



Through windows of opportunity: a neuroaffective approach to child psychotherapy

Marianne Bentzen and Susan Hart Karnac 2015 ISBN 978-1782201588 £24.99

I loved this book from beginning to end. It is not exactly easy reading but it is a fascinating book with so much to inform our practice with children, and I think it should be on the reading list of all courses offering training to work therapeutically with children.

The book is based on a two-day conference titled 'The guest for the nonspecific factors in psychotherapy with children', which explored the process of change and repair in child psychotherapy, specifically in relation to neuroaffective developmental psychology.

What I appreciated most about this book is that it gives us the scientific evidence in terms of neuroaffective developmental psychology that shows what many of us have believed for years - it's the relationship that heals. The authors state: 'It is the reciprocal emotional attunement between the therapist and the child that mediates the treatment, and the only intervention capable of healing inadequate attachment is the establishment of an attachment that is based on adaptive emotional attunement.

The importance of working systemically is also highlighted and supported by reference to the neuroscience behind what many therapists already believe, namely that

we need to work with parents as well as children to be most effective.

The triune brain is described in much more detail than I have previously seen, which I found informative and interesting. If you are looking for sound scientific facts, this is definitely the book for you.

The theory described in the book has profound consequences for the way we conduct therapy with children and their carers. For example, it highlights the dangers of attempting to use forms of therapy that children are not able to engage in because of the developmental deficits within their brain, including play therapy, and also the need to meet parents in their zone of proximal development.

Much of the book consists of therapists Peter Levine, Jukka Mäkelä, Haldor Øvreeide and Eia Asen discussing the way they work through commentary on video recordings of sessions with children that were shown at the conference, linking the theory to practice, which I found helped me to think about my own child clients in a similar way.

And finally, from the foreword: 'Sometimes children are angry and withdrawn or sad and defiant [...] To help we have to find ways that "follow the child" in order to restore the natural creative optimism and sense of fun."

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Grief and trauma in children: an evidence-based treatment manual

Alison Salloum Routledge 2015 ISBN 978-0415708296 £21.99

This book is well written and has an excellent body of research that offers evidence for this model of working with grief and trauma in children. The model offered, called Grief and Trauma Intervention (GTI), is written for 7-12 year olds. While the book is from the US, I believe that it would translate well for use in primary schools in the UK.

As counsellors, we can feel concerned about how to proceed with a child who has suffered a great deal of both loss and trauma at an early age. Young clients may have witnessed violence or met the death of a close family member through illness, murder or suicide. My experience is that there is a great deal of wanting to protect children in our culture by not talking about a traumatic incident or a death. Children are often not allowed to visit graves, go to funerals or talk about a dead relative. This book will help counsellors to approach these losses, enabling children to process what has happened in a manner that is safe for both the child and the counsellor.

The treatment intervention outlined is not specifically written for counsellors. It is better suited to groups of children and has a 10-session approach, more like lessons than counselling. In a one-to-one

A thread running through most chapters in includes extended case examples. anxiety, there is a chapter for you. The book if you are wondering about ASD, ADHD, or Part 2 also deals with specific diagnoses - so

reflective practice] ... easy to forget but and presents them as internal disciplines lot courage, self-care, humility and compassion, wholeheartedness, vulnerability, genuineness, person and with great clarity about empathy, with compassion. Crenshaw writes in the first which addresses the hard-pressed therapist Practice in Play Therapy and Supervision', Seymour and Crenshaw's chapter, 'Reflective applicable. A highlight for me from Part 3 was reference, but the principles are universally ethics was rather US-specific in its terms of among other things. Some of the chapter on book deals with ethics and empirical research, developmental trauma. The final section of the underpins our thinking about, for instance, research of the last 15-20 years, which now the fields of neurological and attachment Parts 1 and 2 is of many explicit references to

in research. breadth, depth, readability and grounding approaches, I recommend this volume for its psychotherapist using play-based as a play therapist or as a counsellor/ established in your practice, whether trained children and young people, or well Whether you are new to working with essential to practice' (p486).

supervisor and counsellor. registered play therapist, play therapy Nina Rye is a director of Connections, and a MANAMAN MANAMAN



enige to theory and bracket Play thendby: a comprehensive

Chilford Press 2015 David A Cranshaw and Anne L Stewart (eds)

Cranshaw and Stewart have asked each

1SBN 978-1462517503 £46.99

with your own experience in the therapy examples, some of which may well resonate of Play Therapy', you will find illuminating adolescents in 'Part 2: Clinical Applications Approaches', or on working with in 'Part 1: Play Therapy Theories and an attachment framework in play therapy whether you look up the chapter on using model of therapy under discussion. So to life the theoretical background to the sections there are clinical examples to bring one hardback volume. In the first two pages or less, and gathered the results into knowledge and clinical experience into 20 of 36 respected therapists to distil their

homeless and those in military families. groups such as children in foster care, the sexual abuse, and anxiety; also with specific deals with specific issues such as griet, 'the hand-mind connection' (p167). Part 2 metaphor and the divided brain' (p165) and storytelling, for instance, writes about own practice. Kestly, on sandreay and exciting ideas and possibilities for your between different approaches, leading to start to find new connections and contrasts One of the pleasures of Part 1 is that you

authors write with clarity, using illustrative

Guidelines in Play Therapy', the various

room. In Part 3, 'Research and Practice

examples where appropriate.

and trauma. If we understand how our affected by children's experiences of grief easy to presume that we will not be of self-care for the practitioner. It is too traumatisation is addressed in the context I particularly liked the way vicatious appropriate if a child is traumatised. CAMHS and/or GP may be more role a counsellor has and that a referral to used with care, recognising the particular this difference, the GTI model should be

have access to clinical notes. Because of

example, it is highly unlikely that I would

I am counselling in a school setting, for

fit with a counsellor's experience. When

is more suitable.

young client.

clinical notes. In this way, the book may not

specific circumstances, a pull-out session

would be counterproductive, yet in some

noisses eno-ot-eno laubivibni na - noisses

are times when what is called a 'pull-out'

support rather than on a clinician. There

a lot of help and give insight into the GII

delivery. The notes in each session offer

10 sessions may be very helpful. It's vital In a group situation, going through the

could be used if relevant to a particular

worksheets, such as 'After the disaster',

a child can identify 'A scary thing that

happened' or 'I really miss...' - some other

perhaps offer one or two worksheets where

choose from the resources provided and

counselling relationship, I would pick and

encouraged to rely on the group for

manual is read and absorbed before

that, as Salloum suggests, the whole

model. Children, for example, are

We are advised to be aware of the child's

counselling room. ns to be more present and enabling in the take good care of ourselves, it will enable young clients' events may affect us, and

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