Introduction in Integrative Approaches in Working with Children & Adolescents

DIFFERENT APPROACHES TO PSYCHOTHERAPY

25 & 26 MAY 2024

DR. AUDREY AGIUS

(12 HOURS)


It is easier to build
strong children
than to repair
broken men.
Frederick Douglass
BrainyQuote

Introduction to the case study

- 12 year old client referred for individual therapy
- Under care order
- Indications of past physical abuse and neglect
- Irregular attendance to school
- Placed in a residential home for children on a long term placement
- SAV contact with parents

* **Some details have been changed to protect the client's identity**

Reasons for Referral and Presenting Problems

CONSIDERATIONS

Who is referring?

Is the child aware of the referral?

Who needs to sign consent for the child to start therapy?

What are the outcomes hoped for?

Are there any past therapeutic or psychological interventions?

Are there other professionals involved?

(Psychiatrist; Psychologist; Social worker; Occupational/Speech Therapist; LSE, Family Doctor etc…)

How and when to involve the parents and / or other professionals.

CASE STUDY

At the time of referral Dylan needed to come to terms with the sudden change of environment, adapt to his new life in care, as well as process past experiences.

The outcomes hoped for were that:

- he would become more able to keep personal boundaries
- achieve a better understanding of what is right or wrong
- become more assertive
- become an emotionally healthier boy

Establish Initial Contracts

CONSIDERATIONS

Frequency of Therapeutic Intervention

Where do you meet the child?

Individual vs Family intervention

(working with the child's system)

Involvement of other professionals or systems (eg. school, social workers, care staff)

Who do you share feedback with?

LOOK OUT FOR:

Limits of Confidentiality

Safeguarding Issues

Mandatory Reporting

Contract with the parents / guardians – but also with the child!

remember to give the child a voice and some choices re what s/he is comfortable with you sharing and what s/he wants to keep private.

Therapist's Initial Reaction to Client

FIRST IMPRESSIONS

Feedback from parents /other professionals

History of child

Your observations

Transference and Countertransference

Child's Resilience

Identifying Challenges and Support

(both in the child and the environment)

Initial Diagnostic Picture

Presence of Adverse Childhood Experiences

Quality of Attachment

Cognitive Functioning

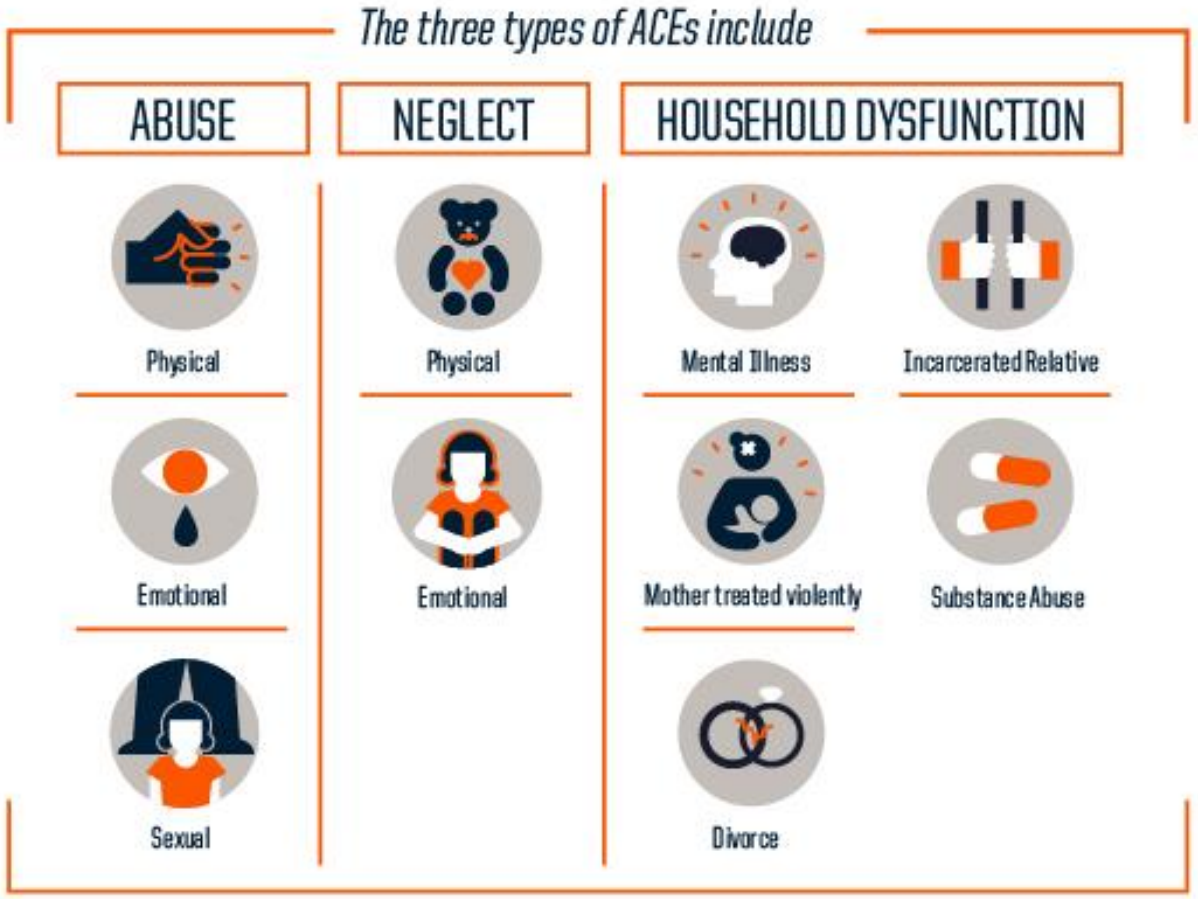
Child's Development

Neurodivergence: (ADD; ADHD; Autistic Spectrum etc)

