Working with Refugee children – some thoughts....

Hello all,

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Based on my work as an Oaklander- inspired child psychotherapist (<u>www.vsof.org</u>) here are 10 thoughts that may guide anyone undertaking therapeutic work with child and adolescent refugees – once they have relocated to a place of safety. The work also requires good support/supervision for the provider of these sessions – to focus, reflect and avoid burnout or secondary trauma.

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As a general rule I recommend Dr. Violet Oaklander's books *Windows to our Children and Hidden Treasure* for ideas on how to work dialogically within the child/young person's sphere of competence/ capability.

1 Where possible meet the child initially together *with* their family. This models transparency, and helps children and parents begin to dialogue about what is happening;. Otherwise children and parents may be inclined to avoid sharing their feelings/ experiences for fear of upsetting others. This latter happened in many families on all sides following Nazi terror etc. Meeting and consoling together with those you love close to you may help alleviate feelings of shame, guilt, shock etc. The converse, i.e. avoidance of sharing/ secrecy tends to lead to greater feelings of isolation.

Try to establish a trusting, respectful relationship with everyone from the outset. Regardless of tensions emerging try to avoid siding with child against parent or vice versa both need to feel they are being heard fairly by you. Explain the confidential nature of any 1:1 or dyadic work (eg with siblings) you may plan to undertake, with what purpose, for how many sessions etc. At the same time encourage parental involvement in the healing process, for example by including them in progress reviews.

2 Help the family begin to cultivate an environment that can provide safety and recuperation after fearful experiences of flight and major hardships. Where possible the family should remain the hub – the main place where any/all return to, cry, laugh, let off steam ...where physical and psychological comfort and reassurance can be sought and found. These needs are mutual and may remain ongoing long after the present disaster and its consequences has passed.

For some children and adults, including those with additional needs, use of a weighted blanket, or hot water bottle may be comforting. Young children may have a particular need to connect with soft toys/ teddy bears, dolls ,puppets or other items that become transitional objects. *Friendly domestic (household) pets can also provide reassurance*. Help the family, especially parents, to realise that living together in these unwished for, constrained circumstances usually takes a toll on people's ability to contact/ connect and withdraw : everyone may feel tense, irritable, dispirited,/ demotivated, lost or grieving ... These are common aspects of loss and trauma -that may seem challenging to manage. However they are best met by parents with kindness and love, helping children

and young people find routines and structure wherever possible, whilst upholding boundaries in a clear yet fair manner.

3 When undertaking brief therapeutic work whether doing so 'one -on- one- or better still, in small groups, encourage children and adolescents to use their senses as well as their cognitions/ intellect. An embodied , projective arts- based approach that also welcomes talking and sharing can be invaluable for many ,helping restore calm after hyper arousal.

Use whatever materials are available: drawing or working with collage, clay, sandtray work, music making/lyric writing, drama. (Working clay or play doh in the hands incidentally tends to be calming; it may be particularly helpful for those experiencing problems with bladder/ sphincter control and others whose tendency is toward hyper -arousal.

Other embodied work -including 'walk and talk' sessions outdoors, gardening, dance movement, yoga etc used as part of a containing 'dialogue ' can all provide useful opportunities for exploratory self -expression- especially when experience is pre verbal / words fail. Watch closely for sensory overload and evidence of triggering sights or sounds, smells etc and encourage focussing on the breath, slowing down, pacing the work to avoid retraumatising responses.

Reassure anxious parents if they become perturbed by their children's drawing or writing appearing unusually aggressive or challenging. It is usually better to use the arts in this way to allow expression of emergent strong feelings rather than keep troublesome thoughts and emotions bottled up inside.

It helps if the experience and any meaning-clarifying opportunity arising from the activity can be discussed in a therapeutic session *once the arousal level of the young client has returned to equilibrium*. if play becomes unusually aggressive /war -like consider that children may be playing out responses to what they have seen or imagined in actuality: warfare / destruction on the street or on television etc.

There are many simple, embodied ways of helping young people manage to express their angry feelings - through direct or private expression (the latter includes using imagination) and to contain them (healthy retroflection) until safe/ appropriate to 'let go'. A pre-requisite for undertaking this work with clients of any age is to be familiar with and comfortable with your own expression and containment of strong feelings. Moreover, if you are new to this work and decide to go down this route, *experiment with first trying any such activities yourself*. In this way you can *pace* the work, introducing the exercise or task with confidence to your young clients whilst maintaining a safe, contained, aware and alert presence throughout .Pay attention to arousal levels and aim to bring these down before your session finishes, with some time to discuss what emerged and how it might be re-experienced and handled in future (see Oaklander's point 6 below). *Catharsis alone is unlikely to be useful*.

