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## The Major Ways Therapy Helps Children©

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Psychotherapy and Family Therapy are essential tools for helping children with psychiatric problems. Here are the ten types of benefits of therapy for youth.

After we assess your child's problems, we will work with you and with your child to set some goals. **A *therapy goal* is a statement of changes we will strive to accomplish in our work together.**



These ten types of benefits are, in essence, the goals behind therapy in general. *Therapists will also set goals that are very specific to each person.*

### Ten Types of Improvement in Child, Adolescent and Family Therapy

#### 1. Building Self-Esteem and Confidence

*Problems:* Children understand life in ways adults may not have intended and may not understand. After a loss, scolding, discipline, teasing, or criticism – which children hear often – a child may feel shame or guilt and may improve. On the other hand, the child may become more distressed and not improve the behavior.

In addition, children also take in thoughts about their value and their self-worth, such as, "I never get anything right," "I am a disappointment to my parents," "Nothing ever turns out right for me." So, parents can inadvertently try to correct behavior, but give the child messages that undermine self-worth. Many people learned to comply in order to avoid punishment and at the same time to hide their emotions and to believe the worst about themselves – a source of later depression, substance use, and other problems.

In another example, a shy, timid child is anxious in social situations and does not have as many experiences of social accomplishments as a more outgoing child. So, these children may have lower self-confidence. They may not believe in themselves or their prospects.

*Goals:* Psychotherapy helps children develop a positive self-image and confidence, which is crucial for their overall development and their effectiveness in the world. We help with developing higher Social Intelligence – awareness of others' point of view, ideas, thoughts, and emotions as well as of their own – which is a key predictor of a future positive social life and lifestyle. Therapists find and reinforce strengths and abilities, thereby helping children to feel more secure and capable. We encourage activities as a result of which the person may see themselves as capable. We focus the family on changing the way they interact with the child do as to reinforce desired behaviors rather than use punishment or criticism.

## **2. Enhancing Social Skills**

*Problems:* We all learn hundreds of social skills, such as getting along with others, sportsmanship, fair play, asking for what we want, making friends, taking turns, getting along with siblings, respecting authority, careful listening, how to introduce ourselves, making friends, inside voice, polite language, explaining our thoughts, and dozens more. Children with some psychiatric problems have trouble learning many of those skills. That applies to children with Autism, Attention Deficit/Hyperactivity Disorder (AD/HD), Oppositional Defiant Disorder (ODD), and children with severe anxieties that make them avoid many situations. All these children fall out-of-sync socially with kids their age. By mid-adolescence, the difference can be profound.

*Goals:* Children with psychiatric problems often struggle with social interactions. We can help children develop better social skills, such as taking turns, sharing, and empathizing. In Family Therapy, the family learns to interact in more positive and supportive ways, improving the child's social functioning both within and outside the family. The relationship with the therapist gives opportunities to improve interpersonal skills in Play

Therapy, Cognitive Therapy, and other treatments.

### **3. Facilitating Academic Progress**

*Problems:* Children with psychological problems may under-achieve or fall behind. They may miss time in school, suffer from School Avoidance or Separation Anxiety. AD/HD children, who tend to be disorganized and inattentive, may not hear when assignments are announced, forget to do the work, or avoid work that is difficult for them. Psychiatric problems make it more challenging to flourish in a classroom where the work is geared towards children who function better.

*Goals:* By addressing the root causes of their academic problems, psychotherapists help children perform better in school. By creating a more conducive home environment for learning, Family Therapy supports educational goals. Children who have an IEP for learning disabilities or dyslexia may need help with overcoming poor self-esteem.

### **4. Improving Communication and Emotional Expression**



*Problems:* Children often struggle to articulate their feelings and thoughts, or even to trust their own perceptions. Families in which criticism and angry behavior is common or families in which kids are often on their own find children lacking language for their emotions. Many kids may believe their opinions and ideas are not prized. Some kids get what they want through hostile demeanor or demands and need to learn how to express themselves and meet their needs more effectively.