SEBD – (Social, Emotional and Behavioural difficulties)

Past or Present Trauma

Adverse Childhood Experiences

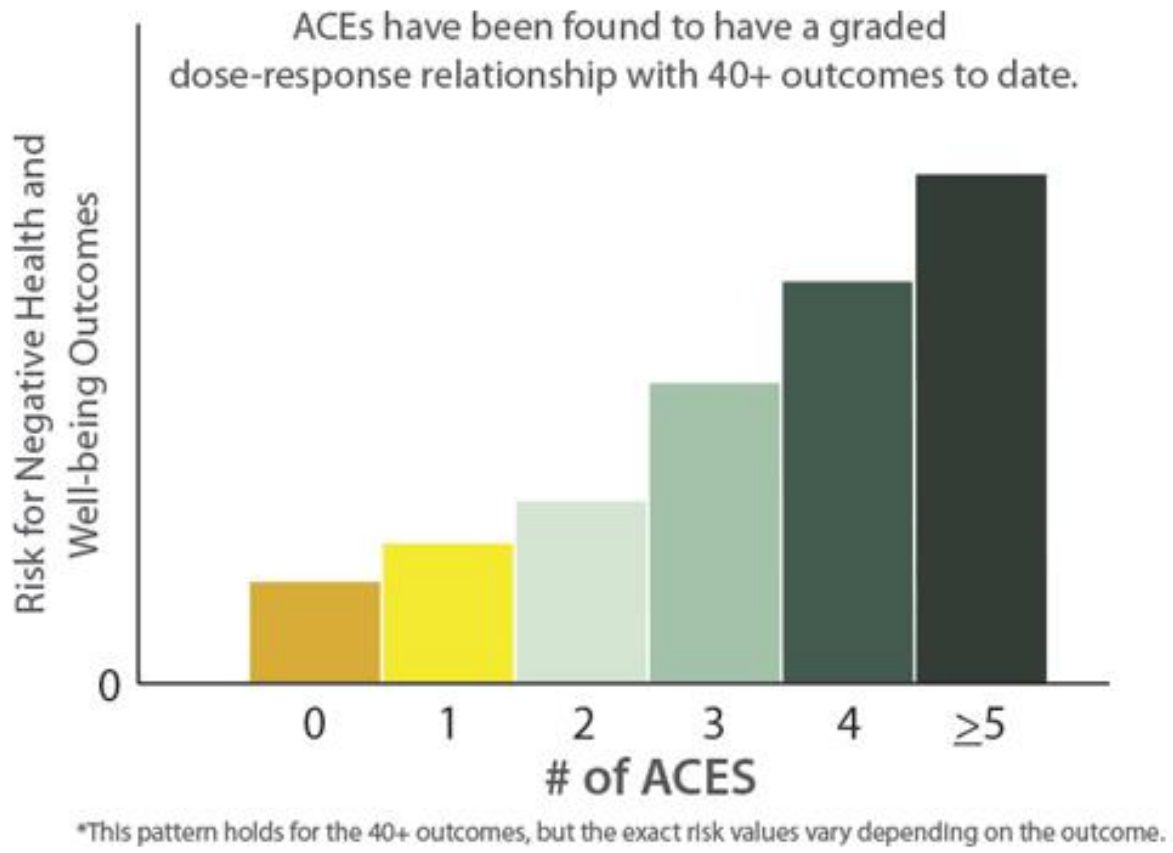


ACES can have lasting effects on….

Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)

Behaviors (smoking, alcoholism, drug use)

Life Potential (graduation rates, academic achievement, lost time from work)

