
Fact Sheet

The Science Behind Therapy at True

Therapeutic interventions with your child and adolescent

True Child and Family Service provides special counselling for children and young people who have experienced sexual abuse and/or are engaging in harmful sexual behaviours. The effects of child sexual abuse (and sometimes the events underlying a problematic sexual behaviour) present in different ways for each child. Counselling for your child at True is specifically tailored to the concerns identified by parents, carers, school and (of course) the child. Over the past 20 years, peer-reviewed research and practice evaluations have demonstrated that the most effective counselling for children and young people applies play, art, music and body-movement to more traditional talk-based counselling therapies. In other words, you may notice that the counselling your child or adolescent receives at *True Child and Family Service* looks very different to counselling depicted on TV or social media.

This information sheet provides a brief introduction to the knowledge behind therapies that may be used in counselling sessions. Therapists from True have found that caring adults often feel reassured when they hear the logic behind the different modalities used in best practice therapeutic interventions.

An important beginning point: the role of our brain in counselling

Most people seek counselling when they or their children are experiencing thoughts, feelings and/or behaviours that are affecting their wellbeing. The goal of counselling in these circumstances is to be able to change the thought, feeling and/or behaviour so life can be more manageable. Registered or accredited therapists are trained in a range of counselling theories and taught the evidence of why and how such theories work. Therapists are also required to have specialist knowledge about how best to use counselling theories safely and effectively. Understanding the science behind therapeutic work begins with a knowledge of how the brains of children, adolescents and adults recognise danger (or the risk of danger) and send the body (without conscious thought) into a safety response. The safety response triggered by the brain is sometimes what brings child and families to counselling. This is commonly known as a **fight/flight/freeze or comply** response. Examples include being quick to anger or to run away; feeling unable to speak or move; people-pleasing, feeling unable to say no or withdrawal and self-isolation. The brain-activated safety responses can be confusing, exhausting or problematic. Many people find themselves developing strategies to cope with the effects of fight/flight/freeze or comply. This may include eating too much or too little, using alcohol or other substances to soften the hard feelings, running away from school or home, hiding in bedrooms or simply losing ourselves in our imagination when we are supposed to be paying attention (at school, work or home).

The goals of counselling are usually based around identifying and understanding what someone is actually feeling, indicated by thoughts or behaviours.

Fact Sheet

The therapist and the client together identify over time the automatic or unconscious response the client might have (**fight, flight, freeze or comply**) and how the client is living with that automatic response right now.

- For instance, your teenager might attend counselling because his automatic brain response to a circumstance has been **fight or flight** and the way that he experiences these is through the feelings known as *anxiety* or a *panic attack*.
- Your niece may attend counselling because her automatic brain response to a circumstance has been to **comply** or say yes to everything and she is feeling overwhelmed and exhausted and particularly confused about why she can't simply say 'No'.
- Your child may be brought to counselling because her automatic response to a situation is **fight** – and at school and at home she can suddenly appear angry and out of control for reasons that seem really minor to you.

Counselling strategies are developed to help people of all ages not just to identify and understand their automatic responses but to help to develop new responses to the same triggers. This takes time, care and creativity because of the complexity of our brains.

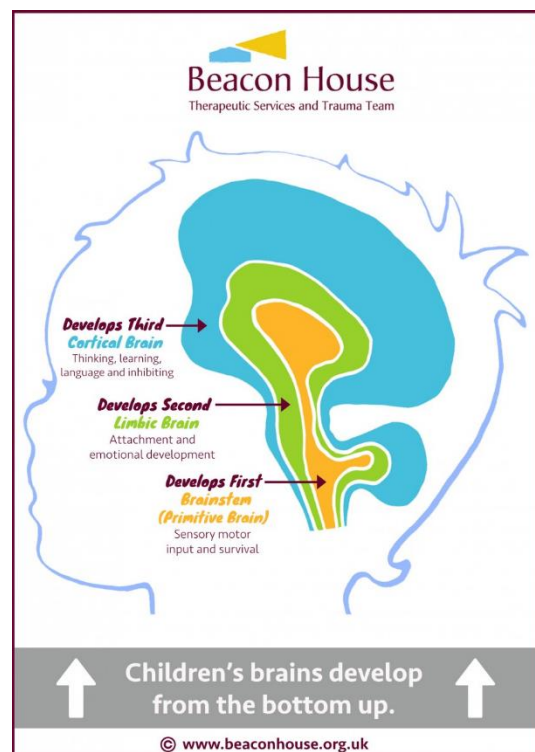
Brain development and our automatic responses to trigger events or experiences

This diagram from Beacon House in the UK shows the three parts of the brain in the order they develop.