*Goals:* Psychotherapy helps children learn how to express themselves well, a set of skills crucial for their emotional and mental health. Techniques such as Play Therapy and Art Therapy help younger children express themselves. In Family Therapy, in order to help family members understand each other better, we focus on



communication and social skills and child self-expression. Since trauma affects the developing brain and makes us feel as though new experience could repeat the trauma, the child who has been traumatized needs help overcoming the effects of the trauma so they can learn new social experiences and take them as they are now, not as echos of the past.

## 5. Managing Symptoms of Mental Health Disorders

*Problems:* The most common mental disorders in children as detailed in our article on **The Ten Most Common Behavioral and Psychiatric Problems in Children and Adolescents.**

- Anxiety Disorders, including Phobia, School Avoidance, Separation Anxiety, Panic Attacks, Social Anxiety
- Attention Deficit/Hyperactivity Disorder (AD/HD)
- Autism Spectrum Disorder
- Depression

- Eating Disorder
- Obsessive-Compulsive Disorder
- Oppositional-Defiant Disorder (ODD) and Conduct Disorder
- Post-Traumatic Stress Disorder (PTSD) and Attachment Wounds
- Sleep Problems
- Substance Abuse

Each of these is identified by a group of symptoms that occur together. For example, in PTSD, long after the traumatic experience, children may have nightmares, avoid places that remind him or her of the trauma, vivid memories of the event, the feeling the event is happening now, intrusive thoughts that interfere with concentration or school work or sleep. So, for each disorder, we recognize characteristic symptoms.

We are not merely concerned with SYMPTOMS. We are very concerned with the IMPAIRMENTS that go with those symptoms. For example, many of these include high levels of distress, avoidance of social and other situations, lack of energy, reduced concentration needed for school work, and impaired sleep. We work to reduce or eliminate those impairments.

*Goals:* Psychotherapy provides tailored strategies to manage symptoms AND impairments effectively. Many symptoms can be eliminated. Some are reactive to events. Some symptoms are genetic and we work on managing them. Family Therapy educates family members about the condition and how to support the child. Most of the work for many of these conditions is what the family can do differently to help the child.

Since the 1940s, child psychotherapists have researched evidence-informed strategies for all these problems. We are well-versed in implementing those strategies.

## **6. Positive Behavior Change, Behavior Modification and Coping Strategies**

*Problems:* One reason families call for help is a young person's negative behavior. For example, this can be outright hostile reactions to frustration or being told "No," getting angry when told to do their work, not complying with requests, hanging on the phone rather than doing work or sleeping, wanting to sleep with a parent nearby. The list of troubling childhood behaviors is a long one.

*Goals:* Both Psychotherapy and Family Therapy teach children healthier ways to cope with

stress, anxiety, or other challenges. We work on compliance with parental and teacher instructions. Therapists help children recognize and change negative thought patterns and behaviors. In Family Therapy, parents and siblings can also learn strategies to support the child's behavioral changes, creating a more harmonious family environment. When the problem is substance use, we work on sobriety and learning better ways to cope with life.

## 7. Resilience through Enhancing Coping, Decision-Making, and Problem-Solving Skills

*Problems:* Every child spends two decades learning to solve problems. They learn to cope with challenges in getting around in the world that expands from their small home environment to include community and school and then the wider city and world. In the process, children learn to make choices, hopefully good choices. They learn to solve problems, from the earliest learning about toys all the way up to driving and studying on their own. They learn to solve problems that come up with friends and relatives.

Children with problems learn to cope with, and problem-solve for, situations that come up in their families as young children. We find that many of those strategies just do not work well in grown-up situations or even in adolescence. For instance, a child who blames their mistakes on a brother may end up alienating friends and may not learn to think that it is he who has a problem to solve.

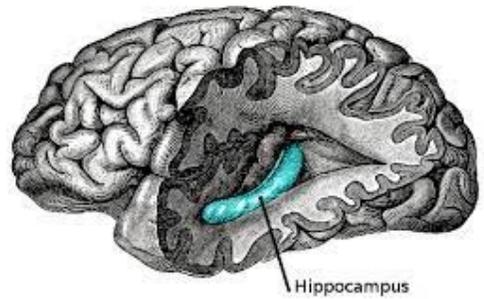


*Goals:* Therapists evaluate the maturity of the youth's coping reactions – those that work well versus those that need to change. We go over how the child's strategies can improve. We observe how the child's decisions can be more thoughtful, less impulsive. We "cope ahead," meaning anticipate situations and how to manage them. We evaluate problems and situations that may come up, practicing more