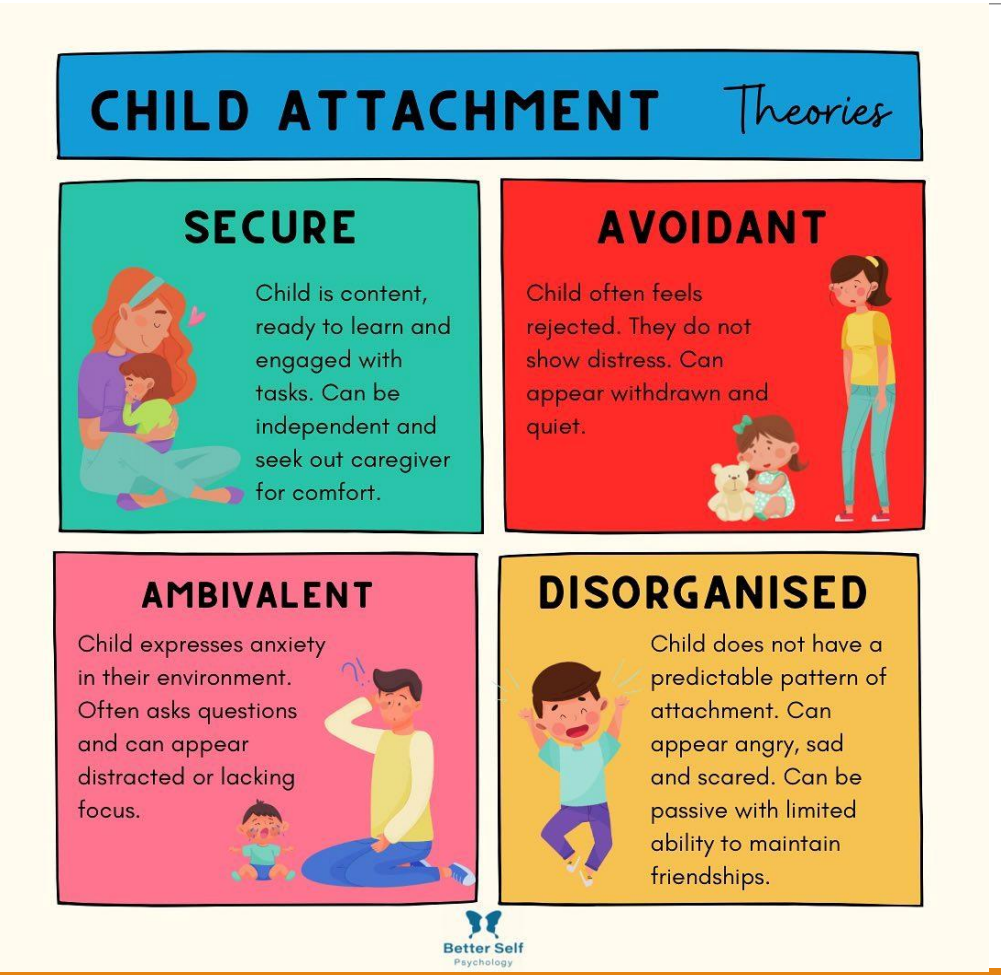


Attachment Style

The different attachment styles

- Secure attachment.
- Anxious (or ambivalent) attachment.
- Avoidant-dismissive attachment.
- Disorganized attachment.

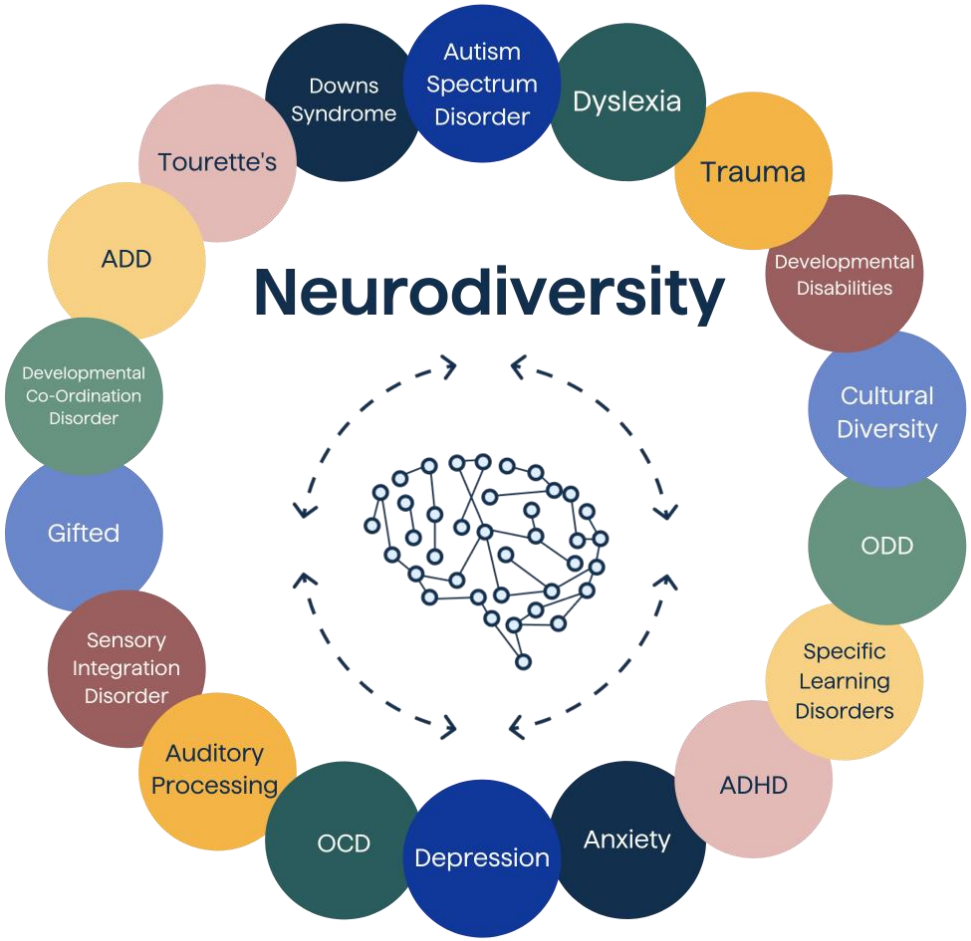
https://www.youtube.com/watch?v=WjOowWxOXCg



What is Neurodiversity?

