

CREATIVE INTERVENTIONS TO ASSESS CHILDREN AND FAMILIES

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INTRODUCTION

Practitioners who provide counseling to children are typically looking for ways to conduct comprehensive assessments on their clients so they can develop effective treatment plans that are directed by the uniqueness of the child and his or her family. This article will outline key guidelines for conducting focused clinical assessments on children and their families, and will present a number of creative, structured assessment techniques.

RATIONALE FOR CONDUCTING A THOROUGH ASSESSMENT

Practitioners are often under pressure to assess children quickly. Funding sources, agency protocols, and parents often demand speedy assessments. However, a comprehensive clinical assessment should be conducted for the following reasons:

- Enables the practitioner to tailor treatment to the child's needs
- Provides direction on best treatment modality, i.e. Individual, group, family
- Enables the practitioner to provide accurate feedback to caregivers on the child's needs
- It is cost effective, since it shortens the length of treatment as it enables the therapist to hone in on exactly what needs to be treated

GUIDELINES FOR ASSESSING CHILDREN AND FAMILIES

Multiple methods, sources, and measures are needed for an accurate and comprehensive assessment. Sources of information for the assessment include: (a) Information from primary caregivers; (b) Information from collateral sources; (c) Individual sessions with the child; and (d) Session with the family.

It is recommended that the primary caregivers be interviewed prior to meeting the child. The focus of this session is on engaging each caregiver, explaining the assessment process, collecting a developmental and social history, exploring presenting problems and symptoms, uncovering strengths within the child and family, enhancing the caregiver's capacity to support the child, signing necessary forms, and prompting the caregivers on how to prepare the child for the initial session. It can also be helpful to ask caregivers about their treatment goals and needs, and to explain prognostic limitations, so that caregivers do not develop unrealistic expectations of therapy. A detailed parent questionnaire can be found in Yasenik and Gardner (2009).

Many children are vulnerable to the reactions of their parents and caregivers. As Gil highlights, “Parental expressions of anger, sadness, or worry can be magnified in children’s minds and often misunderstood. Children may come to believe that it’s best to avoid the subject in order to protect parents from feeling pain” (2006, p. 25). As such, it is advisable to meet with children separately from their parents, at least for some of the assessment sessions.

The goal of the initial session with the child is on establishing a therapeutic rapport. There are a number of ways the practitioner can encourage trust and promote openness with children. A warm, accepting, and attentive therapeutic manner are important. Engagement activities that are creative and play-based can engage otherwise resistant children, and can facilitate the rapport-building process. It is beyond the scope of this article to outline engagement activities, so the reader is referred to the following books: Flanagan (2006); Kenney-Noziska (2008); Lowenstein (2002; 2008; 2010a; 2010b; 2011).

During the assessment, maintaining a calm and accepting manner will help the child feel supported. Normalizing, validating, and reflecting the child’s feelings will reassure the child and communicate understanding.

Controlling the pace of the assessment is critical. It is important to be attuned to non-verbal signs of discomfort if a child is reluctant to speak up. Some children may be very compliant even when they are in distress. Howes (2010) states, “Close observation of the child and emotional attunement, in other words not just listening to what the child is saying but observing body movements and attuning to the child’s emotional state, are key to knowing when to intervene and lowering or increasing the intensity of the session” (p. 134). If the child does need to take a break from an assessment activity or stop talking about a particularly distressing issue, it can be helpful to switch to an activity that fosters coping, so the child does not feel helpless. It is important to make a statement about coming back to the activity or issue at some later time when the child feels ready. This conveys the message that avoidance of distressing events is not a healthy long-term coping strategy.

Assessing children requires specialized knowledge and sensitivity to their cognitive and linguistic capacities. Merrell (2008) offers helpful suggestions on Developmentally Sensitive Interviewing (pp. 136-137).

Practitioners must recognize the subjective factors that influence the assessment process. For example, the feelings and experiences of the practitioner can distort the assessment, “resulting in practitioners becoming selective about the information they gather and the way they make sense of the information” (Horwath, 2010, p. 82). Horwath outlines a number of ways in which feelings and experiences can distort assessments (see page 83). It is essential for practitioners to be aware of their potential for bias, and to maintain a child focus throughout the assessment.

CHILD AND FAMILY ASSESSMENT TECHNIQUES

A thorough and comprehensive assessment should examine key domains, including the child's current life stresses, symptoms and coping skills, family and community relationships, and available supports. Family dynamics should also be assessed. The assessment activities in this article have been especially designed to assess these key areas. These activities do not form a complete assessment, but rather, should be incorporated into the practitioner's existing assessment model.

