of the therapeutic frameworks we employ.

The importance of a developmental perspective

Our understanding of child development provides an important framework influencing our work with children and families. A developmental perspective underlies all of our work with children regardless of the therapeutic frameworks we use. Having a clear understanding of a child's abilities is essential to being able to provide developmentally appropriate therapy. This includes knowing what skills a child has developed and which are currently emerging. For this reason, having a good understanding of what is typical for children at each age and stage is essential. Beyond this, though, therapists who work with children need to be able to gauge a child's development, recognizing that individual children vary. Therapists also need to be mindful of developmental delays and problems and may need to complete formal assessments or refer to other clinicians for assessment.

A developmental perspective is also relevant to the way in which we understand and support families. Being able to consider the developmental level of each of the family members often helps to understand the presenting problem. Consider Ned, a nine-year-old boy who is the eldest of two children in an intact family. Ned experienced anxiety around separation and was reluctant to be alone in his room. Having his younger sister offer to go and get his toys from his room for him generated a range of feelings and impacted on

their relationship. His mother feels anxious about her ability to parent school-aged children, having had a difficult relationship with their own parents over this time. Ned's father had just taken a promotion, worked long hours and generally did not see the children on weekdays. As is apparent in this example, having a developmental perspective enables the clinician to better understand a child's difficulties in the context of the family.

We explore developmental theory in more specific detail in Chapter 5, though its influence will be apparent throughout the book.

The importance of relationships

While the therapeutic frameworks shape our work, the relationships we develop with children and families form an essential base for therapy. Developing and maintaining a good rapport with children and families throughout therapy is important and often seems more crucial than the particular approach we take. Shirk and Karver (2003) found that the therapeutic relationship was associated with outcome when working with children and adolescents, regardless of the type of treatment or age of the child. A further meta-analysis revealed that the therapist's interpersonal and direct influence skills, as well as the willingness of the young person and their parents to participate in therapy, and the actual involvement of the young person and their parents in the therapy process, have been shown to be the greatest predictors of outcome (Karver *et al.* 2006). More recently, Cummings *et al.* (2013) found that a strong therapeutic relationship was associated with positive outcome in children and adolescents with anxiety who received CBT.

We often reflect on the relationships we are developing with children and families and also encourage our students and supervisees to consider this. Developing relationships that are respectful and honest sounds simple; however, in practice, therapists can find this difficult. Similarly, developing a good relationship with a therapist can be difficult for families, particularly for those who have experienced trauma or have previously found therapy to be unhelpful. Parents who have a history of attachment difficulties or their own mental health issues can also find it challenging to develop a therapeutic relationship.

Why working with children is different

Working with children is very different to working with adults for a range of reasons. Having a good understanding of these differences is essential for inexperienced therapists as well as those who have previously worked with adults and are moving to working with children. Some of the key reasons that working with children is different are that children are brought to therapy, they are part of a system and they are still developing.

Children are brought to therapy

It is important to remember that children are brought to therapy. They do not come of their own choosing and may not perceive there to be a difficulty. Further, they may have little