Neurodiversity is a term that refers to the natural differences between people and was coined in the late 1990’s by Australian sociologist Judy Singer.

Learning about neurodiversity can help you move the focus from impairments towards everyone's different abilities.



What is trauma?

The perception of a situation which occurs to self or others which realistically appears to threaten our existence (Cairns, 2008, p. 99)

Beyond scope of human experience (APA 1980)

Includes helplessness, fear, horror and disgust

Car accident, abuse, witnessing violence, being diagnosed with life threatening illness.

EXTERNAL EVENT + INTERNAL REACTION

What is developmental trauma?

Researchers van der Kolk et al. have proposed that children who are significantly psychologically and emotionally disturbed as a result of their traumatic upbringings be diagnosed with Developmental Trauma Disorder

High Stress plus **Need to Avoid Stress**

Our bodies **respond automatically** to such a situation

The way the body responds is called **'traumatic stress response'**

The body responds to **keep us alive**

Fight / Flight / Freeze

Impact of Childhood Trauma

Cognition
- Impaired readiness to learn
- Difficulty problem-solving
- Language delays
- Problems with concentration
- Poor academic achievement

Brain development
- Smaller brain size
- Less efficient processing
- Impaired stress response
- Changes in gene expression

Physical health
- Sleep disorders
- Eating disorders
- Poor immune system functioning
- Cardiovascular disease
- Shorter life span

Emotions
- Difficulty controlling emotions
- Trouble recognizing emotions
- Limited coping skills
- Increased sensitivity to stress
- Shame and guilt
- Excessive worry, hopelessness
- Feelings of helplessness/lack of self-efficacy

Behavior
- Poor self-regulation
- Social withdrawal
- Aggression
- Poor impulse control
- Risk-taking/illegal activity
- Sexual acting out
- Adolescent pregnancy
- Drug and alcohol misuse

Mental health
- Depression
- Anxiety
- Negative self-image/low self-esteem
- Posttraumatic Stress Disorder (PTSD)
- Suicidality

Relationships
- Attachment problems/ disorders
- Poor understanding of social interactions
- Difficulty forming relationships with peers
- Problems in romantic relationships
- Intergenerational cycles of abuse and neglect

Assessment Tools

PROJECTIVE TECHNIQUES:

Draw a person

Screening tool to assess intelligence, emotional and behavioural difficulties.

Draw your family

fit for determining children's attitude, fears, needs, maturity level, stressors, gender tendencies and self-perception in relation to their family and significant others.

Draw a House – person – Tree

test used to assess an individual's personality, emotions, and attitudes.

OTHER:

Strengths and Difficulties Questionnaire

Psychological assessment or assessment report by an Educational Psychologist.

WISC-R

BAS

Diagnostic Picture

Strengths and Difficulties questionnaire:

More overall distress in a classroom learning situation, scores in residential setting were closer to the normal band. Most pronounced weakness was related to the hyperactivity score (High distractibility and short attention span). Relationships with peers also problematic.

Relative strengths: no conduct problems in school or care, and high scores on the Prosocial behaviour scale.

Draw a person test:

Very disorganised suggesting difficulties in visual-motor abilities, and the organisation of spatial information. Drawing was more typical of a 4 to 5 year old child.

This test was readministered a few times, and improvements in the drawings suggest a development of the child's self representation along therapeutic intervention.

Ongoing assessment: Gestalt Perspective

Dylan seemed to have introjected the blame and criticism that his parents had directed at him (he was the family's scapegoat), and as a result tends to act out from an 'underdog' position.

He was desensitized from his body (a result of trauma) and dissociated – not aware of what was going on inside of himself.

A tendency to 'space out' in stressful situations eg in the classroom – a contact boundary disturbance

Confluence – merging with peers, difficulties separating himself from his environment, no sense of personal boundaries, poor sense of self, doing anything to please others.

Often made use of deflection – avoiding eye contact or direct contact with others.

Tendency to keep a low profile, preventing him from mobilising himself in his environment

This may have been developed as an adaptive strategy (creative adjustment) in response to an unsafe and unpredictable environment.

Negative self concept and self esteem: feeling unlovable and unworthy (a result of the neglect and abuse)

Other observations

"***Children do not have the ability to understand separate experiences and points of view and thus take responsibility for everything that happens in their lives and what others do to them.***" Blom (2006, pg 32)

It was thus important to create a therapeutic space that was safe enough for Dylam to experiment with different behaviours, and to learn new ways in which he can approach the world and have his needs met, thus supporting his ego development.

Before he could even attempt this, he needed to learn how to become aware of himself and his own needs, tuning in to his body, and identify bodily sensations such as feeling cold or hungry.

According to Gil (1998), children who have experienced trauma or abuse often desensitize themselves as a protection against getting hurt.

Dylan also needed to develop the vocabulary to express feelings appropriately, and the ability to distinguish between physical sensations and emotions was deemed an important therapeutic aim in order to become capable of emotional contact-making.