Children may experience a number of obstacles to talking about their problems, including linguistic or developmental limitations, reluctance to facing painful issues, or difficulties brought about by emotions such as shame or guilt. Play and art-based assessment activities can diffuse children's anxiety about talking about their thoughts and feelings (Gil, 2006). The assessment activities presented below aim to lower the threat level of the evaluation process, and encourage open communication. Children's comfort level and willingness to engage in the assessment activities will be affected by the establishment of a positive therapeutic rapport.

The assessment activities below are meant to expand and enrich the therapeutic dialogue. Thus, the value and effectiveness of any assessment technique rests largely on the ability of the practitioner to take what the client expresses and expand on it to create meaningful exchanges about issues central to the client's emotional life (Crenshaw, 2010).

ASSESSMENT DOMAIN #1: CURRENT LIFE STRESSES

Butterflies in My Stomach (Lowenstein, 1999, p.9) is an engaging and concrete tool to assess the child's presenting problems. The practitioner introduces the activity by pointing out that everyone has problems and worries. Different ways the body reacts to stress are outlined. For example, when people are scared, their heart might pound faster, or when they are sad and about to cry, they might feel like they have a lump in their throat.

The practitioner then asks the client if he or she has ever heard of the expression "I have butterflies in my stomach." If the client is unfamiliar with the expression, the practitioner offers an explanation, such as, "When you are worried or nervous about something, your stomach might feel funny or jittery, as if you have butterflies in your stomach. You don't really have butterflies in your stomach; it just feels like you do."

Next, the child lies down on a large sheet of banner paper, while the practitioner outlines the child's body. (Alternatively, the child can draw a body outline.) Then the practitioner gives the child assorted sizes of paper butterflies (see Lowenstein, 1999, p. 11). The child writes his or her worries on the paper butterflies. Bigger worries are written on the larger butterflies, smaller worries on the smaller ones. If the child is reluctant to identify worries, the practitioner can give prompts, such as, "Write about a worry you have at school," "Write about a worry you have about your family" and "Write about a worry you have with other kids." The butterflies are then glued onto the child's body outline,

inside the stomach. As the child identifies each worry, the practitioner can facilitate further discussion by asking open-ended questions, such as, “Tell me more about this worry.” At the end of the exercise, the child can color the butterflies and decorate the body outline.

This activity facilitates self-awareness and open communication. It is a useful assessment tool applicable to a wide variety of client populations. This is a particularly useful activity with children who have a multitude of presenting problems, as it enables them to communicate to the practitioner which problems are most pressing and need priority in treatment.

ASSESSMENT DOMAIN #2: SYMPTOMS AND COPING STRATEGIES

This *Sticky Dots* worksheet (Lowenstein, 1999, page 12) provides rich assessment information regarding the child’s feelings, behaviors, and coping strategies. The worksheet has twenty statements, and clients are asked to place self-adhesive dots beside the statements that apply to them. The assessor instructs the child to place more dots beside the statements that are bigger problems, or that evoke stronger feelings. Examples of statements on the worksheet include:

1. *I have bad dreams a lot*
2. *I feel sad a lot*
3. *I get stomachaches when I feel upset*
4. *I don’t like the way I look*
5. *I’m worried about someone in my family*
6. *I get into trouble a lot*
7. *I get teased by other kids*

A modified version of the activity for bereaved children, called *How I Think Feel and Behave*, can be found in Lowenstein (2006a, p. 40) in which the statements are focused on grief-issues. For example:

1. *My family doesn’t talk much about the death*
2. *I have scary thoughts about the death*
3. *I think my special person’s death was my fault*
4. *I think people die because they have been bad*
5. *I think the person who died will come back*

This author has also developed a similar activity (Lowenstein, 2006b, p. 42) geared to assessing children of divorce with statements such as:

1. *I think the divorce was my fault*
2. *It’s hard going back and forth between two homes*
3. *My parents argue a lot*
4. *My parents tell me mean things about each other*

5. *I wish my parents would get back together*

The practitioner should wait until the child has finished placing the self-adhesive dots on the worksheet before asking the child about his or her responses, so as to not affect the processing phase. The practitioner can then explore the child's issues by asking open ended questions about the child's responses for example, "I see you put five dots beside the statement, *I have bad dreams a lot*. Can you tell me about a bad dream you have had recently?"

This activity allows children to identify their clinical issues without having to verbalize them directly, and so it is particularly useful with clients who have difficulty talking about their problems.

As this is an assessment activity, the practitioner's role is to gather information, *not* to intervene therapeutically. Therefore, as the child is completing the activity, the practitioner should refrain from making any comments that would alter how the child completes the worksheet. For example, if the child places several dots beside the statement, "I don't like the way I look," indicating that the child has a negative self-image, the practitioner should reflect and validate how the child feels, and not try to shift the child's thinking. Once the assessment has been completed, and the child is in treatment, the practitioner can deal with any treatment issues that were identified during assessment.

