IRELAND TO THE LEBANON AND BACK: A CASE STUDY OF THE USE OF CHILD-CENTRED PLAY THERAPY AND PARENTAL PSYCHO-EDUCATION TO REDUCE THE SEPARATION ANXIETY OF A PRE-SCHOOL CHILD DURING HIS FATHER’S MILITARY DEPLOYMENT

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Abstract

Anxiety disorders are among the most common mental health issues experienced by children and adolescents, and there is broad agreement that children from military families are likely to experience increased anxiety and uncertainty during the pre-deployment and deployment stages of a parent’s military service (Chandra et al., 2010; Esposito-Smythers et al., 2011). This case study documents the intervention of Child-Centred Play Therapy (CCPT) with a four year old Irish boy who struggled with anxiety and a stutter, whose father was about to be deployed to the Lebanon for six months. In addition to the difficulties associated with the military lifestyle, maternal stress, attachment difficulties and genetic predisposition were identified as important factors in the conceptualization of this case. The importance of working with both parents and the wider social system to help them to understand the child’s anxiety and to respond in an empathetic, emotionally sensitive way is highlighted. The therapist worked with the father before his deployment, to develop creative ways of maintaining the connection between himself and his son whilst he was away. The child’s journey through anxiety, anger, and cathartic release to decreased anxiety and greater self-confidence, is documented, and recommendations are made for clinicians working with children with anxiety in transient populations.

Keywords: Military families, Child-centred play therapy, Anxiety, Attachment, Catharsis, Parents.

Introduction

There has been an increased research interest in the psychological health of children in military families in the USA and the UK since the terrorist attacks of September 11, 2001. Since this time there has been a steady rise in the length and frequency of combat deployment for military personnel from these countries (Lester et al., 2013). Existing research tends to focus on trauma in school-age children, in families where one or more parent is engaged in a combat role (e.g. Lester et al., 2010), with very little research into the impact on pre-school children of combat / non-combat deployment. Findings from the small number of studies which focus on pre-school children in military families, showed that three to five year olds who had a deployed parent were more likely to experience emotional and behavioural difficulties than children who did not have a deployed parent. Family adaptation to the deployment cycle has been found to be variable, with some families developing coping skills and resiliency and others finding it more difficult to do so. (Russo et al., 2015). Osofsky and Chartrand, (2013), found that if the non-deployed parent displayed signs of stress, the child was more likely to experience these difficulties as well.

The Irish defence forces are currently involved in the provision of multinational peacekeeping operations and humanitarian assistance under the auspices of the United Nations (in Congo, Syria, Jordan, Lebanon); the European Union (in Somalia and Boznia Herzegovina); and NATO (in Kosovo and Afghanistan) (Defence Forces Ireland, 2015). Although there is a far lower risk of injury or death in this type of humanitarian relief operation, many of the burdens placed on the entire family when trying to manage the stressors associated with the deployment cycle, are the same.

The family in this case study sought help for their four year old son, Harry (pseudonym), during the pre-deployment phase of his father’s deployment from Ireland to the Lebanon. The presenting issues were anxiety and a stutter, and the child was finding it particularly difficult to cope with the imminent deployment of his military father. Harry was referred for Child-Centred Play Therapy (CCPT), a developmentally responsive and empirically supported intervention used with children to resolve a range of mental health issues (Bratton et al., 2005; Lin and Bratton, 2015). CCPT has been shown to be a particularly effective approach for children of all ages who struggle with anxiety (Baggerly, 2004; Christian, Russ and Short, 2011; Danger, 2003; Post, 1999; Shen, 2002; Wettig, Coleman and Geider, 2011).