Dr. Violet Oaklander described anger as the 'most misunderstood' of the emotions.(Oaklander, 2005, 2007). It receives ' a bad press': as children we are told that it's

wrong to be angry. Consequently we may learn to avoid that feeling, albeit often at considerable personal cost. Yet, as Violet reminds us:

'Anger is an expression of the self, and the self is reduced when one inhibits anger.'

Oaklander advocates a six-part approach to helping children and young people take charge of their anger :

1.Awareness - I'm angry – notice, draw, play, make, journal etc

2.Entitlement - its OK to feel angry

3.Acknowledgement -Name what I'm feeling angry about

4. Find safe ways of channelling angry feelings. (Includes healthy retroflection-ie containing anger until safely able to 'let off steam'.)

5. Residual anger. (What else do I feel angry about? Old wounding/ hurts.... how might these trigger?)

6. Psycho-educational work. What can I do next time I feel angry?

Recommended Reading

Blend, J (2011) Chap 12 :'Am I bovvered" - in : *Relational Child, Relational Brain* (eds.) Harris Neil & Lee Robert, Gestalt Press, Routledge.

Oaklander, V.(1988) Windows to our children. Gestalt Journal Press

Oaklander, V.(2006) Hidden Treasure: A map to the child's inner self. London, Karnac.

Zahm, S. Therapist self -disclosure in the practice of gestalt therapy. *The Gestalt Journal,* Vol XX1, No.2

NB For a list of some suggested ways of exploring strong feelings scroll to the bottom.

4. Where appropriate children who wet the bed can be encouraged to help a parent by putting soiled nightwear/ bedding in the linen basket/washing machine while the parent remakes the bed; this reduces their sense of shame about wetting as they are taking some age- appropriate responsibility for making things better afterwards. Do encourage the parent to take a neutral response to a child's wetting- neither praising for dry nights nor blaming for wetting. Violet Oaklander's article on bed wetting (<u>www.vsof.org</u>) explains in more detail the nature and purpose of wetting – one of nature's ways of relieving excess tension. Check out also on the VSOF website many practical ideas / activities for face- to-face ,online or hybrid working, also Karen Fried's excellent 'Just For Now' series of seminars .

5 Encourage a child or adolescent to imagine and draw their SAFE PLACE, using shapes, lines and colours. In other words simply making marks on paper without striving to draw accurately or to a high standard. This can be a memory of an actual place/ situation where the young person felt relaxed and secure. If however the child never experienced or cannot recall such a place in actuality encourage them to imagine it somewhere. This could be a fantasy place situated in another land, on the moon, underwater, wherever. Encourage the child to explore its landscape, focussing on the features or people present etc that contribute to the sense of safety it conveys; have the child take a mental picture of this place before leaving (those with smart phones can imagine zooming in close then changing to a wide -angle focus).

This exercise may elicit responses of loss and grief as the young person reconnects with memories and their bodily felt- sense of a place/ situation they have lost. If the child seems overwhelmed by grief it may help to give them something to hold- a cushion or a toy to hug. If in danger of hyper -ventilating encourage them to feel contained by feeling the edges of their body against the chair or the ground. Encourage them to focus on the outbreath and suggest they make some sound, if possible, until the sadness has passed. The letting go of tears within a safe containing relationship reduces tension, bringing the arousal level down.

Note: remind the young person they can revisit this place in their imagination at any time, whenever they feel anxious or troubled. This provides a steadying anchor if the child get panicky etc.

6. 'Resistance is assistance'- watch for distractions/ deflections/ withdrawal etc during the session which could indicate that the child is at / close to becoming overwhelmed. Honour defences accordingly- don't bulldoze them! Children work in small steps- don't expect them to follow a train of thought for long periods especially if they easily become distracted. Attachment-based therapist Daniel Hughes expects any child/ young person to deflect / break contact many times in a session; it usually helps to respect resistance rather than challenge it, gently reintroducing the subject where possible.

7. Some younger children prefer to use play (eg with dolls or toy figures etc) rather than engage with you in dialogue. Consider using a commentary -this may help them connect with their play if the play seems muddled or haphazard. Note if this increases the child's relation to you and the work or if your words seem to be experienced by the child as a distracting irritant. Therapy is a dance, as Oaklander would say: sometimes the child leads and you follow, and vice versa......Working within metaphor – eg through use of storytelling can be another way of introducing difficult or challenging notions on an 'as if' basis..

8. Dreamwork with children aged ,say, six and above can be instrumental in coping with nightmares. The Gestalt approach encourages the person reporting their dream to tell it several times over, in each case taking the point of view of a different feature or aspect of the scenario. This telling takes place in the present tense, as though watching the scenes unfold here and now from the safe distance of the back of a movie theatre. After telling the dream from many perspectives the teller may be invited to enact it with movement, taking the part of each aspect - the road or the carpet, the gas station, God, a passer by etc- whatever seems salient. Finally the dreamer retells their original dream experience and is encouraged to find the meaning or message that the dream is trying to

tell them ; importantly the 'therapist' refrains from adding interpretation. Often this detailed approach to a bad or recurring dream is sufficient for it to fade away .