ASSESSMENT DOMAIN #3: FAMILY AND COMMUNITY RELATIONSHIPS

People in My World (adapted from Lowenstein, 2006a, pp. 45-46) assesses family and community relationships and available support networks. It also evaluates feelings such as sadness, anger, fear, and self-blame. The child is provided with an outline of a world (see Lowenstein 2006a, p. 46) and is asked to write the names of significant people inside the world. The child should include self and significant family and community members on the worksheet (both positive and negative relationships) so that these relationships can be assessed. The child is then provided with stickers and is instructed as follows:

1. *Put happy face stickers on people in your world who feel happy. Why do they feel happy?*
2. *Put Band-Aids on people in your world who feel sad. Why do they feel sad?*
3. *Put blue dot stickers on people in your world who feel scared. Why do they feel scared?*
4. *Put an "X" on people in your world who did something mean or bad. What did they do that was mean or bad?*
5. *Put star stickers on people in your world who help you. What do they do to help you?*

Children typically engage easily in this activity and particularly enjoy using the stickers. It evaluates the significant relationships in the child's life, which is an important part of a comprehensive assessment.

Although the activity is geared to children aged six to twelve, it can be adapted for younger children by simplifying the instructions and limiting the stickers (i.e., omitting questions four and five).

ASSESSMENT DOMAIN #4: FAMILY DYNAMICS

It is helpful to assess the family dynamics that contribute to the child's functioning and adjustment. Evaluating children within the context of their family can provide useful clinical information that assist in the development of treatment goals.

Boat, Storm, Lighthouse (Post-Sprunk, 2010) is an engaging art assessment technique. The family is directed to fill a poster board with one drawing of a boat, a storm, and a lighthouse. Upon completion, each family member is asked to write a story about what he/she thinks happened before, during, and after the storm. After each person shares his/her story, the practitioner guides the family in a discussion involving fears, rescue, danger, and how to access family support when needed. The practitioner may help the family experience the process by exploring the following:

1. What do you think it would have been like to be in the boat with your family during the storm?
2. Who would have been most helpful to you during the storm?
3. If you believed that a rescue would occur, how did you think it would happen?
4. In what ways could you have asked for help?

The activity assesses the following family dynamics: a) Who makes the decisions? b) Can the parent encourage the child's ideas rather than imposing their own? c) Which member's suggestions were utilized and which were ignored? d) Were they able to negotiate and reach consensus? g) What was the level of affect? h) Was the parent able to set appropriate limits and offer praise and affection? And, j) Did any dysfunctional patterns emerge, i.e. parentification, triangulation, disengagement, scapegoating, overfunctioning? (Landgarten, 1987). Infants and toddlers should be included in the session, even though they are too young to directly participate in the activity.

TREATMENT PLANNING

A comprehensive assessment will facilitate a more accurate picture of the child and family. However, it is not enough to simply assess the clients. The value of the assessment is in how it is used to develop a treatment plan that guides the therapy. The

purpose of treatment planning is to (1) Clarify treatment focus; (2) Set realistic expectations; and (3) Establish a means to evaluate treatment progress (Maruish, 2002).

Defining objectives is a central part of treatment planning. Objectives must be stated in behaviorally measurable language so it is clear when the client has achieved the established objectives. Jongsma (2003) outlines a step-by-step process for developing a treatment plan.

ASSESSMENT FEEDBACK

One of the most common mistakes practitioners make is failing to provide feedback to clients and collaterals on the assessment findings. Assessment of a child is only valuable insofar as it translates into knowledge that will help the child, the family, and others working with the child. In order to make the original findings of the assessment more meaningful and helpful, the following guidelines can be used to provide feedback to caregivers and collateral sources:

- Summarize the key findings and recommendations in a way that the child and family will understand. Use clear, concise descriptions and avoid clinical jargon or terms.
- Keep the tone as positive as possible. Begin by summarizing client strengths to set a positive tone. Next address concerns and treatment issues. Transition into this part with statements like “Although Jason is able to identify feelings of anger, he has some difficulty expressing anger in healthy ways.”
- To encourage parent participation and elicit their perceptions, stop and ask them if they agree with the assessment findings. If both parents are present, ensure the views of both are acknowledged.
- If participants respond negatively to the findings, turn it into a team approach and ask the defensive person for interpretations and suggestions. It is also helpful to validate the person’s feelings.

CONCLUSION

Assessing children can be a challenge due to their limitations and reluctance to articulate their thoughts and feelings. Activities that are engaging, concrete, and developmentally appropriate can be invaluable to assessors. This article has outlined a number of play and art-based techniques that are sensitive to children’s developmental capacities and aim to engage clients in the evaluation process. These interventions have been presented within the context of key assessment guidelines to ground the reader in essential principals prior to implementing the techniques. Practitioners are urged to have sound knowledge and

experience in clinical work with children and families prior to implementing the activities described herein.

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