This case study can be conceptualized in terms of parallel journeys: that of the soldier dad of Harry, from Dublin to the Lebanon and back again during the timeframe of therapy; that of Harry from internalizing his emotions to expressing his anger and frustrations; and the process of the therapist of having grown up in a house with no dad. Landreth (2012) points out that it is one of the responsibilities of the therapist to be involved in a process of self-exploration in order to increase understanding of the self. I was aware from the intake session, of the parallels in our stories, and therefore explored different aspects of this experience in my own personal therapy in order to recognise and reduce the impact of my own biases, values and expectations in relation to Harry’s situation.
(1) Challenges for Children from Military Families

As well as encountering the typical challenges of childhood, children from military families are likely to experience additional stressors which are closely associated with a military lifestyle (Sories et al., 2015). These children may have to deal with periods of long separation due to parental deployment, frequent relocations and the threat of parental injury or death (Laser and Stephens, 2011). Chandra et al (2010), found that the children with a deployed parent experienced more emotional difficulties when compared with national samples of children who were not from military families. The stressors associated with the four stage deployment cycle of pre-deployment, deployment, reunion and post-deployment, present ongoing challenges in the lives of military families (Esposito-Smythers et al, 2011; Walsh et al, 2014).

The pre-deployment stage begins with the notification of deployment and ends when the soldier actually leaves home, with a timeframe ranging from six months to a year (Blaisure et al., 2012). Laser and Stephens (2011), point out that during the pre-deployment stage, the military parent is encouraged to become more detached from their family members, in order to facilitate the bonding process with members of their military unit. Hall (2008) describes the pre-deployment phase as often being the most stressful time for children and their families, and Russo and Fallon (2015) describe the deep sense of loss experienced by children during the pre-deployment and deployment phases.

Deployment can disrupt attachment processes. Studies on attachment in different contexts show that children who experience disrupted attachment relationships because of long periods of separation from their caregivers, are at a greater risk of developing symptoms of anxiety. (Bender et al, 2015; Breinholst et al, 2015; Brumariu and Kerns, 2008). John Bowlby's work since the early 1950's is widely considered to be the foundation of our understanding of the nature and importance of attachment in the lives of human beings. (Bowlby, 1953, cited in Crain, 2011; Bowlby 1973, 1982, and 1988).

Furthermore, according to Petty (2009), the departure of the parent may be interpreted by the child in different ways depending on the child's stage of development. Laser and Stephens (2011) argue that pre-school children may be unable to conceptualise the timeframe or understand the reasons for the departure of their parent. A child of this age may engage in 'Magical thinking', (Fraiberg, 1959, cited in McMahon, 2009: 17), whereby in order to make sense of incomprehensible events, the child assumes that he / she is the cause of the behaviours of others. In the deployment context, the child may believe that the deployed parent is leaving because of the bad behaviour of the child. If the child is thinking in this way, s/he needs support around exploring and processing his or her feelings.

(2) Child-Centred Play Therapy: a Theoretical and Research Basis for the Treatment of Anxiety

Sensitive and empathic parenting can be used to support children who experience anxiety and fear as a normal part of their development (Crain, 2011; Meggitt, 2012; Thornton, 2008). However, children who experience uncomfortably high levels of stress and anxiety which exceed developmental expectations, may need professional help with understanding or managing their emotions, especially when this is exacerbated by extended periods of parental absence. Although Cognitive Behavioural Therapy (CBT) has become the evidence-based treatment of choice for anxiety in children and adolescents in recent times, (Compton et al, 2004; Ishikawa et al., 2007; Sburlati et al., 2014; Stallard, 2008), it is unlikely that children under the age of seven would have the cognitive developmental capacity to benefit from this form of psychotherapy. (Grave and Blissett, 2004, Piaget, 1964, cited in Crain, 2011: 121).

CCPT helps children to understand confused feelings and distressing situations that they have not yet had the chance to process properly by themselves (VanFleet et al., 2010). Rather than having to verbalise their difficulties, children use play to communicate at their own level and pace in a safe and nurturing environment. Oaklander (2007) points out that younger children are more likely to process their difficulties at a symbolic level than older children who have more sophisticated cognitive and language skills.