The first part of the brain to begin actively working is **the brainstem**. This is the part of the brain that is all about gathering vital information from our senses to keep us alive. It directs our heartbeat, our breathing and other life-giving unconscious activities.

The second part of the brain to develop is our **limbic system**. It is activated immediately before birth and begins to strengthen brain messages that are about survival outside the womb. Human babies require care from adults to keep them alive for at least the first two years of their life. They cannot move at birth to escape from danger; they can't seek out food independently. The limbic system develops an intuitive response to how safe the child is, their immediate needs and which adult will meet those needs.

So, this part of the brain is responsible for gathering the sensory information from the brainstem and quickly assessing whether the little human requires to fight (cry), flight (cry for someone to save them), freeze (stay completely still) or comply (learn what the adult wants them to do if they want to get food, warmth or safety).



Fact Sheet

The final part of the brain to develop is the **pre-frontal cortex**. This part of the brain becomes active around the age of two years and **does not become fully developed until the age of between 22 years and 28 years of age**. This part of the brain is specifically designed for learning, understanding and predicting the future consequences of actions from past experiences.

It was the realisation of the length of time required for the cortex to develop fully that helped researchers make sense of why counselling modalities that rely on talk therapies alone **DO NOT WORK** for most people under the age of 12 years. The ability to process thoughts verbally and to understand the consequences of future actions based on past experiences is not fully developed until human are in their mid-twenties.

The specific impact of trauma

Many of the children and families attending *True Child and Family Service* have experienced a significant trauma or series of traumas in their lives. Traumatic experiences require the brain to kick into a limbic response. The pre-frontal cortex is put into a rest mode while the limbic system takes over to protect the human from danger. That limbic response is the **fight/ flight/ freeze and comply** response. People that have experienced traumatic events may find their brain has become so sensitive to the need to protect that they are triggered into fight/flight/freeze/comply so often it is impacting their lives in negative ways. Counselling modalities that simply use words are usually not enough to sooth a sensitive limbic response.

So what therapies are recommended if talk therapies are not ideal?

Recommended therapeutic modalities for trauma responses (or for behaviours in children whose pre-frontal cortex are not fully developed) include the following:

- Art therapies
- Expressive therapies, including Sand Tray and symbol work
- Somatic therapies (body-based therapies, including yoga, dance and TRE)
- Music therapy (including drumming and singing)
- Mindfulness therapy

What is involved in these therapies?

The therapies used by the therapists at True are carefully chosen. An important consideration in the decision to use a particular therapy is of course the preference of the child or family. Ideally the modality used most frequency will be one that resonates with the child or family and feels comfortable or natural. In addition, some therapeutic approaches are chosen deliberately because of the particular area of the brain that the therapist has assessed requires a focus in the session.

Some therapies have been proven to work with soothing and regulating the brainstem, such as drumming, singing, movement and action. Other modalities are designed to nurture and redevelop the neural pathways of the limbic system. Non-verbal modalities such as expressive therapies, creative art therapies and mindfulness have a substantial body of evidence underpinning their efficacy. For many who attend counselling, a verbal component to the counselling is valuable and

Fact Sheet

appreciated. The staff at True receive specialist professional development opportunities and supervision in best practice modalities recommended by the AASW and the APA.

Where can I find more information about the different counselling modalities?

True Child and Family Service has prepared individual information sheets on the following therapies and will explain the theory behind the modality used and why it has been chosen for a particular appointment with your child or family.

- *Information sheet 9: Creative Art therapies*
- *Information sheet 10: Expressive Art Therapies, including Sandtray and Symbol-work*
- *Information sheet 11: Somatic therapies including body-based interventions, drumming, movement and music therapies*
- *Information sheet 12: Talking (cognitive) therapies including Narrative Practice, Cognitive Behavioural Therapy (CBT) and Acceptance and Commitment Therapies (ACT)*

It is important to know what is expected in a counselling session, why the appointment has been structured a particular way and the purpose of the chosen modality of counselling. This will be discussed with clients of *True Child and Family Service* in their first appointment and then again after the third appointment when Beth has completed initial assessments and developed a therapeutic plan.

Please know you are welcome to make a time with your therapist or counsellor to review again the therapeutic plan, the modalities used and the goals of therapy if you find questions arising during the work with your child or family.