

Key Therapeutic Approaches For Helping Children Manage Emotions

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Cognitive behavioural therapy is a well established therapy that has been shown to be effective with children with a broad range of psychological difficulties. When using this therapy with children therapists tend to focus more on behavioural techniques than cognitive techniques, given that children are still developing cognitive abilities. Indeed therapists who work with children need to have a good understanding of child development and should be able to gauge where a given child is at and modify the way in which they present therapy accordingly.

Moving from talk therapy to a play based approach is an essential part of modifying therapy for children. Children learn through doing rather than talking and play enables them to better understand and explore therapeutic concepts. The nature of play, which is experiential and involves active skills, can also support children to transfer skills from the clinic room to their day to day life.

Our approach to therapy utilises play in a directive manner, keeping our goals and formulation of the child's difficulties in mind. We introduce concepts through playful activities, and actively include the family as well as the child in therapy. A developmental understanding underpins everything we do with children. In addition to cognitive behavioural therapy (CBT) we draw on narrative approaches as well as acceptance and commitment therapy (ACT).

While we see children with a range of presenting problems there are a number of therapeutic approaches that form the basis of our work with children and families. Each of these approaches is summarised below with an example of each.

Recognising and expressing feelings

Across the theoretical frameworks,, helping children to express and recognise their feelings is a core component of therapy for a broad range of emotional issues (see Jongsma, Petersman and McInnis, 2014). Being able to notice and name feelings is an essential skill for children and is a prerequisite for further work. Sometimes in their haste less experienced therapists will move too quickly beyond this phase only to find that it is an area they need to return to. It is also important to recognise that for some children this phase takes longer too. For example, children with Autism Spectrum Disorders need more support and time to be able to recognise and express their feelings. Often the process of learning to notice and name feelings is therapeutic in and of itself.

We utilise many playful activities in this space. One of the simplest activities we use is to make a feelings dice, by pasting a feelings picture on each side of a die. By taking turns to roll the dice and talk about a time we felt that way the child begins to link the name of the feeling with their experiences.

Recognising bodily sensations

Being able to name feelings is important, however recognising feelings relies very much on being aware of how your body responds when you are experiencing heightened feelings and being able to identify early warning signs. Recognising and understanding these bodily sensations is another important prerequisite for further therapy work. For example, helping a child to understand that when they begin to get angry their muscles get tight, their hands form fists, and their voice gets louder, enables them to make some choices when they experience these sensations. Within the clinic room we carefully watch for any of these changes and gently comment on these, encouraging the child to attach a feelings word to these. Encouraging parents to watch closely for these changes at home and to make tentative guesses about how their child is feeling is also helpful and is consistent with the emotion coaching approach described by Gottman and his colleagues (Gottman, Katz and Hooven, 1997).

Most therapists will be familiar with the notion of body mapping, which is part of many therapy programs. This activity, in which the child draws a body shape and notes changes that are associated with feelings, is a helpful start. Finding ways to make this more meaningful, such as using a toy pair of binoculars to look closely for changes, is helpful.

Scaling

Many children with emotional difficulties have big responses to small problems or challenges. They may not notice or have the language for smaller intensities of emotions, for example, feeling annoyed rather than furious. Scaling is the ability to reflect on the size of a feeling and is often included in CBT programs. Many therapists will be familiar with the idea of a feelings thermometer. However, given scaling is an essential part of therapy, finding different ways of engaging children in this approach helps the therapist to integrate it throughout therapy.

A simple way to encourage scaling is to have a child show you with their hands how big a feeling is. This is an easy and portable strategy for parents to use and provides a useful way in which children can begin to notice the different intensities of their feelings and to talk about these. Other children may like to think about whether their problem is a Pterodactyl, Triceratops or Brontosaurus size feeling.

Relaxation, breathing or mindfulness strategies

Relaxation strategies are included in many therapy programs and are a central part of helping children with emotional difficulties, particularly those struggling with anxiety or anger. Thinking broadly about relaxation is often helpful and younger children frequently benefit from simple activity based strategies, such as having time alone reading a book or playing Lego. Mindfulness training has become particularly popular and clinically we find brief, simple strategies to be helpful, such as having a child put their hand on their tummy and notice it moving in and out as they take some deep breaths. Children can naturally be mindful when engaged in a fun activity so 'practicing' mindfulness while enjoying a sensory experience such as dancing or playing with slime can also be helpful.

