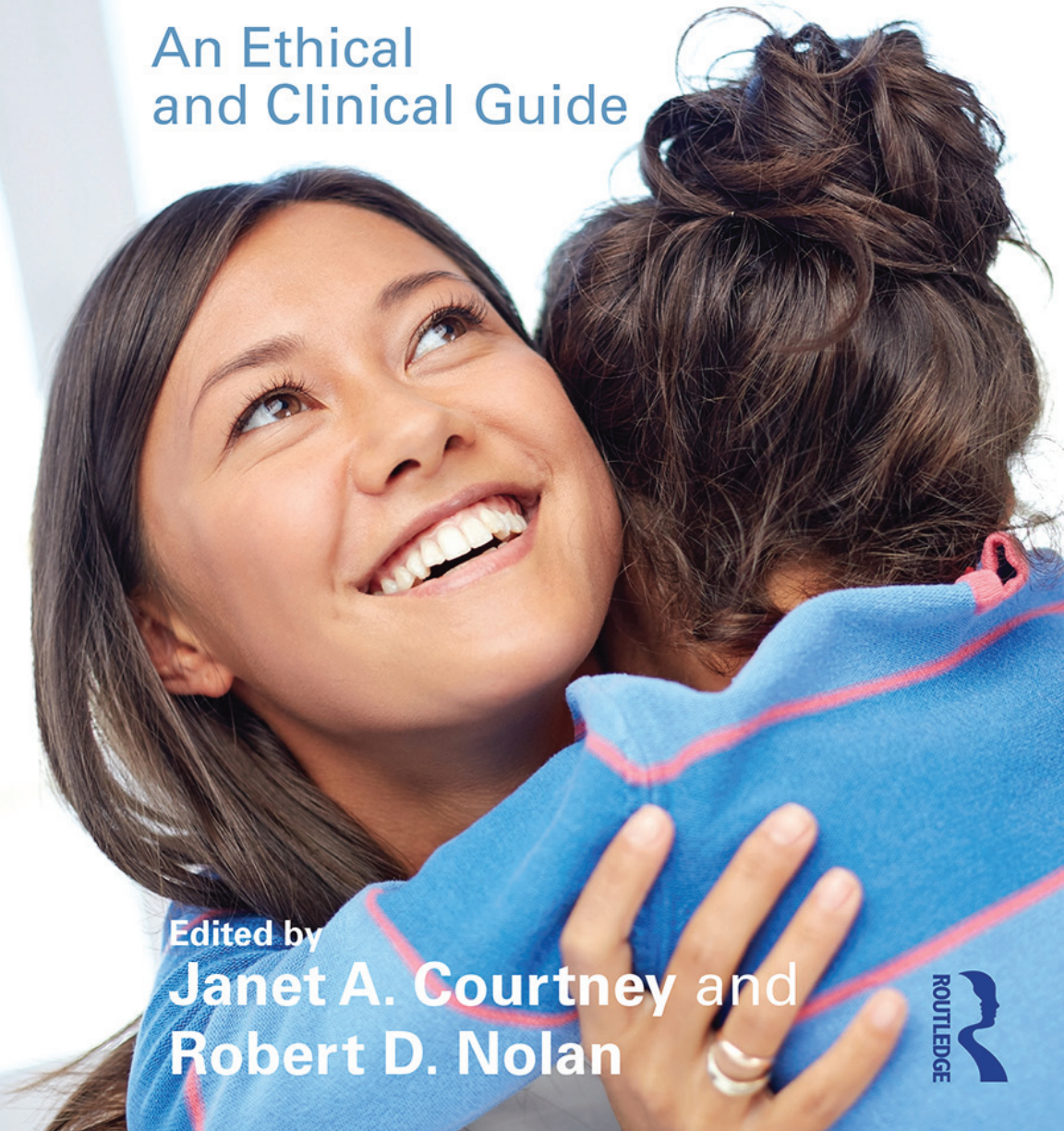
TOUCH in CHILD COUNSELING and Play Therapy

An Ethical and Clinical Guide



Edited by
Janet A. Courtney and
Robert D. Nolan

ROUTLEDGE

Touch in Child Counseling and Play Therapy

Touch in Child Counseling and Play Therapy explores the professional and legal boundaries around physical contact in therapy and offers best-practice guidelines from a variety of perspectives. Chapters address issues around appropriate and sensitive therapist-initiated touch, therapeutic approaches that use touch as an intervention in child treatment, and both positive and challenging forms of touch that are initiated by children. In these pages, professionals and students alike will find valuable information on ways to address potential ethical dilemmas including defining boundaries, working with parents and guardians, documentation, consent forms, cultural considerations, countertransference, and much more.