CCPT is grounded in a Humanistic and Integrative theoretical orientation, and is underpinned by the humanistic principles for non-directive play outlined by Axline (1947). Axline's principles are characterised by a strong belief in the child's ability to solve his or her own problems in an environment where the relationship with the therapist is both secure and safe, where this relationship facilitates the expression of the child's beliefs, emotions and behaviours, and where delivery is in the developmentally appropriate language of play. The toys in the playroom are selected to provide opportunities for mastery, aggression, nurturing, imagination and creative and symbolic expression. Morrison-Bennett and Eberts, (2014), point out that the therapist provides emotional support and helps the child to understand more about their own feelings and thoughts. Working within an integrative orientation allows the appropriate blending of therapeutic treatment models and methods within a humanistic approach. (c.f. Drewes et al., 2011).

Russ and Wallace (2014) explore how focused play interventions have been effective in reducing separation anxiety in children. Van Holland (2014: 129) demonstrates how children can help to counteract their fears and anxieties by engaging in playful activities, where 'the anxiety can be replaced with calmness, the fear with fun, and emotional paralysis with laughter'. By providing the opportunity to re-play events in a symbolic form, an anxious child will find it easier to accept his own
feelings, which will make it easier to achieve a sense of mastery over them, leading to a reduction in anxiety and an improvement in stress management.

(3) Case Introduction

Harry was a four year old Irish boy, whose parents were both in the Irish army. Harry’s father had been served notification of deployment to the Lebanon for a six month tour of duty, and was leaving two weeks later. Harry was referred for CCPT by the manager of the crèche in inner city Dublin, where he had recently started his pre-school year. Harry presented with anxiety and a stutter.

During a brief telephone conversation with Harry’s mother before the clinical interview with both of his parents, she described how Harry had always been a very anxious child and that his anxiety had increased in recent weeks due to his father’s imminent military deployment. Harry’s Montessori teacher described him as a shy boy who found it difficult to engage in new social situations, and confirmed that his anxiety had intensified in recent weeks. Harry had become increasingly anxious when separating from his mother or his father. Separation distress and stranger anxiety are clearly documented by Ainsworth and Bowlby, (1965, cited in Prior and Glaser, 2006), and it was Bowlby (1951, cited in Jennings, 2011), who first used the term ‘separation anxiety’, to describe what happens when the separation of a child from someone close to him results in detachment and despair. Sunderland (2007) suggests that this natural reaction to the child’s social environment, can continue in some form until the child is at least five or six years old.

(4) Pre-therapy Screening and Parental Clinical Interview

Observations in the crèche setting of Harry’s play, using the Symbolic and Imaginative Play Developmental Checklist (SIP-DC, Stagnitti, 1998), showed his play to be at a developmentally appropriate level, and an initial non-directive way of working therefore seemed appropriate.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening intervention designed to provide information on the behaviour, emotions, and relationships of children and adolescents (Goodman, 1997). Harry’s mother and his teacher completed the questionnaire consisting of 25 items, which asked about Harry’s psychological attributes. His score for emotional distress in the SDQ’s completed by both his mother and his teacher, were very high. Harry’s scores for the other four scales of behavioural difficulties, hyperactivity and concentration difficulties, peer relationship difficulties, and prosocial behaviours, were within the normal range.

The therapist first explored Harry’s early life with his parents. Harry’s mum described her pregnancy as normal and explained that Harry was induced as he was two weeks late and she had to have an emergency Caesarean section. Harry’s maternal grandmother, who had been ill for a year, died nine weeks after Harry was born. Harry’s mother confided during the clinical interview, that her pregnancy and the first year of Harry’s life, had been very stressful times for her, as she had had a very close relationship with her own mother. In addition, Harry was in full-time childcare from the age of six months. Research has shown that levels of the stress hormone cortisol increase throughout the day in young children who spend long periods of time in nurseries, whereas the typical pattern would be decreasing levels from the morning to the evening (Sunderland, 2007).

When the therapist explored all of Harry’s strengths with the parents, they described him as a very chatty boy with a great imagination, who loved playing superheroes and who really enjoyed playing with cars. The therapist therefore made sure that she had plenty of these toys in the playroom to provide as many opportunities as possible to encourage his self-expression. Harry’s mother also described him as a “worrier” who was highly sensitive, anxious to please and always looking for reassurance. In addition, both parents were concerned and visibly upset by Harry’s stuttering. It is interesting to note that research which examines stuttering and anxiety, tends to assume that stuttering can lead to anxiety, rather than the other way round (Craig, 2014; Smith et al., 2014), an assumption which warrants further research from a psychotherapeutic perspective.

