

THERAPY MATTERS: The Mystery of Child Therapy
By Sue Mayo and Helen Muscolo

“Johnny’s fever is 103 and climbing.”
“Suzie is pulling at her ear and saying it hurts.”
“Mark woke up with a rash all over his arms and chest.”
“Jenna fell in soccer practice; now her ankle is swollen and she can’t walk.”

Parenting 101 would dictate that the response to any of the above scenarios is that it is time for a visit to the family doctor. Now consider the following statements:

“Johnny’s having trouble keeping his hands to himself at school.”
“Suzie is having angry outbursts lately and no one knows why.”
“Mark seems sad every since his grandmother died.”
“Jenna’s grades have dropped and she’s having a hard time since her parents got divorced.”

Many parents would hesitate here, perhaps feeling that they are in unfamiliar terrain. We know enough to call the family doctor when our child has obvious physical symptoms. However, we are less certain about calling a family therapist, even when our child has obvious emotional or behavioral symptoms. For some, there is a “stigma” attached to being in therapy and therefore receiving such services is a suggestion that something is terribly wrong with you or your child. For others, it is simply knowing when, how, and where to start this process.

All of the examples above would be reasons to consider involving a child therapist. Challenging behaviors and/or changes in a child’s mood or conduct are probably the most common reasons that bring children into therapy. Often there is a clearly identifiable stressor, such as a death, divorce, or even a new school. Life can be complicated, even for us as adults. Children often lack the ability to understand, let alone manage, their emotions. We typically refer to child therapists as “feeling doctors”. This normalizes the experience, because after all, we all have feelings, don’t we? And at times, those feelings can just be a little too much to manage.

The actual mechanics of child therapy looks quite different from adult therapy. When adults visit our therapy office, they sit and talk. With children, we get down on the floor. The language of children is play, and that is why you may sometimes hear child therapy referred to as “play therapy”. Through play, a skilled therapist is able to help children express and work through emotional conflicts. Sometimes, the play task is directive such as asking Mark to draw a picture of his recently deceased grandmother. Other times, the play may be more symbolic or thematic in nature, such as when we observe Jenna continuously lining up the army men in battles, suggestive of the turmoil in her own life with her parent’s divorce. It is often easier for a child to “externalize” a problem, and thus we might utilize a favored animal puppet. We might tell stories about Otto the Octopus and the difficulties he has keeping his hands to himself in Fish School. We might invite a child to help us figure out why Pamela Porcupine is so angry and why she keeps poking even her friends with her quills.

Choosing a competent child therapist can feel like a daunting task, and parents need to educate themselves about this process. We encourage parents to “shop around”. Call or meet with more than one therapist, if possible; don’t just accept the first name that your insurance company gives you. Standard protocol for working with kids is such that a therapist will almost always first sit down with the parents before even meeting a child. This allows the therapist the opportunity to gather information about the child directly from the parents and without fear of the conversation being “inappropriate” for the child to overhear. It also allows parents the opportunity to “check out” the therapist before bringing Junior in. Don’t be afraid to ask about the therapist’s experience in working with children, and what their approach is. During your first visit to the therapist’s office, look at how the office is set up. Are there an assortment of “kid friendly” toys in the room, such as puppets, art supplies, and board games? This is an indication that the therapist actually does work with children. If the space is devoid of toys, the therapist likely does not.

With teens, this process of initiating therapy will look a bit different. Because confidentiality and trust is so critical, the therapist will likely not meet with the parents first except to sign consent for treatment and

have office practices explained. If the teenager feels as though the therapist has an alliance with his/her parents, the therapy will not progress and treatment will be ineffective. Parents would still be able to ask general questions on the phone and would likely accompany their teenager into the beginning of the first session. Another important consideration with adolescents is the teenager's "buy in" to being in therapy. If it is viewed as a punishment and the teen is forced to attend, it could make matters even worse.

It is also important for parents to have realistic expectations with regard to the therapy process. While a fever or a rash may involve a one-time trip to the doctor, emotional or behavioral aches and pains are rarely that simple. Expect that the therapist will want to meet weekly with your child in the beginning. A skilled therapist may be able to use a problem-solving approach and you may see noticeable improvements in your child's mood or behaviors relatively quickly. Of course just as some medical diagnoses require intensive or long-term treatment (think leukemia or diabetes), the same may be true with mental disorders. If a child has been diagnosed with bipolar disorder or another condition that impairs their ability to function fully or causes great distress, a longer term course of treatment may be necessary.

The family doctor is someone you return to time and again. The same may be true with a child or family therapist. We have worked with many families over the years where children have returned to us at different stages of development. If Johnny has a good experience in therapy at age six, there is now someone for the parents to call on when a challenging emotional situation appears at age ten. Establishing a relationship and good connection with a mental health professional can be invaluable. Sometimes the best thing to do is to involve an expert who can help early on and not wait until the infection turns to gangrene.

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