

## **Appendix C**

### **Therapeutic Models for Working With Children and Grief**

There are many different trauma/grief-related treatments for supporting children dealing with grief and trauma.

- Trauma/grief related treatment of any kind depends upon a child's developmental phase, capacity for response, clinical presentation, psychiatric diagnoses, medical conditions, living situation, ability to form relationships, and cognitive abilities.
- All effective therapeutic models for working with children and grief have critical treatment principles at their core and ideally utilize a stage-based format of Stabilization, Working Through the Trauma, and Integration of the Trauma/ Meaning Making.
- Treatment is developmentally age- and stage-based, sequenced over time, and uses a combination of techniques and methods. It also involves the child's parents/caregivers/support groups.
- The initial goal of any treatment method is the establishment of a safe environment with a therapist/counselor who (eventually) becomes an object of trust.
- Another therapeutic goal is to help the child and adults normalize the traumatic responses through psychoeducation and activities. Other goals are to help the children perceive events as accurately as their age and developmental levels allow, find some sense of meaning to the events, break the intrusion/avoidance cycle of memory, and enhance coping skills and resilience.
- All treatment methods aim to restore competence and control, acknowledging the strengths of the child, family, and others involved in that treatment process.

This initial type of treatment includes answering a child's questions, providing facts that are known which the child is able to handle or understand, normalizing reactions, encouraging expression of feelings, and teaching beginning coping strategies.

#### **Cognitive Behavioral Therapy (CBT)**

Cognitive Behavioral Therapy (CBT) asks the child to describe and discuss the traumatic event directly, while teaching the child to use anxiety management techniques (controlled breathing, identifying emotions in the body that might cause problems, muscle relaxation, safe place imagery, etc.) to help with feelings that arise while discussing the traumas. CBT includes a cognitive component that helps the child build a trauma narrative while learning to correct distorted or inaccurate beliefs ("I was totally responsible for what happened") or thoughts ("there is nowhere safe in my world") about the event as well as event-related circumstances. This type of exposure therapy can be done gradually as children are taught to relax while recounting experiences. The use of CBT seems to be most appropriate when children are distressed by reminders or memories of the event. It

often includes psychoeducation (educational information) about trauma presented in a way that the child can understand.

The theoretical basis for CBT is that functional behavior will change as thoughts and feelings change. Cognitive restructuring regarding responsibility or causation of a traumatic event helps the child to identify cognitive errors and inaccuracies and to explore alternative explanations while providing information and utilizing behavior management strategies to modify inappropriate behaviors. CBT has the strongest empirical evidence for efficacy in resolving PTSD symptoms. It is designed to give children an opportunity to talk in a supportive environment and controlled exposure to traumatic cues of greater and greater intensity. CBT can treat specific behaviors associated with the traumatic event through contracts, modeling, behavior modification, and other techniques. CBT also can help children to develop active coping skills and adaptive skills through imaginal or role playing rehearsal and the development of self control skills. According to the International Society for Traumatic Stress Studies (ISTSS) Treatment Guidelines for PTSD in Children and Adolescents (Cohen, March, and Berliner, 1998), behavioral and narrative exposure is the most critical component of treatment for PTSD in children.

### **Eye Movement Desensitization Reprocessing (EMDR)**

Eye Movement Desensitization Reprocessing (EMDR) is a variant of CBT that combines cognitive therapy with directed eye movements. It is a form of accelerating informational processing to resolve disturbing memories that includes visualization of the trauma, introduction of affirming beliefs, and enhancement of performance. EMDR was designed by Francine Shapiro. Young children may not do well when trying to follow hand movements or lights and may need touch (e.g., on the knees) or sound (clicking fingers) to cross the midline. Cognitions used to change or modify belief systems need to be designed in appropriate language that the child can understand. The therapist maintains a leadership role when using EMDR with children. EMDR must be done very carefully so that the child is not re-traumatized or flooded. The therapist also may use EMDR to instill positive memories.

### **Art Therapy**

When children are too young to express their experiences in words or if they do not remember what happened to them in words, various forms of art therapy can be used. In addition, art therapy is an excellent supplemental treatment method for children of all ages. Drawing what happened can help the child shift from an internal perspective to an external, more symbolic perspective. Even young children have visual images of traumatic events and, as their drawing skills develop, can externalize their experiences as a visual projection of their memories and feelings.

Art therapy can support verbal expression or substitute for verbal expression. As an expressive process, art therapy recognizes that there is no right or wrong way to portray a traumatic event or reactions to that event. In fact, symbolic art activities may be very revealing (draw yourself as an animal or a superhero) and show underlying psychological themes. Materials offered to the child take into account age, developmental level, coordination, and emotional state. For example, young children would not be offered

sharp scissors or permanent markers. The art works produced tend to clarify the content of memories, document change, and illustrate themes through the use of color, size, shape, boundaries, and content. One art therapy technique is the creation of a collage using the symbols (pictures, words, shapes) of others. Children can be given a phrase or word or a topic as the starting point for a collage. These words do not have to be trauma specific (e.g., “I Am a Hero” or “My Family”).

