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## **When Your Child Begins Therapy: What to Expect and Guidelines for What to Say to Your Child**

By the time you decide to bring your child to treatment, your child is likely to be experiencing concerns and exhibiting problematic symptoms that reflect more than just a few weeks of “bad days.” You are concerned. And your child is likely to have her own set of concerns. Your concerns may be the same as your child’s; however, they also may be different. Oftentimes, parents have questions about what to expect during treatment, how to introduce therapy to their child, how to react in the waiting room and after therapy sessions, and how much involvement they themselves will have in the treatment. Answers to these questions depend on the child’s and family’s particular needs. However, some general guidelines will be discussed in this article.

### **What to Expect During Treatment**

The beginning part of treatment can vary, depending on the child. Some children connect to the therapist and treatment very quickly, very much wanting a forum in which to be able to work out their concerns, whether by talking, playing, and/or creating art. Other children are more cautious, wanting to make sure that they can be safe and that they can trust the therapist before opening up. To the extent that they have struggled, been in pain, or felt misunderstood, understandably, they may feel the need to protect themselves. In my experience, tentative or even more extreme unpleasant reactions are not indicators that treatment will be ineffective. In fact, these types of reactions can be informative and ultimately helpful to the therapy; they might be the best way that children are able to communicate their internal emotional experience—by actually *showing* the therapist. It can be helpful to remember that tentative reactions are present for good reason and therefore need to be tolerated, understood, empathically responded to, and valued. When parents and the therapist can bear such reactions, children can begin to grow their own capacity to bear and regulate their feelings and behaviors.

In general, but not always, parents report seeing an initial relief of symptoms, with their child feeling better. Then, the real work starts. It is important to remember that therapeutic work is not linear. In other words, your child will not necessarily get better after every session. Rather, therapeutic work often occurs in waves, fluctuating between moments of improvement and moments of “stuckness” or setback. However, the overall arc of the work typically reflects movement in a desired direction. Holding this in mind can help you keep courage and hope when you witness setbacks.

## **How to Introduce Therapy to Your Child Before the First Session**

Understandably, children wonder why they are coming to therapy. Even if your child doesn't ask, seems as if he is not curious, or acts as if he doesn't care, you can be sure that he is wondering. Below are some guidelines for how you can help your child understand and feel safe about coming to treatment.

***Introduce the treatment in terms of the child's perspective.*** It is important to communicate that therapy is not a punishment for your child's behavior and that your child is not coming to therapy to "be fixed." Children often assume that this is the reason why they are coming to therapy, and this assumption can make them defensive or leave them feeling worse about themselves. Instead, take some time to contemplate what difficulties led you to seek treatment for your child, as well as what these difficulties might signify about your child's *needs*. To help you sort out your answer, you can turn to conversations you have had with your child. Most likely, your child has indicated concern over these difficulties as well—but from her perspective.

Here are some examples of how to introduce treatment from the perspective of your child's needs. If your child is having social difficulties, it is less helpful to say, "We are taking you to see a therapist because you are struggling socially" and more helpful to say, "You've told us that sometimes it is hard for you when you are alone at lunch and can't find friends to play with. I know this can feel lonely for you, and maybe we can find a way to help you with that lonely feeling."

If your child is having emotional regulation problems, it is less helpful to say, "You are going to see a therapist to help you have less temper tantrums" and more helpful to say, "I know that when you get upset it feels just awful inside, and then you feel really bad about yourself afterwards. That is really hard! Maybe we and Dr. Vula can help you understand those very big feelings so that you know how to take care of yourself in those big-feeling moments."

Notice that, in both of these examples, the emphasis is not on your child's upsetting behavior, but rather, on her *needs*.

***Clarify that the therapy is not only for your child, but also for you.*** Children often interpret that they are going to therapy because *they* are the problem. You can clarify to them that children need help doing their growing up work, but so do parents! Parents' work involves learning how to understand their particular child and how to give that child what he needs. Try to present this information with enthusiasm and with an attitude that you have interest in learning and growing, as opposed to conveying that you feel burdened by the task at hand. Children may already have a hard time with the fact that their parents hold most of the power in the parent-child relationship. Hearing you acknowledge that you like to continue to grow as parents can feel safe, less burdensome, and relieving to your child.

You can let your child know that you, too, will occasionally meet with the therapist in order to address parent work. However, it is important for you to clarify to your child that his therapist will not be telling you what he said during sessions. A child's confidentiality is a crucial boundary that is set up so that he

can feel safe opening up in therapy. Therefore, your child needs to be assured that this boundary will be honored.

***Remind your child (and yourself) that we all need many helpers to do our growing up work.*** If your child feels badly about the fact that she needs to see a therapist, you can remind her that all children need helpers to grow up—be it parents, other family members, family friends, teachers, coaches, spiritual guides, etc. Therapists can be one of these helpers. You can also remind your child that you, too, need helpers, such as your partner; your own family of origin and relatives; your doctors; your bosses, coworkers, or mentors, etc.