A genogram was completed with Harry’s parents in the clinical interview, which helped the therapist to gain a sense of their family relationships and interactions (McGoldrick et al., 2008). In addition, this helped to put the parents at their ease as this exercise was very much a collaborative effort, and was a good way of involving Harry’s father a little more, as he had been very quiet throughout the session. During the sketching of the genogram, Harry’s mother referred to Harry as ‘the man of the house’ and told the therapist that they had been building him up to take over his father’s role before he left. The therapist gently explained to her that calling him ‘the man of the house’ would increase his anxiety levels and that recent research into how children’s brains develop, shows that this kind of responsibility can be very scary for a child (Gerhardt, 2004; Schore, 2012).

Piaget (1951, cited in Smith et al, 2011), demonstrated that children’s thinking in the pre-operational stage of development (between the ages of two and seven), is characterised by egocentrism, which means that children just focus on one aspect of a task and cannot take another’s perspective into account. Harry’s egocentrism meant that these kinds of messages were likely to make him feel completely responsible for his mother and sister whilst his father was away, and would make him think that he was in charge of his father being safe. The therapist explained to Harry’s mother that she now had the opportunity to play a therapeutic role with Harry, who was feeling anxious, scared and distressed about the impending separation, by acknowledging his feelings and being empathic, rather than ignoring or dismissing them. (Sunderland, 2001 and 2007).
During this session, Harry’s father presented as quite shy, just nodding in agreement with his wife throughout the whole session. However, as he was leaving, he turned to the therapist and said that he had also been a very anxious child. Huebner (2006), in her children’s guide to overcoming anxiety, acknowledges that there is often a genetic component to anxiety.

(5) Case Conceptualization

The information gathered at the clinical interview with the parents suggested that the difficult events experienced by his mother both during and after her pregnancy were likely to have had a negative impact on Harry in utero, and may also have reduced her ability to respond to his distress as an infant. Moreover, this may have affected the development of his nervous system, thereby influencing the ways in which he currently responds to stress (Gerhardt, 2004). Sunderland (2007), highlights the fact that the infant experiences his whole sensory system whilst growing in the womb, and that in addition to temperature, sound, rhythm, and touch, this includes the mother’s emotional changes of mood and energy.

In addition, Jennings (2011) stresses the importance for the child’s healthy emotional and physical development, of the mother playing with the child from his or her prenatal existence into infancy and childhood. Gerhardt (2004) reviews research which shows that young children who had experienced tensions in their relationships with their mothers both pre- and post-natally, were found to produce more of the stress hormone, cortisol, under pressure, than other children who had experienced an easier babyness. It is therefore likely that Harry’s experience of the imminent departure of his father and his actual deployment, was overloading an already over-reactive stress response system in Harry’s brain (c.f. Sunderland, 2007, Schore, 2012).

Furthermore, the recognition by Harry’s father of his own anxious disposition suggests that genetic predisposition may be an additional factor to take into account. Although most child development researchers now recognise that biology (nature) and upbringing (nurture) work together, Greenspan (1995) argues that this recognition has not been sufficiently applied in advice to parents. He highlights the importance of the fact that a child’s temperment, which may be genetically influenced, has an important impact on the way in which parents behave towards the child and the expectations they have of that child. However, Gerhardt (2004) stresses that as secure emotional attachments are the product of a relationship rather than an individual temperament, the latter should not determine outcomes. This reinforces the importance of parental involvement as a key factor in the effectiveness of CCPT for Harry (Leblanc and Ritchie, 1999; Bratton et al, 2006).

