

Psychotherapy for children

*Reference: The Japanese Society of Psychosomatic Pediatrics,
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The author is currently engaged in mental health care after the Great East Japan Earthquake which occurred on March 11th, 2011. In this current position, there are few opportunities to engage in clinical practice within hospitals with the general public and most activities involve providing care to children encountered in regional visits. The ultimate objectives under these limited activities are to help children understand their characteristics and symptoms in an age-appropriate way and to help them respond to them without being overwhelmed by them. It is thought that what is important in these contexts is ① communication through games, ② providing accurate knowledge, and ③ improving coping skills. In this paper, tips on “mental therapy and psychotherapy” by the author will be shared and advice will be given for the future development of this field.

I. Communication through games

An appropriate evaluation should be conducted when introducing treatment. Adult treatment consists of verbally repeating evaluation interviews, and to conduct treatment within this back-and-forth between the client and caretaker. Meanwhile, language development is often insufficient during child treatment. It is necessary to infer feelings by communicating with the child through games and conducting treatment in this context. Children experience a sense of self-control through games and gain the ability to respond to a variety of situations.

In the case of the author, interviews with children always involved them holding toys in their hands. When conducting interviews during home-visits, toy sets are always brought with the interviewer. Particularly when regional visits are conducted immediately following a disaster, drawing paper or classic toys were highly valued. The game consoles that children played daily were lost, and many children sat around in shelters with nothing to do, and it was keenly felt that having games that allowed children to actively move their bodies was important. The experiences of the earthquake and tsunami were reflected in their games, which was useful in imagining the children’s experiences and evaluating their mental state. It goes without saying, but there are severe limits to what can be evaluated within the confines of a consultation room, and there are far more cases where information was obtained from children by approaching them with daily activities as much as possible and obtaining information through typical games that the children played.

II. Providing accurate knowledge

Even if the subject is a child, it is important to provide accurate knowledge in an age-appropriate way. The feelings of mood and anxiety disorders are difficult to express or understand by the children themselves. Further understanding can be obtained by explanations with diagrams or examples using scenarios familiar to the child. It is difficult to directly explain developmental disorders from a young age, and these explanations need to be repeated as the child and family undergo the process of accepting this situation. In these cases as well, using age-appropriate text and slides to explain the situation can further understanding.

The author has obtained a certain degree of success by providing accurate knowledge to children immediately following a disaster using slides or stories. The slides used for these cases are freely available for download on the home page of “Base Hospital Organization for Child Mental Health Promotion Agency”. Additionally, interviewers brought with them a portable whiteboard when conducting regional visits, sketching out necessary explanatory criteria in an age-appropriate way, and providing explanations to both children and their parents. The children themselves must monitor their changes in symptom severity, so thermometers or traffic light illustrations are used to confirm their extent (Figure 3). Treatment effects can be determined by graphing out the changes in symptom severity and mutually confirming its progress.

III. Improving coping skills

Drug therapy should not be unilaterally applied to child treatment. After identifying the symptoms affecting the children and providing an age-appropriate explanation, it is important to plan a treatment method that is appropriate for the children, with the children themselves. In cases of developmental disorders, difficult scenes should be anticipated and sometimes specific modifications are planned, or social skill training (SST) is introduced. If the illness is often interpreted as unpleasant (e.g., mood- or anxiety disorders), this allows for both the care worker and child to devise methods together so that the child will not be overwhelmed with feelings of hopelessness.

Children during regional visits immediately after the earthquake were taught abdominal breathing exercises as a relaxation method applicable to any scenario. However, it is extremely difficult for children to accurately comprehend the mechanisms of abdominal breathing and to implement them, so guidance was provided by introducing toys that were familiar to the children. Pinwheels, paper balloons, and soap bubbles were all used, but ultimately it was the blowing pipe that was easier for the children to understand (Figure 4). Each of these toys is regularly seen in local candy shops or festivals and are something that the children have all played with at least once in their life. The ball in the blowing pipe can be continuously floated by deeply inhaling and slowly breathing out, and repeated practice of this motion enabled the children to acquire abdominal breathing skills.

IV. Customized according to the child's needs

Appropriate evaluation and treatment of children require that the therapist themselves have a “drawer” of tools to use. According to the children's needs, the therapist takes out tools from their drawer, customizes them, and provides them to the child. The tools in this “drawer” are not just limited to those used during treatment in a consultation room, but also includes the utilizable resources in that region, and having multiple “drawers” can allow for the therapist to smoothly and appropriately provide support for the children. To evaluate the situation in which the children and families find themselves and to provide high-quality treatment to a child, the therapist must continue to increase the scope of their “drawer” and polish the tools within, actively participate in networks themselves and think about mechanisms to connect with their surroundings.

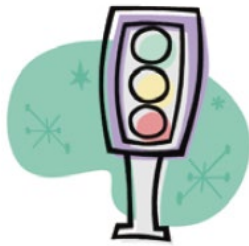
It is this type of tailored support that includes local networks that the author believes will constitute pediatric mental and psychological therapy.

References

- 1) Mental Health Care Network for children activities
http://kokoro.ncchd.go.jp/saigai_senmonka.html(January 6th, 2015)
- 2) Fukuchi, N., Hayashi, M. (2011) : The current mental status of children in the disaster area.
Psychiatria et Neurologia Paediatrica Japonica,51;126-132.

Figure 1 Textbooks for psychological education for patients with mood disorders
Let's evaluate your mood.

Most patients cannot evaluate their mood accurately. It would be better for you to make it a routine to measure their mood. It is important to control symptoms in a way that fits the patient.



An example:

Date	Morning	Noon	Evening
January 1	-3	-2	-1
January 2	-1	-2	0
January 3	-2	0	0
January 4	-2	+1	+1

Let's evaluate your mood for the last three days

Date	Morning	Noon	Evening

Photograph 1. Blow ball pipe



Note) Original text