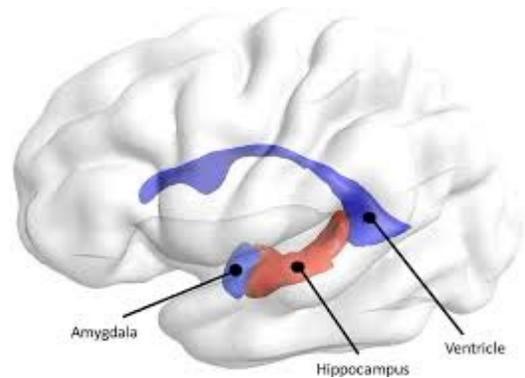
effective responses. We work together to examine early learning that shapes current behavior. Understanding that, we can better explain current behavior; that tends to free up inner resources for more effective decisions and problem-solving.

## 8. Resolving Trauma

*Problems:* Many children and adolescents we see have experienced traumatic events. These events can be universal, such as, a house fire, a car accident, a flood, a divorce. Those can happen to almost anyone. Other traumas are specific to a child, such as a child needs a cancer surgery, a child who experienced violence in the home -- either as a witness or as a victim of violence. A child may have been separated from an attachment figure (care-giver or parent) for a length of time and never quite recovered their sense of emotional security.



Many of the wounds that we work with took place in the child's attachment relationships. There was some breach or wound in the attachment. Perhaps the parent or care giver was inconsistent in their ability to stay connected to the child emotionally. Perhaps the child heard threatening messages that undermined their security, such as "If you don't behave, I'll send you to\_\_\_\_," which could be the hospital, away, live at your father's house, etc. Trying to parent-by-rejection can scar a child's sense of security.



The hallmark of trauma is a set of symptoms and impairments. The symptoms include re-experiencing the trauma emotionally, vivid recall of the trauma as if it happened just yesterday, feelings of numbness, avoidance of reminders of the trauma, and hyper-vigilance out of fear that something traumatic may reoccur. As you will see in a moment, these memories are burned into the mind in a way that prevents progress.

We know that painful and traumatic events get in the way of learning. The structure called the *hippocampus* in the brain (in the diagrams, left is the front of the brain) is responsible for causing emotional experiences to be remembered. We know the hippocampus is smaller in people who have been traumatized. That means it is less able to create new emotional memories. So, the child perceives new experiences through the filter of those painful experiences. It's as if the world were always the same and always unpleasant rather than being perceived new and in the present.

Among other functions, the little structure called the *amygdala* in the diagram is responsible for attaching negative emotional states to memories. Once it does that – namely, connect a fear state or emotional pain to a memory – that negative connection is locked in place. It is not going to change without help. This is one reason that negative beliefs about ourselves and world just don't seem to evolve.

We also know that strategies for coping with emotions and painful memories are locked in rather early. So, a tendency to blame others for our problems, to withdraw, to freeze and not take action, to suppress feelings, to make excuses – these are all learned in childhood and tend to persist. They last even in situations where such strategies cause difficulties.

*Goals:* Psychotherapy, particularly approaches like trauma-focused therapy, EMDR (eye movement desensitization and reprocessing), Trauma-Focused CBT, and others, can help children who have experienced trauma or have underlying psychological problems. Therapists can provide a safe space for children to process their experiences and feelings. Family therapy can also play a role in this process by addressing family dynamics that may contribute to the child's distress and facilitating a supportive environment for healing. In the past few decades, we have evolved a number of methodologies for removing traumatic emotions and overcoming their influence in our current lives.

## 9. Stay on Track Developmentally

*Problems:* The main work of childhood is to develop emotionally, to mature physically, to develop interpersonally and socially, to aim for the end goal of being an independence adult. All of the problem areas in this article and in our companion article about the most common childhood problems interfere with this smooth, steady developmental progress.

Therapists assess how a child is doing in comparison to other children of the same age with respect to *developmental milestones* and the developmental steps we expect of a child of the same age. We don't, for example, expect baby talk in children who are 10. We don't expect the kind of frustrated crying and breakdown and inability to find words that you'd expect in someone who is 4 when the youth is now 14.