9. Children's sleeping difficulties can often be eased using natural remedies- lavender oil placed on skin/ nightclothes, added to bathwater or placed in a diffuser or burner in the bedroom can hasten sleep for some. (Note: small bottles of lavender oil would make a wonderful gift if considering donating to a refugee appeal).

A night light in the bedroom or close by can be helpful for some, or add plastic luminous stars to the bedroom ceiling etc which glow, giving something of interest to focus on during the transition to sleep. Use an ioniser to counteract sleep disturbance from secondary smoke/ nicotine.

A gentle toe or head massage from a parent ,using a base oil (Ayurvedic style) can be soothing for some.

Encourage parents to spend a few minutes with the child/ children at bedtime during which the latter are encouraged to talk about their day - likes and dislikes etc without comment or advice from the parent – this. 'emptying out' process helps some surrender to sleep.

Other ideas:

Listen to ambient music or 'binaural beats' etc on headphones.... Jay Markoe's cd of Mozart tunes played on bells, like music boxes, called Sleepy Time for Kids - is also good for this.

An anxious child may benefit from the parent asking them repeatedly 'what do you want to do in 3 days' time? And in 3 weeks? In 3 months? In 3 years? When you are 13/23, when you are 33, when you are 66 etc? The idea is for the parent simply to ask the prompt and listen to the child/ teenager's response without additional comment. This repetition can be soothing; it sews / embeds a notional seed of there being a future for the young person.

Another option I find many insomniac adolescents enjoy involves wrestling with calculations or numbers, for example what doctors refer to as 'serial sevens'. Simply take away seven from five hundred and sixty -two, subtract seven from that and keep on subtracting sevens until you reach zero or drop off to sleep. These mental gymnastics help tire the brain, eventually enabling most to surrender to the call of sleep.

10. Not all children will understand what you mean if you ask how they are feeling....some may respond to such a question with blank looks... However if you ask 'what did you think of what X did?' this often elicits a clear feeling response in return: 'I hated that - he shouldn't have insulted me/ taken my stuff!' etc.

List of Things To Do To Express Anger Safely and Privately.

(You can probably add to this list).

Hint: You should feel better, calmer, more peaceful after expressing your anger in one or more of these ways. Be sure to breathe deeply and focus on your anger while doing any of them.

Punch a pillow (use both arms together to avoid strain.)

Have *a purposeful* temper tantrum (inform house mates/partner).

Tear up magazines / old newspapers

Squash paper and throw it

Draw a face of someone you're angry with and jump on the paper, or tear it up, or scrunch it and kick it.

Kick or squeeze a can

Squeeze a towel, especially if wet

Throw a wet flannel against the bathroom wall

Talk into your phone about your angry feelings.

Write or journal about your angry feelings. Use 'colourful' language if that helps.

Hand -write a letter to the person you are angry with (BUT DON'T SEND IT!)

Scream/yell into a cushion/pillow.

Run round the block / field until you are exhausted; or do any other physical activity whilst focusing on your anger

If you have clay at home, punch it with your fists or pound it with a mallet

Drum, do an angry dance to music / play 'staccato' music (Gabrielle Roth's 'Five Rhythms') Crush tin cans, throw bottles into bottle bank

Growl into a mirror

Tape bottom of your shoe with name of person you are angry with and walk around – or rub your shoe into the carpet etc

Chew gum and imagine you are biting the person, or bite a flannel/ towel

Stuff a pillowcase with twigs. Secure the end with Velcro.Snap twigs while thinking of the
person you are angry with and the issue.(After Oaklander)

Attachment:

Dr. Dan Siegel ,author of many books including Brainstorm, The Whole Brain Child (also chapter 3 in Harris & Lee's (2011) *Relational Child, Relational Brain*- Gestalt Press), talks of four 'S''s needed for secure attachment- that encourage flexibility, insight/ awareness, vitality and resilience. These are: Security, being Seen, Soothed and Safe.

I hope some of these ideas are of use to you and the young people you seek to help. *Jon*

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"All children are born with the capacity to develop and use all of the aspects of the organism to live healthy, productive, joyful lives. We know that trauma interrupts the healthy development of the child. There are also some very basic developmental aspects that can further thwart healthy development. An understanding of these hindrances is the first step toward helping children heal." Dr. Violet Oaklander(1927-2021)

Footnote: Counsellors and therapists *without a personal trauma history* who wish to gain an 'as if' insight into experiences of flight may be interested in the following article by myself and Roz Carroll entitled "Witnessed, Improvised Diaspora Journey Enactments : an experiential method for exploring refugee history." This is available as a free download from *Jewish Historical Studies*, **V** 51, 2019.

See also the excellent *Therapeutic Care For Refugees: No Place Like Home*, edited by Renos Papadopoulos, (2002), Karnac, London.