(6) Parental Involvement and Creative Ways to Maintain Connections

Sunderland (2001) points out that very few parents are deliberately cruel and that when something goes wrong in the parenting of a child, it is often because the parent does not know about an important aspect of child psychology or because something was missing from their own upbringing. Psychoeducation for parents is a particularly important component of interventions with children with anxiety, as it helps them to become more aware of, and to better understand the reasons for their child’s anxiety and distress, enabling them to respond in more appropriate ways (c.f. Fraser, 2014; Siddaway et al., 2014). This is particularly important in the context of military families who have to negotiate frequent transitions which impact family life in many different ways (Russo and Fallon, 2015).

Schottelkorb et al (2015) assert that parental review sessions provide the therapist with the opportunity to review the progress of the child with the parents, without divulging specific details about the play, whilst providing the therapist with the opportunity to teach specific skills to the parents where appropriate and to receive regular updates from them. Throughout this process it is important to maintain appropriate boundaries in relation to preserving confidentiality for the child, whilst trying not to disempower the parents (Ray, 2011).

Before he left for the Lebanon, the therapist recommended that Harry’s father read the book ‘The Invisible String’ (Karst and Stevenson, 2000), to Harry every night, in order to stress that even though he was not there, his dad would still be holding him in his heart. The premise of the book is that everyone has an invisible string and that even though it is invisible, your heart can feel it, and it can reach anywhere, even heaven. The message of the book is that no one is ever alone, even when their loved one is not physically present. Sunderland (2001) highlights the importance of acknowledging and recognising children’s feelings through the medium of story, which can also facilitate the processing of difficult feelings.

In addition, the therapist recommended that Harry and his father exchange meaningful objects. McMahon (2009) points out that the transitional object is used as a symbolic means of managing the anxiety of separation. She emphasizes the importance for a child of any age who is experiencing separation, to keep something with them which has symbolic value. Harry’s father could leave him with a tangible reminder of himself, such as a photo or an item of clothing which retained his smell, in order to provide comfort and reassurance to Harry whilst he was away. Harry’s father could then take one of Harry’s special toys with him to the Lebanon and they could share pictures of each other with these objects, electronically. The therapist also suggested that he should send Harry a card as soon as he arrived in the Lebanon, so that Harry had a tangible object with which to relate to his dad. Furthermore, when he returned from
leave, the therapist suggested that his dad should bring a stone back for Harry from the place he was living in, to act as a transitional object in the ‘third space’ of Harry and his dad. The fact that Harry would be able to feel and handle this object would help him to evoke memories and associations which in turn could help him to experience and process inner emotions (Winnicott, 1965, cited in Jennings, 2011; loc 551). Finally, the therapist proposed that it would be useful for Harry's mother to initiate a daily routine for Harry which involved his father, such as the two of them talking about him and looking at his picture just before Harry went to sleep every night. Petty (2009) stresses the importance of parenting practices which stress routine and provide opportunities for talking about the absent parent in a playful way.

(7) Course of Treatment and Assessment of Progress Pre-therapy Conditions

Prendiville (2014) stresses the importance of ensuring that appropriate conditions exist in the child's lived world to make it safe enough for therapy to commence, and conceptualizes these pre-therapy conditions using Maslow's Hierarchy of Needs (Maslow, 1943, cited in Rogers, 1951). From the clinical interview with the parents, it was clear to the therapist that the pre-therapy conditions of Harry's basic psychological needs and his need for safety and security were currently being met. Therapy started immediately and Harry participated in 16 weekly CCPT sessions with the therapist under the supervision of an experienced clinician. Progress was monitored by a review session every month: a total of three with his mother and one with both parents when Harry's father was home on leave.

Beginning Phase of Therapy: The Therapeutic Touchstone, Building the Therapeutic Relationship, and Testing Limits

A very important aim of Harry's play therapist was to function as his secure base in therapy, in order to facilitate change and optimise his potential for growth. Oaklander (2007:loc 314), highlights the importance of this relationship between therapist and child, describing it as ‘the foundation of the therapeutic process which can, in itself, be powerfully therapeutic’. As the therapist was going to meet Harry for the first time, she was mindful of Landreth's (2012, p. 181) observation that ‘the child is going off with a perfect stranger, to an unknown place, and for what could be a ‘forever’ time in the child's perception’, and she tried to put him at ease by immediately going straight down to his level and being friendly and warm. His mother was present at the initial session as the Therapeutic Touchstone intervention was used to tell him his story (Prendiville, 2009, cited in Prendiville, 2014b, p. 79). This is a story-making approach which uses doll figures to tell children their own life story in age-appropriate language. The figures allow for psychological distancing (see Appendix A for the story used for Harry). The therapist used the Therapeutic Touchstone to reassure Harry that she knew his story, and that she was not going to judge him, which removed the burden from him of having to talk about his reasons for being there and helped to build the foundation for the therapeutic relationship.