"***These children need to experience their sensory contact functions in order to gain a stronger sense of self."*** *(Oaklander, 1994)*

Oaklander further argues that children who have a poor sense of self also tend to be confluent with others, often doing anything that others ask of them in order to please them.

They have difficulties separating themselves from their environment, and have no sense of personal boundaries.

The way that Dylan would 'merge' with some of his peers, and the way how some of them used his naivity to have a good laugh, was a clear indication of his poor sense of self.

His inability to assert himself, or to simply express his feelings, such as anger and frustration, would often result in retroflected emotions.

Psychosomatic symptoms such as scratching himself long after his dry-skin condition was controlled, as well as his stammering problem were indications that repressed or held back energy around the ‘unfinished situation’ was being retroflected against the self.

His ‘body armour’ consisting of a collapsed chest and position of resignation potentially indicated an ‘incomplete Gestalten’ probably having to do with experiences of pain, resentment, anger and unexpressed protest against parental cruelty (Clarkson, 2004; Blom 2006).

As regards attachment pattern, Dylan seems to exhibit a ‘disorganised’ attachment, with no coherent defensive posture, often appearing afraid, confused or uncertain on how to react and manage his feelings in a particular situation.

If our neural pathways or pre-cognitive patterns depend on the quality of our attachment; if attachment relationships affect the structure of the brain (Cairns, 2004), and if traumatic stress and high cortisol levels caused by chronic neglect and /or abuse, injure the developing brain (Levine & Frederick, 1997) , then it would not be too far fetched to assume that a child like Dylan may in fact be thinking and feeling with a different brain.

In Dylan’s experience, love and fear, care and abuse are mixed up in a “**poisonous concoction of love combined with harm**” (Gerhardt, 2004). This dilemma, directly relevant to the child’s experience of care, also constitutes Dylan’s impasse. It is where all his energy seems to be stuck and is poignantly acted out ‘ad nauseum’ during therapy in the stories he creates and in his psychodrama.

Working through the issues

DIRECTIVE APPROACHES

Life-line

Relationship map

Story Telling

Life-Story Work

Projective Techniques

(Fantasy, Pictures, Totem animal, Dix-it Cards etc)

NON DIRECTIVE APPROACHES

Play therapy

Drama

Sand Play

Puppets

Drawing

* Suggest Exercise / Practice

DISCERNIBLE PHASES IN PROGRAMME OF THERAPY

Phase 1: The ‘stray kitten’ learns to trust

Building the therapeutic relationship, assessment and treatment planning

When I first met Dylan I realised that probably all prospects of ever working therapeutically with him were going to depend on whether I was successful at making contact with him, and whether in time he would learn to trust me. It all depended on whether we would manage to build a therapeutic relationship, and with his experience of adults up to present, this was not going to come easily to him. My greatest challenge at this phase was to respect the child’s pace and not try to rush things. I assisted Dylan to focus on the here and now by providing opportunities to discover, experience and experiment with the materials present in the therapy room: puppets, toys, sand-tray, clay, paint material; using these tools to help him make sensory contact.

This gave me ample opportunity to observe him and to start to build an idea of his contact boundary disturbances and possibilities for future work. Mostly we played with puppets, and created stories

Aggression, fighting and killing between these puppets were frequent themes, and often these characters needed to be taken to a doctor or to hospital, where they needed to be cared for (thanks to the presence of a first aid box) in order to survive. Dylan had no difficulties in respecting me and the therapeutic space (room & materials); probably the greatest challenge was around the ‘time’ boundary, since having not yet developed the concept of time, and also because of the great needs that he has, ending the session often proved difficult for Dylan (and his therapist) since he would often try to prolong our time together.

