

**PATRICIA VELKOFF, PH.D., P. C.**  
**CLINICAL PSYCHOLOGIST**

**INTRODUCTION TO THERAPY**  
**WITH CHILDREN, ADOLESCENTS, AND FAMILIES**

**WHY THERAPY?** Therapy for children and adolescents is usually considered when we notice problems with their relationships, their ability to perform in school, their feelings about themselves, or other signs of behavioral or emotional difficulties. Therapists are able to help adults and children to address a wide variety of problems, including but not limited to:

aggressiveness	developmental delays	overactivity
lying	severe shyness	poor school performance
stealing	defiance	learning disabilities
poor peer relationships	depression	sibling rivalry
poor parent-child relationships	anxieties and fears	family-of-origin issues
	difficulty paying attention	clinging behavior

Most problems are identified not by the child or adolescent but by parents, teachers, pediatricians, or others involved with them. Getting help early can help prevent later difficulties.

**INDIVIDUAL SESSIONS:** Depending upon a child or adolescent's concerns and interests, activities are chosen for individual therapy sessions to help them understand themselves and their relationships, and change problem behaviors. Activities may include discussions, drawing, play, and practice of changes in behavior and thinking. Through all of these activities, the therapist is observing your child, asking questions, and making comments and suggestions to establish and reinforce changes in behavior, thinking, or handling emotions. Play is more common with younger children, while talk is more common with adolescents.

When a child is in individual therapy, contact between the therapist and parents is a crucial component of effective therapy. This will sometimes take place during part of your child or adolescent's session and sometimes involve separate parent sessions or phone conferences. You will then have an opportunity to inform yourself on your child's progress, discuss your concerns, update the therapist on your child's behavior in other settings, and discuss parenting techniques. Specific books or other resources may be recommended relevant to your child's particular concerns. I work with children and adolescents in my practice to understand how and when parents are kept informed on their progress, and the purpose of these contacts.

**FAMILY THERAPY:** Family therapy is often an important part of a child or adolescent's therapy, not because parents are to blame for their difficulties but because through their close relationship, love and daily involvement, parents play an important role in influencing their child toward constructive change. Family therapy can also help parents to develop skill in parenting that will be useful long after therapy ends. When parents can work with a child outside the therapy room in a way that supports the family's goals for therapy, the process is more effective and often shorter than when individual therapy is pursued alone. Sometimes family therapy is the primary recommended treatment, and sometimes it is recommended in addition to individual therapy.

**LENGTH OF TREATMENT:** The frequency and length of treatment varies from individual to individual, depending upon the severity of the problem and their response to treatment. Therapy can last 3 to 5 sessions for crisis intervention or 10 to 12 sessions for relatively specific or situational problems. For problems that are relatively severe, longstanding, or affect many areas of a child or adolescent's life, therapy may take much longer.

**MEDICATION:** If you and your child or adolescent's therapist conclude that medication might be helpful, a referral for consultation will be made to your pediatrician, a child psychiatrist, or sometimes a pediatric neurologist. Generally, your therapist will continue to work with your child or adolescent for therapy while the physician will prescribe and monitor the medication.