Harry chose figures from a basket to represent his family members. He chose a dinosaur for his mother, Spider-Man for his father, Darth Vader for himself and a ladybird for his sister. Harry listened intently to the story and seemed really interested when the therapist used the figures to represent his family. However, he presented as very anxious, half-hiding behind his mother and remaining silent, whilst constantly sucking on his tee shirt. When the Touchstone story had been completed, his key-worker came to accompany Harry and the therapist down to the play room, as had been previously agreed.

Harry was sucking his tee shirt for most of the first session. The therapist explained to him that he was the boss of the play and that she was the boss of keeping him safe and that his keyworker would stay for about ten minutes while they played. The therapist sat down at his level on the floor, showing him that she was open to, and accepting of, whatever he wanted to do and that it was also acceptable if he did not want to do anything. When, after ten minutes, the therapist checked in with him as to whether he was happy for his keyworker to leave, he agreed. After she had gone, he started kicking the cars along the mat, whilst shyly looking up at the therapist. The therapist watched with interest, reflected his anxious feelings and the content of his play, endeavouring to express congruence with his affect. He then moved over to the ‘scary basket’, as he named it, took the snakes out, put them close to the therapist and made a hissing noise. The therapist pretended to be scared and by the end of the session Harry was putting the snakes on to her and it felt as if he was already slowly moving towards acceptance, and starting to build a relationship.

Harry’s play during the first three therapy sessions was exploratory. Each session started with the therapist blowing bubbles and Harry running and catching them, thereby marking a clear beginning to the session, and each session ended with the playing of calming relaxing music (Indigo Dreams, Lite and Jacopin, 2010). This predictable sequence was important for Harry, making the session less anxiety-provoking for him.

Harry tested boundaries in the fourth session, throwing rice and lentils onto the floor. Landreth (2012) points out that when a child tests limits in therapy, this enables him to identify the boundaries in the therapy relationship. These limits provide structure for the development of the therapeutic relationship, and can mirror real life relationships. They can also provide children with the opportunity to learn self-control, and to explore choice-making and responsibility.

The therapist told Harry that the rice and lentils were not for throwing and he immediately stopped and started to apologise. The use of a total limit rather than a conditional limit ensured that there was no ambiguity about what was permissible. The therapist was not
surprised at this reaction, as throughout the sessions she had felt a strong sense of Harry needing to comply and of internalising his feelings. Harry had felt a rupture in his relationship with the therapist by crossing a boundary and he had immediately felt the need to repair it.

**The Middle Phase of Therapy: Therapeutic Growth**

The middle phase of therapy was characterised by a much easier transition into the room by Harry and by less testing of boundaries. The play moved from the therapist acting as a non-intrusive responder, to her increasingly entering the play at Harry's invitation (see Play Therapy Dimensions Model, Yasenick and Gardner, 2012). During this phase of therapy, the relationship felt more established and congruent. The therapist reflected emotion and experience back to Harry rather than behaviour. Harry invited the therapist into more involved fantasy play, which took the form of many battles where he was always the knight (the goody) and the therapist was always the king - the baddy who always lost. As these games became more elaborate, the therapist began to wonder aloud, so that Harry could tell her what he wanted her to do in her role, and he seemed to be very comfortable with that. She also used muttering, (Prendiville, 2014), to make quiet statements which described the emotional and somatic aspects of her experience of being the “baddy” who always lost.