Exercise: Story Making

Doodle & Projection

Creating a picture together

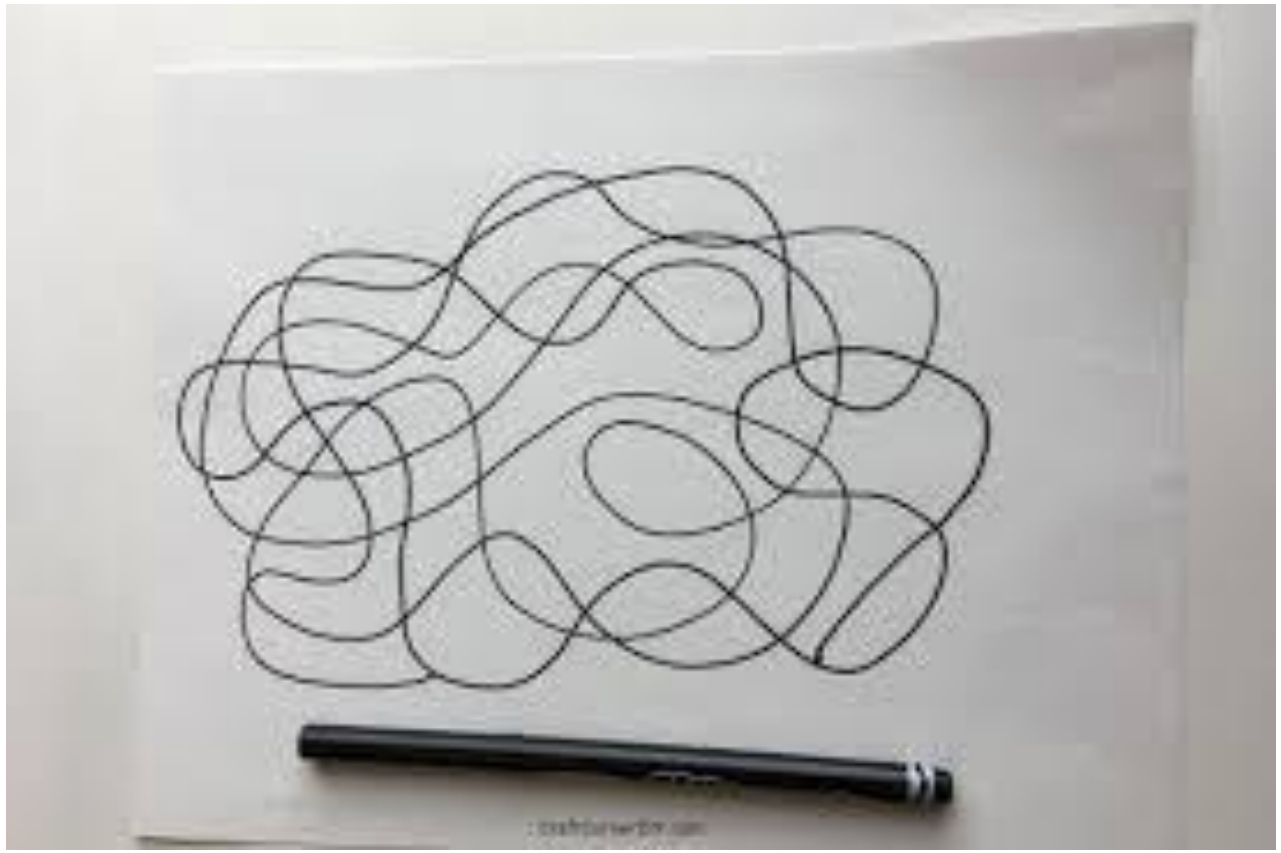
Dice stories

One sentence each

Writing a story

6 Piece Story

How to open up the story…. possibilities



Phase 2: Zorro and the Witch

Contact-making & strengthening the sense of Self

At the 10th session, Dylan and myself enacted a short story that he created about Zorro and a Witch, who was trying to kill Zorro and his sisters. This story was to open up a myriad of opportunities, since Dylan seemed to have identified in ‘Zorro’ a kind of alter ego. Zorro could be all those things which Dylan felt he was not. Zorro became in fact the carrier of all his projections – especially those aspects of the self which he had disowned due to all the oppression he had experienced. Zorro was a carer and a protector, he was smart and strong, could outwit anyone, and he always knew what the witch was up to. He was not easily fooled, and knew his way out from any situation. The stories were often heroic and hopeful, and contained elements of wish-fulfillment. For the next 30 sessions or so Zorro would feature regularly in our sessions, initially as a warrior and eventually as a baby who needed mothering.

In the beginning I let Dylan have full lead of the creation and narration of the story. My motivations arose from the belief that children in therapy can reframe their experiences through their own story making. By moving to another world the child is assisted to perceive the trials and tribulations of the human condition in a new way, and to see new connections between past and present (Cattanach, 1997).

His role as an heroic protagonist would also give the child an experience of mastery and efficacy. He might have experienced for the first time authority and control, defining his territory and protecting it from the Witch'es attempts to take what was his, in a way defining his own personal boundaries. Occasionally the mood was lighter and he would make fun of the Witch by using playful teasing and humour. **To my big surprise, Zorro never stammered when he talked!**

Phase 3: Sword-fighting, cushion banging and roaring lions...

Emotional expression

Dylan's physical being in the beginning of therapy gave the impression of 'imploded' or 'retroflected' energy; i.e. anger and agression had been turned inwards towards the self. It was thus important to get this energy flowing, and literally out of his system in the therapeutic process. Drama in particular proved to be a great way to do this.

The sword-fighting between Zorro and the Witch (an activity which Dylan looked forward to) was an excellent means to get this agression out. As we would be 'fighting' I would try to give expression to Zorro's emotions by verbalising them e.g. "My goodness, how angry Zorro is today..."

I also encouraged vocalisations of this ‘energy’ since energy was also retroflected in his ‘sound producement’ and came out as stammering. Thus we would imitate animals’ sounds when they were part of the story, and Dylan was free to be as loud as he would get.

Such expression often gave Dylan a sense of groundedness and potency. In particular on one occasion he was very uptight about a boy who had been picking on him. I encouraged him to ‘get his frustration out’ by banging on a cushion. The soundwaves happened to create a resonance with the glass panes on the window and Dylan was glowing at the impact he was having on the environment. On other sessions we made faces in a playful way to imitate particular emotions, in my attempt to increase his emotional literacy

Phase 4: Zorro becomes a baby

Self-nurturing

"***Unintegrated children will be seeking opportunities for regression: they will need to be fed, to be wrapped up, to be tucked into a nesting box, and to be read to. They will indicate their needs, once they know that you will meet them whenever possible.***" (Dockar-Drysdale, 1993)

Once provided with a safe and contained environment, Dylan seemed capable of self-healing by naturally 'playing out' his innermost confusions and dilemmas. My own role once the contact was established was that of supporting him to evolve – in his own way and in his own time, by accepting the roles he wanted me to take and maintaining a reflecting role in relation to him. The symbolic play in which we engaged, was his way of 'sorting-out' his experiences.