***Explain that therapy is about learning—all about who your child is (not just about what your child does).*** You can let your child know that therapy is about learning, but a different kind of learning from the kind of learning that occurs in school. In school, children learn facts and information that come from the outside. In therapy, the child and therapist get to learn all about who the child is on the inside, including what the child feels. Eliciting your child's curiosity can be helpful; the therapist and child get to come together as co-investigators to explore the child's internal world and to discover all of the inside riches. Plus, there is nothing to memorize, there are no tests or papers to write, and there are no wrong answers!

These concepts can be new, so your child may need support and help in sparking interest about his internal life. You can help your child's progress by becoming interested in your child's internal life yourself. Our parent sessions can help you strengthen this skill, if you need some help. Furthermore, you can model to your child an interest in his internal experiences by becoming interested in your own internal experiences and what they mean. It is important to know that children internalize their parents. When parents exhibit emotional awareness and the ability to self-reflect and self-regulate, children begin to grow these skills for themselves. These skills can become part of the family culture. Valuing internal experiences (not just managing external behaviors) helps family members feel understood and can help foster stronger relationships and more family unity. Our parent sessions can be helpful to you in this regard as well.

***Communicate that you are in support of your child's therapy.*** Understandably, parents may have mixed feelings about bringing their child to treatment. They may feel frustrated with, scared, or worried about their child. They may feel anxious and desperate to obtain immediate results. Or, they may feel bad about or angry with themselves, ashamed or embarrassed, or left out when they see their child go into a room with a therapist—while they are left waiting in the waiting room. Furthermore, parents may disagree with each other about the need to bring their child to treatment. These reactions are common and natural. However, it is important that you monitor and work through such reactions within an adult context, rather than conveying them to your child, even in the most subtle of ways. Children are keen observers and watch their parents very carefully for signs about how they should feel about their treatment. If you are supportive and encouraging of your child's treatment, then your child can feel that she has the permission and freedom to engage fully in her treatment.

### **Waiting Room Considerations**

Children's treatment takes on a life of its own, and children can become protective and possessive of their therapist and therapy hour. The therapist's office, the waiting room, and even the building become *their* place. Therefore, while under other circumstances it would be nice to share a few moments touching base with you, I find that it is helpful for me to refrain from having conversations with you during encounters in the waiting room, before and after your child's session. I often see children become activated when their parents start to talk to me during that time. They may show this by becoming disruptive or walking out of the waiting room without their parents, or by beginning to resist the treatment, for example. For this reason, I find that it is best for such parent-therapist interactions to be limited; instead, you are welcome to call me so that we can talk briefly by phone or set up a parent session to talk more freely.

### **What to Say to Your Child After the First Session**

After the first session, you are likely to be curious about how the session went. Did your child like it? What did he talk about? Did he play? What was my impression of your child? While it is important to show your support and enthusiasm for your child's treatment, it is equally important to remain nonintrusive. Children often need to have a private place where they can feel free to discuss personal matters, without worrying about how others in their lives feel about what they are expressing. While this is true for all children, it is particularly true for adolescents (and pre-adolescents), who, based on their stage of development, are naturally growing a greater sense of independence and autonomy. It is helpful to let your child know that you are available to listen if your child wants to talk about his session, but that he does not have to—at this or any other time that he comes to sessions. The choice is up to him. It is helpful for you to tell your child these things before the first session, but it is important to remind him afterwards as well.

### **Parents' Crucial Involvement in Their Child's Treatment**

Children are embedded in the system of their family and other larger systems, such as their extended family, school, and possibly a place of worship. Whenever I work with children, I always work with parents or guardians as well. I find that the treatment is most efficient when I work with children on what is going on in their internal worlds and with parents in terms of how to address their children's unique needs. I do not use the word "unique" lightly here. General parenting principles do exist and can be quite helpful. However, parents also need to modify their parenting approach to meet each child's individual needs. For instance, one sibling may need more structure to feel calm and secure, while another child may thrive in a more fluid or independent (within reason) environment. Based on what you experience in regards to your child outside of the therapy room and on what I experience within the therapy room, you and I can come together as allies to understand what your child needs and how to best meet these needs. On a practical level, treatment typically involves weekly individual sessions with your child and adjunct parenting sessions for you. (In some circumstances, I work with families or parent-child dyads, if we decide that this would be most beneficial.) Adjunct sessions can be elicited by you or me, as either one of us sees needs arise.

It is important to remember that, in this article, I have discussed some general guidelines for informational purposes. Your child's situation may merit modification of these guidelines or a different approach altogether. I welcome discussion about this topic during your initial consultation and throughout your child's course of treatment.