A major turning point in the therapy came in session 12, the week after Harry's father had returned to the Lebanon after two weeks leave. In the review session the week before, Harry's parents described Harry as going back to being very babyish and using a baby voice since his father had come back. McMahon (2009) highlights how crucial it is to help a parent to recognise that their child may feel like a vulnerable baby when faced with a stressful event. The therapist talked to them about supporting him in his need for nurturing through the baby experiences of being bathed, cuddled and dressed, and by saying things like: ‘I hear your baby voice, you want to be my baby again, you’re my little tiny baby and I love you’. In this review session, they also talked about the best way for Harry's father to react when Harry did not want to talk to him on Facetime from the Lebanon. The therapist suggested that his father should say something to Harry that during the final session he could take the picture of an egg-timer in a frame and gently tell Harry that they had three sessions left and that for each session they would colour in a third of the egg-timer and complete and the relationship between Harry and the therapist was extremely cathartic for him.

Drewes and Schaefer (2014b), describe catharsis as a very important change mechanism in psychotherapy, highlighting the power which can be experienced by deliberately expressing a strong emotion. The playroom and the therapeutic relationship provided a safe environment in which he was able to verbally and physically express and release this anger, something which he had not felt able to do at home.

At the beginning of the following session, the therapist drew Harry’s attention to the ‘bashing up corner’ of the room, where she had piled up empty egg cartons and plastic bottles. She told him that if he had those big feelings again, he could go and bash and stamp on that stuff to get those feelings out, and he only used this corner at the beginning of the next session. In subsequent sessions, Harry seemed more at ease and more able to contain his anxiety. The relationship between Harry and the therapist during this phase was characterised by a deeper level of trust and the play was joyful and spontaneous.

**The Termination Phase: Rehearsal for Life**

As the play gradually became more sequenced, logical and complete and the relationship between Harry and the therapist became less intense, it was felt that Harry would soon be ready to begin the process of finishing therapy. This also coincided with his father’s final homecoming. At the fourth review session, Harry’s mother reported that his confidence had increased, that he was experiencing less anxiety around separation situations, and that his stutter was virtually non-existent.

McMahon (2009) stresses the importance of preparing the child well for the termination of therapy, especially where earlier feelings of loss may be aroused. The ending of therapy should be seen as a process rather than an actual event. With three sessions remaining, and being aware that endings for Harry had been particularly difficult in the past, given the difficulty he had experienced with his father leaving, the therapist brought in a picture of an egg-timer in a frame and gently told Harry that they had three sessions left and that for each week they would colour in a third of the egg-timer and that during the final session he could take the picture home. This was designed to prepare Harry for another ending. The therapist also told him that they would have a little party during the final session and asked him what he would like to eat and drink. During the final session, Harry displayed both anger at the therapist and sadness. Harry initiated a long game of hide and seek with the therapist and delighted in being found. The therapist brought in a little box with a precious stone for Harry
to keep forever to remind him that the therapist would always hold him in mind.

(8) Follow-Up

The therapist met with Harry’s mother and father four weeks after the intervention had finished. They reported that for the first few weeks after his father’s return, Harry had become very clingy to his mother again and had not wanted to engage with his father, who was very upset by this reaction. However, after following the advice of the therapist to communicate empathy and to demonstrate consistent, patient care-giving, he found that Harry had quickly started to want to do lots of ‘dad things’, and his father had made time for special trips with just the two of them. Harry’s anxiety had decreased and his stammer had disappeared.

(9) Recommendations for Clinicians Working with Children with Anxiety in Transient Populations

This case study demonstrates the importance of using a child-centred non-directive approach to open communication with a child with developmentally appropriate play skills, who was struggling with anxiety. The basic principles of this approach in terms of the importance of the relationship, the acceptance and non-judgement of Harry, and the recognition and reflection of his feelings, were key factors in alleviating his anxiety. A combination of these principles, together with acceptance by the therapist that the therapy would be a gradual process and her belief in Harry’s ability to work through his feelings in the playroom, contributed to his being able to express his anger at his father going away. The case study also demonstrates the importance of working with parents and the wider social system, in this case Harry’s crèche, to help them to understand what it was like for him to feel so anxious, and to help them to respond in an empathic and emotionally sensitive way. The provision of tools for both parents to support Harry in this way in his home environment, played a key role in helping him to reduce his anxiety and ultimately promote his growth. Providing his father with innovative ways to help him connect with Harry whilst he was away was also beneficial to them both. The collaboration of the therapist with Harry’s parents was a crucial aspect of the reduction of Harry’s anxiety.