Behavioural coping strategies

When working with children it is generally helpful to emphasise behavioural rather than cognitive strategies (Stallard, 2013). Children can easily learn behavioural strategies and parents often find these practical. Simple ideas like using a stress ball, getting a drink of water, being able to walk away, or telling a teacher how you are feeling all work well. Sometimes as therapists we can forget that children can change the way they feel by changing their environment. They need action based strategies, things that they can do. Particularly for young children these strategies are often the most appropriate. They will likely need gentle prompting to use their strategies when needed, so providing hands-on reminders of them can be helpful. For example, making a calm box containing bubbles to help with breathing, a stress ball to squeeze, and a list of helpful thoughts can be useful.

Role play and problem solving

Families who come to therapy are often stuck and need to try different ways of responding. Role playing gives them the opportunity to explore other ways of responding. For example, a child who is given the job of providing some advice to a puppet who is having difficulty managing his anger is likely to identify some alternatives that they have yet to try themselves. Similarly we emphasise trying something different and seeing how it works when teaching problem solving. This is consistent with the way in which the discoverer space is conceptualised in Hayes and Ciarrochi's (2015) ACT model.

Helpful and unhelpful thoughts

One of the key focuses of CBT is the way in which thoughts relate to feelings. With children this work is obviously limited by a child's development. Younger children may benefit from creating a poster with something helpful to remember, such as "I can have a go". Older children may be able to evaluate their unhelpful thoughts with support and structure, in order to make the concept of thoughts more concrete and meaningful. They may for example be able to consider using helpful thoughts to 'battle' unhelpful thoughts. Alternatively using an ACT focus, children might enjoy therapeutic activities that emphasise the idea that thoughts come and go.

Narrative ideas and externalising the problem

Like play, stories come very naturally to children. They engage well in story telling activities and often enjoy the process of separating the problem from themselves through externalising. For example, a child

who is struggling with anger might enjoy creating a comic strip about a superhero who defeats the anger monster. Drawing the problem and giving it a name can also be helpful when accompanied by conversation that reinforces the idea that the problem is the problem, not the child. Further information about externalising approaches and conversations can be found in White and Morgan (2006).

Using strengths and promoting resilience

A number of therapeutic approaches incorporate interventions that are aimed at identifying and using a child and family's strengths. Our experience of families who come to therapy is that they are often very defeated by the time they do so. Watching for strengths in the clinic room and reflecting these back to the family can be very helpful in assisting them to manage their feelings. For example, you might notice that a child who is quick to anger has a strong sense of justice and looks out for others as well as themselves. This might help the family reframe the anger and support the child to develop more appropriate ways of looking after others and themselves.

Bringing it altogether

Many of the activities we do with children incorporate more than one of these approaches. For example, we might make a board game with a child that utilises a narrative approach and asks the child to generate behavioural strategies ("something that you can do") or helpful thoughts ("something important to remember") when they land on the various squares.

In practice it is the way in which you use activities and the therapeutic conversations you have around activities that makes them meaningful. There are many wonderful books that provide lots of ideas for therapeutic work with children. Talking with colleagues about how they work with children, both informally and in supervision is also particularly helpful.

References

Gottman, J.M., Katz, L.F., and Hooven, C. (1997). *Meta-emotion: How Families Communicate Emotionally* Mahwah: Lawrence Erlbaum and Associates.

Jongsma Jr, A.E., Peterson, L.M. and McInnis, W.P. (2014) *The Child Psychotherapy Treatment Planner* (5th ed.). New York: Wiley.

Stallard, P. (2013). 'Adapting cognitive behaviour therapy for children and adolescents.' In P. Graham and S. Reynolds (eds) *Cognitive Behaviour Therapy for Children and Families* (3rd ed.) Cambridge: Cambridge University Press.

White, M. and Morgan, A. (2006). *Narrative Therapy with children and Their Families*. Adelaide: Dulwich Centre Publications.

About the Authors

Dr Fiona Zandt and Dr Suzanne Barrett are both Clinical Psychologists, each with over 15 years experience working with children and families with a broad range of emotional and behavioural difficulties. They have each worked in a range of settings with children, including the Royal Children's Hospital, in Child and Adolescent Mental Health Services (CAMHS), and in private practice. They both continue to enjoy working clinically with children and families, as well as providing supervision services and facilitating training workshops for professionals working with children. They have authored the book, *Creative Ways to Help Children Manage BIG Feelings: A Therapists' Guide to Working with Preschool and Primary Children*, published by Jessica Kingsley Publishers, which includes over 45 activities that can be used therapeutically with children and families.

Fiona and Suzanne's approach to therapy draws on a number of theoretical frameworks. A developmental perspective underpins their work with children and their families and their approach draws heavily on cognitive behavioural therapy as well as aspects of narrative and ACT. Their emphasis is on using play to engage children and to introduce therapeutic concepts and strategies.

Further details about the presenters and their work is available at www.childpsychologyworkshops.com.au. The website contains a number of free downloads as well as information about workshops and their book.