Selected Key Episode

This Key Episode marks the beginning of a 'Self-Nurturing' phase. The following are some extracts from my process notes of the session:

We sit in the 'talking corner' and start the session with some nice talk as usual. He tells me about a recent outing that he has been to with the rest of his unit, and when I ask him how he is, like usual he says that he's all right.

I ask him what he would like to do today, and answers " We do the Zorro one", so we go to the wardrobe and he brings out the costumes – Zorro for him, bad Witch for me. We dress up and spend a couple of minutes sword fighting in very adversarial fashion.

His energy is flowing, and his hits quite strong. I mirror his energy levels providing him with a challenge, yet not overpowering him. Then he starts to come up with a story which we start to act out, and develop in the process:

…from ambivalence to contact

Zorro goes to the jungle in Africa. The witch who wants to fight him follows him there and goes to look for him. She's afraid of all the wild animals. She hears the sound of a puppy coming from the bush (Dylan still dressed up as Zorro, acts the puppy and goes to hide behind a cupboard). The witch who is not all bad, becomes concerned for the puppy and starts looking for him, but the puppy avoids her even if he is whimpering.

Then he starts to throw stuff at the witch (approach – avoidance), but still she can't understand where he is. Eventually the witch finds the puppy all curled up. He looks tired and hurt but he doesn't allow her to touch him and makes hissing noises. She leaves him food and water. Since often plastic food is represented in other stories created by himself as being full of the witch's poison I actually leave a glass of water and some real biscuits, which he consumes.

Eventually the puppy moves closer to the witch and makes a sign that he wants to play 'fetch the ball'. He plays with the witch and fetches the ball with his mouth.

…from contact to nurture

After a while he brought out the cot and cuddled up in it like a baby, covered by Zorro's black cloak which he was still wearing. I continued to cover him with the cloak and for some moments he was calm. Occasionaly he would make ferocious, hissing noises. I started to rock the cot gently. When he was calm he would let me put my hand on his shoulder, but when he made the hissing noises I was to retreat.

He asked for the 'bumbu' which is an infants' bottle that we keep in the therapy room, and asked me to fill it with water. As he drank from it like a baby, I sat next to the cot and he would often maintain eye contact for a few seconds. Then he said he wanted to sleep for a while, and I gave him the tiger soft-toy to hold (this is like a transitional object for him and on other sessions it was represented in play as the baby's mother). He kept hold of the bottle and occasionally he would chew on it. For some moments I would continue to rock the cot gently and he was calm and very still. He looked warm and safe cuddled up in the cot.

After some time he said it was enough. We spinned around counting from 1 – 10 and removed our costumes in a ritual we developed for 'de-roling'.

…importance of ‘de-roling’

Since the sessions often deal with the provision of primary experience, I find de-roling very important so as to provide Dylan the possibility of regression in a structured environment, and that he comes to identify the therapeutic space as a possible ‘regression zone’, yet not to carry on in this regressed state in other areas of his life – such as the unit or the school where such provisions would be impossible to put into practice.

My understanding of the emotional climate that was created between myself and Dylan is that he was ‘using’ me to ‘fill gaps in his emotional experience’ by putting me in a provider’s role, and at the same time acting out the original ambivalences with the mother in the transference. My responsibility lay in intuiting his needs by trying to ‘tune-in’ to him as much as possible in ‘maternal preoccupation’ and to be aware of my own counter-transference in order to react to the child in such a way that would provide him with a reparative experience (Dockar-Drysdale, 1993).

…ending the session

I invited him to sit in the talking corner where we also sit just before the end of the session in order to bring some kind of ‘ending’ structure to the session (I found this helpful since before he had difficulty to end the sessions).

As we were going through the story that he created today he said that the puppy found himself in the jungle because his mother and father are dead. He misses them and is afraid. He also added that the puppy started to trust the witch because she took care of him, and that the witch was good today because she did not take the ‘bad’ pill.

Favourite costume & play material used by Dylan and costumes used by myself

Zorro's coat, hat & sword, infants' cot and bottle and tiger soft toy

Black cloak & sword to represent the Witch and blue cloak to represent Good Fairy

Primary provision

Dylan often asked for food or drink during the therapy session, and I made sure these were always available.

During the play process whenever the baby got a year older and had his Birthday, (Dylan asked for such Birthdays to be celebrated) I would symbolically wrap a toy from the room in some paper or cloth and give it to the baby.

What was once a ravished and abandoned animal (the unacceptable part of the self) slowly slowly became more human, and the self more integrated. During this time there was also an increased capability to own his emotions, and to integrate some polarities.

Moving towards Integration

Once when he was feeling very confused because he was feeling both happy and angry, we tried an empty chair dialogue between the angry and the happy child. The angry child was very angry because he didn't have a mother and a father, he was running the streets on his own and did not have anything to eat.