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An Ethical and Clinical Guide

Edited by Janet A. Courtney and Robert D. Nolan

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To my precious grandchildren, Sophia, Abigail, and Jacob. For the warmhearted hugs and kisses we share and who make my heart melt at just the word, *Mimi*.

JAC

To my children, Sue and Steve, who make me very proud.

RDN

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Foreword

Eliana Gil

What an honor to be asked by Drs. Courtney and Nolan to write the Foreword to the book they have authored on a highly important topic: the use of touch in psychotherapy. The book is thought-provoking and packed with fascinating ideas and discussions. I found it inspired and inspiring and I don't think it can be reviewed without having a profound effect on the reader. It caused me, in particular, to immediately remember two experiences I had as a graduate student:

Claire was a seven-year-old child who had been exposed to five long years of dramatic and extreme domestic violence—in fact, her mother was finally killed by her relentlessly violent husband. Claire herself was quite paradoxical: Shy, compliant, and soft-spoken at times, and other times impulsive, intense, and physically aggressive in very destructive ways. This child had never been hit directly by her father, but she had witnessed his brutality and his combustible temperament. (Yes, domestic violence is traumatic whether experienced or witnessed.) Later in therapy this little girl was able to tell me that she never felt safe, or like a normal kid. She said she always slept with one eye open, just in case her mother needed her. She specified that when her mother was killed, father had stuffed a towel in mother's mouth so that she couldn't yell. Claire felt guilty to this day that she had not been awake to "save her mother."

I was assigned to work with this child in individual therapy and another therapist worked with the child and her foster parents. The story that came into my mind as I read this book was when the other students and I were watching a family therapy session (with Claire, her foster mother, and their family therapist) through a one-way mirror. My client was behaving very differently than she behaved with me and the focus of the session was the foster mother providing a litany of "bad behaviors" in Claire. I remember feeling bad for Claire, especially because I could see the look of disappointment, frustration, and embarrassment on her face. To me it was bad enough that the foster parent only focused on negative behaviors and the family therapist could not get a word in edgewise, but to add to Claire's humiliation the foster mother was going on and on in front of a group of strangers who were watching through the window. I remember wishing I could go in the room and take Claire with me somewhere more kind and accepting of her. But I was there as a young student and hadn't yet learned to

trust my clinical intuition. The therapy session went from bad to worse as Claire refused to answer a barrage of questions about "why" she was acting in such an uncooperative way. Finally, Claire went over and slapped her foster mother and kicked the therapist in the legs!

Everyone behind the one-way mirror, including my teacher, burst into laughter and continued to laugh for what seemed like a very long time. I just had eyes for my colleague, the family therapist, who seemed uncertain and scared, and kept looking to the mirror for some kind of guidance. None was available.

The session came to an end shortly after Claire became violent, and when we all processed the session, I was amazed at everyone's reluctance to step in with a clear directive that violence was not acceptable. I offered a few words, with great hesitation since I felt in the minority, but no one listened and the teaching (and learning) moment passed.

The other case was of a youngster, Ken, who had been neglected and deprived of attention, affection, or consistent care. He had non-organic failure to thrive and he looked fragile and full of fear. His most common stance was to withdraw from human interactions. It was so hard for me to know what to do. I didn't want to scare him by approaching too quickly but I felt that the work ahead was about Ken having a reparative experience guided by me. I had very little guidance on this case because my supervisor didn't work with children, so I relied heavily on the tenets of Child-Centered Play Therapy.

About nine months later, my supervisor asked why I had not terminated the case. I was in an agency where it was not customary to see children long-term. I told her that Ken was making great progress. When she asked for a specific example of progress (she stated she had not seen any signs in my progress notes, not quite understanding or valuing play therapy), I told her that, in the last month, he had started climbing into my lap for a few moments, seemingly to check out if proximity was safe. He had also started bringing a little blanket with him and pretending to sleep, waking up suddenly and going to play with something else.

My supervisor was stern and clear. I was to stop allowing the child to crawl into my lap immediately, and I was to discourage his attachment to me. She told me that I had one more month with him and after that, his treatment would be terminated. I cannot tell you how ecstatic I was when this supervisor was promoted and transferred to another department quite quickly, and I was able to see Ken for another six months before termination of treatment was again forced. During our sessions, Ken became more and more comfortable with proximity, with safety, and began to trust. He would often ask for a hug "hello" and "goodbye" and I reciprocated. In an act of secret defiance, I kept allowing him to crawl in my lap, and sometimes rocked him in place and sang a song to him. (I did not put that in my progress notes!)

Luckily, he had a wonderful foster parent who eventually adopted him. I insisted on some play sessions between Ken and his foster mother, trusting my instincts that dyadic work was also necessary even if I didn't have appropriate supervision. To be fair, I had some absolutely priceless (substantive, inspiring)

supervision experiences as well. These two experiences just came to mind in reading this book.