We experience constant learning and emotional development. So, one of the problems is how we evaluate where each child is in relation to expectations for their age. We start kindergarten and 1<sup>st</sup> grade because children are ready to sit, to experience some regimentation, to spend an hour or hour-and-a-half in one place to listen to an authority figure, namely, the teacher talking. We don't expect them to read lengthy books before 4<sup>th</sup>

grade when, up to that point, they read mainly picture books. We now teach algebra about 7<sup>th</sup> or 8<sup>th</sup> grade, but not in 1<sup>st</sup> when children are not ready for it.

The child has to be developmentally ready.

Therapists are very keen to observe where a child is developmentally in terms of many dimensions and domains, such as play, interpersonal behavior, emotional regulation, problem-solving, decision-making, the level of independence from a care giver, the quality of thinking – which becomes more abstract in nature as we get older, and many more domains. One of the key dimensions in all therapy is unlocking the developmental impasses that a child may have experienced so that the child's natural developmental processes can proceed. This is particularly noteworthy in AD/HD, where a child could fall back quite far behind in their academics, their social interactions with other kids, and their levels of achievement. After falling behind, they are out of sync developmentally with their age mates. Without intervention, that developmental shortfall may be permanent. So, therapists are considering strategies for helping move a child's development along. We emphasize the best that they have done and the skills they have developed so we can think about how to move them forward yet another step in every domain.

*Goals:* The goal of therapy is to uncover the problems, memories, traumas, attachment wounds, negative thinking, and family patterns that are getting in the way of the child's ongoing development. If the problem has to do with physical maturation, we will work with the pediatrician to figure out how to help the child and the family cope with whatever medical care is needed. If the problem is in the child's thinking, emotional development, interpersonal development, behavior as a sibling or as a child in the family, we evaluate what is getting in the way of the developmental progress that would end that problem. Then we work to remove those interfering factors.

For example, one child with AD/HD was demoralized because he could not keep up with the school work. So he hid the work from his family. Nobody opened his backpack every day to check. He received criticism from his parents for not keeping up. Meanwhile, he was not learning the skills necessary to do so. We helped the parents to sit down with him every day for an hour and help make sure he was understanding all of the skills being taught in school and he was completing the homework. We helped them be consistent and to do this without the old high levels of frustration. After a while, he was 100 percent caught up. We also worked with the school to bring in a tutor to make sure that at the end of lessons in class that he understood the material and was capable of doing the homework with his parents' supervision. We shifted parents' understanding of a child with

AD/HD. You can see that he had fallen behind and was unlikely to ever catch up on his own. He needed this intervention. The family needed guidance – as do so many families with a child with AD/HD or other problems.

## 10. Strengthening Family Attachment Bonds and Systems

*Problems:* In some ways, **all behavior in children and adolescents is related in some way to their attachment bonds with their caregivers.** We all learned so much by identifying with, and imitating, our care givers and parents. Children are extremely observant for how their parents are behaving. Kids learn skills and language from parents through imitation and through practice. They learn household skills, hygiene, and numerous other skills needed for independence. Parents are constantly teaching their children skills. Often, we do that very consciously.



Most important, attachment is about feelings of security. Research shows that our attachments *are meant to provide feelings of safety, closeness, and connection.* The evidence is that many of the problem behaviors parents complain about are a function of damage or hurt in the attachment process in the family or are bids by the child for a closer attachment.

So, we have learned that many behavioral problems are actually related to feelings of distance in the attachment system in the family. It is important to recognize for therapists to recognize attachment wounds and attachment distance in families.

*Goals:* Family therapy specifically aims to improve the functioning of the family unit, which is often crucial in the context of a child's mental health. It can help identify and change dysfunctional patterns in family interactions, establish clear and healthy boundaries, and improve overall family relationships. A strong, supportive family environment can be a critical factor in a child's recovery and ongoing mental health. We also overcome and repair harm to the attachments in the family.

In conclusion, Psychotherapy and Family Therapy offer comprehensive approaches to

addressing the needs of children with psychiatric problems. By focusing on individual and family dynamics, these therapies lead to significant improvements in a child's emotional well-being, behavior, social skills, and family relationships.



**To reach us for help with your child,  
call 414-540-2170 or use the Contact  
Us feature on our website.**