Although this case study charts the progress of a four year old boy whose father is on military deployment, the intervention would be highly beneficial for any child struggling with anxiety whose parent is absent for extended periods. Families who are homeless, single parent families and migrant families may be faced with similar challenges. In Ireland, employment difficulties in recent years have forced increasing numbers of fathers to work overseas whilst leaving their families at home (Cronin and Swords, 2013), and a CCPT intervention, both before and during the period of absence, would provide a child with a safe and nurturing environment in which to work through and express their different emotions. In addition, a targeted family programme for families in this situation, which covered areas such as family emotions, communication and relationships; boundaries and discipline, challenging behaviours and self-care for parents, would be extremely beneficial for the entire family.

Appendix A

Therapeutic Touchstone story for Harry

Once upon a time, in a land not too far away from here, a gorgeous baby boy was born to parents who loved him very much. His parent’s names were M and J and they named their little boy Harry. Mam and dad were so happy when he arrived and they couldn’t stop looking at him and cuddling him, he was such a gorgeous baby. They both loved bathing him, rubbing lovely creams into him to make his skin all soft, and dressing and feeding him. Soon Harry began to giggle and make lots of gurgling noises and his mam and dad loved hearing him chuckling away in his buggy and chatted to him all of the time. Mam was so sad when she had to go back to work in the daytime and used to rush home in the evenings, eager to see her beautiful baby when she collected him from the crèche. She and J enjoyed all of the evenings and weekends playing with Harry and when he was a bit bigger they got a special card which means that you can go to the zoo whenever you want to, as Harry loved to see all of the animals and to play in the special playground there.

When Harry was two, his sister, P was born. Harry loved to look after his baby sister, to tickle her toes and make her giggle. When she got a bit bigger, she started to boss him around a bit, but he just loved doing things for her and his mam.

Harry’s mam and dad are in the army and Harry loves to play with his soldiers and his tanks. Harry loves going to his school and has a very special friend called G whom he plays with a lot. The school has a very special playground in the garden and Harry just loved playing in the playground on the swings and climbing frames and in the sand.

When Harry was four and a quarter, his dad had to go away for his work. Because his dad is a soldier, he has to go away sometimes to different countries to help people in those countries to be safe. It’s a very important job and Harry’s mammy is very proud of the job he does. Although he has to go, he misses Harry very much when he is gone, and he will be back for a holiday just after Christmas. He is hoping that he will be able to talk to Harry whilst he is away, because there is something called Facetime, where you can actually see the person you are talking to, imagine that! He also knows that Harry might find it difficult to talk to him when he’s away, and that’s OK too. His dad wants him to do whatever feels right for him, because whatever Harry wants to do is OK with his dad. He knows that Harry might worry about him when he’s gone, but he wants Harry to know that he will be fine.
Before his dad was going away, mam and dad noticed that Harry was getting very worried about his dad going away and about other things too. They love Harry so much and they want to help him to find his happy heart again. So Mam and Dad had a chat and decided that they wanted to do something to help Harry. They heard about a lady called R who plays with children in a special playroom at his school, and guess what? When children play there, they get to sort out their muddled feelings and things start to get better. The children get to be the boss of playing and R is the boss of keeping everyone safe. There is just one big rule – the safe rule. That means that nobody gets hurt in the playroom and R is in charge of that. Mam and dad thought that this would be good for Harry, so they went to see R and told her all about Harry, about how he gets worried about lots of different things, but especially because his dad is going away. R explained that sometimes children act like that when they have very big feelings on the inside and they can’t get them out any other way. She said that she could play with Harry and help him to find new ways to let the feelings out. R also told them that she could help mam and dad to find new ways to help Harry too.