The issue of touch in psychotherapy has been widely discussed among mental health professionals for years, and the polarization of yesteryear appears to be relaxing with some of the emerging research on child development, attachment, and neuroscience that emphasizes the potential benefits and necessity of using appropriate touch in clinical work with children (and their families). As I read assertions about the resistance to using clinical touch in psychotherapy, I envision that much individual and collective work remains to be done. Nonetheless, this book is a wonderful compilation of valuable and much-needed scientific and clinical data.

This book identifies why the clinical use of touch has been viewed as complex, and at the same time provides clear direction for how to begin to make individual and collective (policy) changes that ensure child clients receive optimal care and encounter attachment opportunities necessary for developing self-esteem and self-efficacy, and crafting skilled social interactions even when their past experiences have been impoverished, violent, or lacking in empathy and physical affection.

Each chapter in this book is unique and each author, armed with a solid foundation in child development, neuroscience, and attachment theory, outlines truly remarkable approaches that come to life in the clinical case examples. To me, when I can read about clinical perceptions of a topic, and then "see" how that perception leads to specific clinical behaviors that inform and promote specific goals, I know that I have a book I can learn from, and indeed I did. The chapters are full of innovative ideas about how to promote safe and appropriate touch with children and youth, and the creativity of approach is congruent with the depth and foundation of theories. There is a consistent tapestry of interwoven theories and approaches that make this book a stand-out. The recognition that there are multiple ways of working that can be effective and valuable—as long as there is a strong grounding in theory, research, and clinical experience—is quite refreshing, and many of the discussions and interventions lend themselves to clinical creativity by example.

It's impossible for me to pick out a favorite chapter, and maybe that's not even an appropriate exercise, because they are so diverse. I do recognize that the authors are uniquely suited to offer their guidance since they have focused on the topic of the clinical applications of touch for decades. The chapters are thus credible, inventive, and accessible to the reader. There is a discussion of some of the well-known play therapy models of Developmental Play Therapy (Brody) and Theraplay® (Booth & Jernberg), as well as some new and exciting approaches (FirstPlay® Infant Massage Storytelling, StoryPlay®, Child-2-Child Kind and Caring Hands), and the proficient integration of touch with DIRFloortime®, dance and movement therapy, Child–Parent Psychotherapy, and Animal-Assisted Therapy. These approaches are demonstrated with children with Reactive Attachment Disorder, witnesses of domestic violence, and abused

children, to name a few. The persistent question of whether the therapist or the parent provides touch is also examined, and the specifics of "how" and "when" are also deliberated, making this a usable treatise on the subject. The topic of trauma and its impact is also woven throughout this text, as well as the research findings that currently guide trauma-informed practice.

Too often we hear about boundaries in reference to touching that should *not* occur. This book offers a new perspective, and that is: teaching children about appropriate touch in as many ways as possible, even including another original school-based program in which children provide gentle massage to each other! Imagine that—calming touch incorporated into the classroom. Ah, hope springs eternal! One interesting chapter also addresses the issue of restraint and the authors suggest that nurturing restraint is an appropriate and overlooked intervention when working with aggressive children.

As many of you know, my professional career concentrated on working with physically and sexually traumatized children, as well as those traumatized by chronic neglect. The discussion about touching abused kids (especially in the context of cultural, age, and gender differences) has been persistent and fraught with polarized emotions. I recently did a workshop at the International Theraplay® conference where the topic was touching sexually abused children. Obviously, there is a lot to consider and clinical touch must be, as stipulated in the book, carefully integrated into treatment. However, the book asserts the many benefits of clinical touch that is respectful, that prioritizes children's full consent, and that is attuned to the distinctive needs of each child and parent. This book provides clinical guidance by articulating core competencies for clinicians and offering comprehensive, simple, and clear recommendations for developing a well-informed approach to clinical touch. Needless to say, countertransference and person-of-the-therapist issues are handled with sensitivity and insight. The subject of ethics is also discoursed and incorporated into most of the chapters.

By the end, the reader is fully satisfied and inspired to embrace the possibilities of clinical touch more fully. In fact, a roadmap becomes more clear about the level of preparation a clinician must undertake in order to provide harmonious and trustworthy touch that optimizes global assistance to children's growth and development, possibly altering negative world views, biological and brain reactions, and casting the potential of rewarding relationships in a novel, necessary way. This book is critical in psychotherapist development, both for new clinicians facing these issues under supervision, and for veterans who have witnessed the polarization of this issue for years. Bravo to Drs. Courtney and Nolan for bringing this critical issue, central in their professional lives, to an audience eager for insight and guidance.