The happy child had all these things and in the dialogue invited the angry child to stay with him so that he will take care of him. The angry child became much happier on the other side.

Dylan was becoming more capable at self support by learning to ask to have his needs met, and also by protecting the vulnerable and angry little child that he has inside.

Phase 5: Dylan deals with life:

Adressing the persistent inappropriate process

With time Dylan became better able to understand some aspects of his behaviour, to assume more responsibility for taking decisions, to act in a more adequate manner, and to understand that what we do can leave an impact on us and on other people.

His awareness of his own process however remained somewhat limited, and due to his cognitive limitations he can't handle all situations adequately, and is liable to be greatly influenced by his peers.

His personal boundaries are not defined enough, and he has a tendency to become confluent, often acting the fool to please or amuse his peers. Although he has become more able to reflect verbally on such occurances he still has difficulties 'catching himself in the process'.

Some of the recent sessions focused on helping him develop handling strategies – in particular on how to approach adults and get their support in challenging situations.

Overview:
Issues presented and worked through…

A great deal of Dylan's play during therapy involved elements of magical and grandiose thinking about his own powers and strength, a sense of invulnerability and a capacity to outwit all his opponents, often represented in the fictional character of 'Zorro', who fights yet also befriends the 'Witch'. Similarly when he played with musical instruments or made use of drama, he liked to do so to an audience of toys and puppets, who in the fantasy of the play, cheer him and clap, and congratulate him on his excellent performance – thus his great need for validation.

This grandiosity is somewhat reminiscent of a stage in babyhood where the baby feels he is omnipotent. The ambivalent relationship between these two main characters who seem to want to annihilate one another, as well as befriend and care for each other, seems to indicate towards a poignant representation of the dynamic between Dylan and his own mother. The Witch (played by myself but often acting on his suggestions) in fact has the potential of both hurting or taking care of the character acted out by Dylan – and vice-versa. The witch's need to take pills to make her 'good' may be a direct reference to his mother's use of medication.

Some attachment stages that Dylan could have been re-enacting at this point are the need for:

- **Merging**: the need for contact, feeling held, supported and at ease
- **Mirroring**: feeling seen and understood, emotional attunement
- **Twinship**: contact through identification, the reason why it may be important for this client to be dependent on me for a while
- **Idealisation**: expressed in the powerful figure of Zorro that can do anything – to idealise someone and to feel idealised
- **Efficacy**: Identifying emotions, developing an ‘I can do it attitude’, developing internal measures and feeling OK with oneself
- **Adversarial**: Providing a boundary to push against without feeling ‘wiped out’, expressed in swordfighting and the power struggle between Zorro and the Witch

A recurrent theme in most of his play is the element of trickery and deceit. Things are not as they appear to be: persons are unreliable and unpredictable, and can be both good and evil. What appears to be food or nourishment can be poisoned, and one has to be on his guard at all time. Danger is always lurking, and it strikes when characters are sleeping or have let down their guard. Destruction, agression, and killing, as well as playing dead in the face of a tyrant – an indicator of Dylan's 'freeze' response or 'immobility' as a traumatic reaction (Levine, 1997) are also common themes. These are often balanced by 'rescuer' characters who come to the rescue and often provide a potion or a medicine to sort things out.

Some confrontations between these fictitious characters seemed to be cathartic re-enactments of scenes of verbal abuse to which probably Dylan was a witness. Statements uttered during therapy such as: “I’m the man here, you’re nothing” (Zorro to the Witch) followed by Zorro bringing food to Witch shortly afterwards; and the confusion experienced during play of what and who is either good or evil, may infact be Dylan’s own experience of confusion at the conflicting messages he received from his family of origin, where care and abuse were intertwined.

In empathically verbalising this confusion, I attempt to validate his experience, help him make sense of it, and help him learn to distinguish between what is care and abuse, what is good and what is wrong to do. During this process I also aim to educate him on practicing personal boundaries and assertiveness, while helping him reown some of the positive qualities he projects on his favourite character. Occasionally using ‘role-reversal’ I consult with ‘Zorro’ (played out by Dylan himself) regarding some dilemma that Dylan would be facing in real life.

Other secondary characters such as animals, also play an important role as carriers of projected moods, or differrent aspects of the self: a ferocious tiger, a courageous lion, or a vulnerable puppy can represent different aspects of Dylan's personality.

Sometimes development of a theme or an issue that is being worked through, can be assessed depending on the extent to which this animal figure has become human like in its qualities. A wild lost cub that needed to be nurtured, subsequently became a puppy, then Zorro as a baby, and eventually a baby with a name of his own who needed to be cared for by his mother. Similarly the carer of this cub was initially the Witch, then she became the Good Fairy, and eventually the child's Mother.

The story child himself was growing as therapy went by, spanning the years from when he was a baby, to when he was 13 and therefore would in Dylan's words and very symbolically "No longer fit in the cot". These Birthdays would also be celebrated duing the session with pieces of muffin and symbolic gifts. Occasionally we would go back a few years, and the child in the story would become younger, then start to progress again. Drawings presented by Dylan throughout this time show definate improvements in the representation of self.



Development of self representation along therapeutic intervention

Suggested Reading

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