### **Writing Therapy**

Some form of journaling, completing a workbook, or constructing a narrative can be a very helpful intervention method when working with traumatized children. Writing is a tool for personal growth, functions as a memory aide, leads to insight and discovery about what happened, and can facilitate understanding of the child’s perception of a traumatic event. Writing therapy can be completed within a session or as a homework assignment. Children may be asked to complete a page or pages in a workbook or may be asked to describe a situation or reflect on what happened to them. Writing therapy in combination with art therapy is a well-known tool for trauma recovery. Children can be asked to write about themselves as animals, to write about events from the third person, or to write letters, for example. Writing exercises need to be appropriate for the age and developmental level of the child and take into account a child’s academic abilities.

A workbook is an interactive medium that provides a place to record emotions, create a narrative story about a traumatic event, and document change. Workbooks for children who have experienced traumatic events generally combine some form of psychoeducation with opportunities to create both trauma- and growth-related images through drawing, coloring, cutting, pasting, as well as writing. Workbooks encourage active coping; they also help with recognizing, identifying, and expressing feelings through words, pictures, and other means. A workbook becomes a visual record of the effort a child has put into healing, attaching form to the internal experience of trauma and grief. It also serves as a means to reconcile and understand an event through telling, sharing with others (if the workbook is completed as part of the therapy process or group counseling process), as well as a way to make sense and find meaning of what happened.

### **Play Therapy**

Play for children can be purely for fun as well as a way to bring mastery to situations. Play for traumatized or grief-stricken children may lack pleasure and not bring relief. Instead, it may be serious and intense and replay a traumatic situation in symbolic form or exact detail. Themes of play may be repetitive as children try to develop control over situations. Play therapy can be structured or unstructured and can use toys, games, and materials to help children release difficult emotions and gain mastery. More directed play therapy structures and creates the play situation through the inclusion of trauma-reminiscent materials. The therapist becomes witness to the trauma through the child’s play, helping the child to desensitize through repetition, and intervening if the play becomes too intense or re-traumatizing. Gil (1991) in her book *The Healing Power of Play* (NY: Guilford Press) notes that play provides a medium for communication in which re-experiencing alone is not enough. Discussion of observations and themes after play can help the child learn from play behaviors to gain some sense of mastery. If the

child insists that the therapist join in the play, it is important to do what the child wants so that he maintains control and responsibility over what happens during play. Play therapy helps the child learn to set limits, develop frustration tolerance, build a repertoire of acceptable ways to express emotions, unfreeze developmental “stuck points,” fantasize without dissociating, redirect impulses, build ego strengths and active coping skills, and connect present reactions to traumatic events. Barnes (1996) suggests that the child needs to discover and choose how to work with whatever toy or medium she chooses as she learns those skills.

### **Equine Assisted Therapy**

Horses are very sensitive to and aware of their surroundings. Organizations such as EPONA and EAGALA teach and demonstrate that certain horses mirror the emotions of those with whom they interact. These horses are utilized in programs to help children recover from traumatic experiences and experience personal growth. The mission of equine assisted therapy is to utilize the therapeutic effect horses have on humans to help improve mental and physical health. These programs do not involve therapeutic riding per se but include a series of individual or group activities that can encourage the growth of social interaction, relationship, communication, safety, and trust. The introduction of a horse into the therapeutic process often calms and soothes traumatized children, encouraging interaction and openness. Children also begin to develop an appropriate sense of structure and purpose as they learn to interact with a horse through carefully monitored activities such as feeding a horse, touching a horse, leading a horse, or doing specific problem-solving activities with the horse.

Equine assisted therapy offers children a safe environment to work through issues of loss, fear, and anxiety. The equine/mental health team serves as partner with the child in the provision of these activities. In this therapeutic method, horses are co-therapists on the ground, giving immediate feedback while asking the child to be authentic. Equine assisted therapy uses a solution-oriented approach that allows children to determine their personal best solutions utilizing body and mind to discover personal solutions to presented tasks and reflective experiences.

### **Group Therapy**

There are many publications describing group approaches to working with survivors of trauma. When children interact with others who have had similar experiences, they learn that they are not alone in their experiences and impacts. While participating in time-limited structured group sessions that follow a specific curriculum or more unstructured groups that combine discussion with other modalities (bibliotherapy, art therapy), children develop interpersonal skills and a feeling of togetherness as they share feelings and ways of solving their common problems. All groups need to have clear goals and strong leadership. Theme-centered group counseling can be optimal for use in the school setting if the guidance counselor is well-trained and has a good working knowledge of trauma. The group also can function diagnostically; children whose problems persist after group treatment may need more individually focused interventions.