Preface

Touch is a natural and essential component of human growth and development. In fact, without sufficient amounts of nurturing touch, even if our basic needs such as food and hygiene are met, we will not thrive and may even die. Practitioners who provide counseling services to children are often presented with a multitude of situations that may involve some form of touch, from a child spontaneously hugging the therapist, to a therapist reaching out to hold a crying child's hand, to the dilemma of a child inappropriately touching a therapist. However, the topic of touch with children in therapy has seldom been addressed in the literature, with the vast majority of the literature focused primarily on adult client populations—a repeated observation stressed by the chapter authors. Moreover, the multifaceted issues surrounding touch in practice with children are arguably far more complicated (and also very different) than factors related to touch with adults. Unfortunately, there are few ethical and clinical practice guidelines, research studies, clinical case examples, competency standards, or resources available that can help guide practitioners in this regard. This may leave some practitioners—student interns and those new to the field—feeling unprepared and uncertain about how to handle challenging situations that may arise in child therapy sessions.

The purpose of this book, therefore, endeavors to address that gap in the literature to provide students, supervisors, graduate and undergraduate university professors, marriage and family counselors, mental health counselors, psychologists, child psychiatrists, expressive arts therapists, child welfare social workers, play therapists, school counselors *and* teachers, agency and school administrators, pediatricians, pediatric nurses, occupational therapists, and other professionals who work with children a resource specifically targeted to address treatment and ethical considerations related to child practice. The case examples and vignettes throughout this book represent a range of childhood developmental stages from infancy to adolescents and a diversity of therapy settings, theoretical approaches, and child problems—accordingly, all case identifying information has been changed to protect confidentiality. The clinical case studies provide a beginning foundation of qualitative research and a springboard for further examination of the mediating factors that influence non-erotic physical

contact within therapy sessions. As such, all of the chapter authors have applied their own ethical and clinical perspectives regarding touch in practice with children based upon a compilation of expertise in the realms of: (a) child development and welfare; (b) years of clinical practice experience in child counseling and play therapy; (c) teaching graduate and undergraduate level curriculums related to children in marriage and family, social work, play therapy, psychology, and school counseling; (d) providing supervision in multidisciplinary settings; and (e) extensive research of the literature and other resources on the subject of touch.

The book is divided into five parts. Part I is titled "Overview and the Ethical Implications of Touch." The first chapter (Janet A. Courtney) provides a broad overview of the topic of touch related to children in clinical practice and sets the stage for the chapters that follow. The ethical and risk management considerations related to touch are examined in Chapter 2 (Frederic G. Reamer).

Part II, titled "Play Therapy Models that Use Touch as an Intervention," provides four different play therapy models demonstrating how touch has been successfully utilized to enhance attachment relationships, including Developmental Play Therapy in Chapter 3 (Lynn Stammers). Note, this chapter also provides a comprehensive discussion on the neurobiology of touch. Chapters 4, 5, and 6 include FirstPlay® Therapy—a parent–infant massage and storytelling program (Janet A. Courtney, Meyleen Velasquez, and Viktoria Bakai Toth); Theraplay®—including a discussion on ADHD (Angela F. Y. Siu); and DIRFloortime®, treating children diagnosed with autism (Eva Nowakowski-Sims and Audrey Gregan).

Part III, titled "Healing Children Traumatized by Touch," describes child counseling and play therapy treatment methods that help children who have experienced some type of trauma in their lives related to touch, including children harmed through physical or sexual abuse or neglect, discussed in Chapter 7 (Joanne Whelley, Andrea Raasch, and Shakti Sutriasa); children traumatized through domestic violence in Chapter 8 (Rachel Scharlepp and Melissa Radey); child aggression toward the therapist and a nurturing restraint protocol is presented in Chapter 9 (Roxanne Grobbel, Kristina Cooke, and Norma Bonet); traumatized adolescents and a group dance/movement intervention is presented in Chapter 10 (Carol Golly, Daniela Riccelli, and Mark S. Smith); and Reactive Attachment Disorder and Child-Centered Play Therapy are addressed in Chapter 11 (Jenn Pereira and Sondra Smith-Adcock).

Part IV, titled "Innovations and the Utilization of Touch with Children," provides interventions that utilize touch as a responsive measure to the child's needs in therapy, as well as innovative models related to touch. Chapter 12 (Maite Schenker, Veronica Castro, and Montserrat Casado-Kehoe) discusses how touch is utilized in Infant Mental Health treatment with parents; Chapter 13 (Amy Davis King and Danielle Woods) demonstrates how touch was utilized within a StoryPlay® based children's grief support group; Chapter 14 (Bonnie Martin and Janus Moncur) discusses how touch is facilitated in canine-assisted therapy with children; and Chapter 15 (David Palmer and Jean Barlow) presents