**Unit 1:**

**First Meetings**

The number of "getting to know you" meetings (1-3) will be determined according to the type and nature of the intervention in question. A short term intervention (such as group therapy or time-limited individual therapy) calls for fewer first meetings, with the occasional use of ice-breaker activities during treatment. For long term interventions, it is recommended to dedicate as much time as required for formulating a clear and detailed agreement (contract) and for playing ice-breaker games, allowing the children to get acquainted with different sides of themselves and others.

The goal of the first meetings is to establish a pleasant and motivating working relationship between the child and the therapist in individual therapy or, in case of group therapy, the relationship each group member has with the other members and with the therapist. The first meetings allow the patient/patients and the therapist to meet each other in a pleasant and non-threatening setting and allow the therapist to introduce the goal of the therapeutic work: personal empowerment, emotional regulation, the enhancement and intensification of their emotional range, and getting acquainted with their own strengths and abilities.

Most of the activities described in this and all subsequent units are suited for both individual therapy and group therapy, or may be adjusted to fit the treatment's requirements.

**Content of Meetings:**

**Ice-Breaker Games, Goals, Expectations and Agreement**

As these are the first meetings, they must include "getting to know you" activities and address the patient-therapist/group agreement. The very first activity will always involve an introduction of the child/members, be it a simple introduction circle or a full, in-depth set of activities.

A first group meeting may look something like this:

* Introduction circle (name, age, something we love)
* Ice-breaker activities
* General introduction of the group's purpose
* Goal setting
* Discussion of mutual expectations
* Group agreement

These activities may of course be easily adapted for individual therapy.

The meeting will naturally be planned according to the children's age and tendencies. It is important to keep in mind that all activities and discussions may be adapted to the therapist's needs and even the most serious parts may be handled in an enjoyable way. With mature children, for example, the order may be changed so that the discussion of group goals will come before ice-breaker games. With younger children, some of the content may be dealt with through games.

It is imperative that the goal segment address both the therapist's goals and the child/children's goals. In any case, the therapist must remember that when working with children, doing and playing is better than talking.

**Goals**

The general purpose of the therapeutic work ought to be clear to the child/children before they start expressing their expectations or defining their personal/group goals.

This is an important part of the general introduction, as it defines the nature of the therapy. It invites the young person to take part in a true dialogue or an honest group discussion in order to actively define their goals for this therapeutic process, and finally committing to it.

The difference between individual therapy and group therapy is an important point in this matter. While these two different settings share a common goal, they also create two very distinct environments, leading to different processes and ultimately, to two potentially different results/goals. As these very differences lead to two different results, they may be the very distinction we look for when deciding on the best way to treat a child.

The purpose of either setting is to help each child learn to recognize and accept a wide range of emotions, both in themselves and in others; to cope with difficult thoughts, emotions and reactions while also finding sources of strength to help them successfully manage their emotions in the future.

**Individual therapy** will naturally focus on the individual child's experiences, processes, tendencies and strengths. The entire treatment will revolve around the therapist-patient relationship established in the first meetings. The desired therapeutic environment is supportive, nourishing, intimate, and highly personal. The child will deal mainly with their own experiences and interact with only one other person: a steady, containing, experienced and knowledgeable grown-up. The goals would then center on introspection, emotional self-sufficiency and interpersonal relationships, as well as any additional personal goals.

**Group therapy**, on the other hand, involves interactions with other children. This sort of setting will help the individual group member learn that there are others like them dealing with emotional issues. Beyond that, the social setting will "force" them to deal with other people who struggle with emotional regulation, thereby allowing them to either identify and connect with the others or clash with each other. In both cases, they all experience a powerful, cognizant emotional process. All responses and interactions within the group may provide invaluable learning experiences. Carefully nurtured, the bonds between group members may create a strong, empowering, trusting, safe and nonjudgmental environment where children can open up to each other, help each other and willingly accept help from others. This setting of peer to peer interaction will center the individual child on the path to empathy, solidarity, team work, trust, social skills, the understanding of social situations, and the ability to interact, come out of their shells and also think about others. Personal goals thus become part of the group's goals.

Individual therapy involves a one-on-one relationship, as all consideration of others is approached in a safe and intimate environment. Group therapy places all group members in a social environment, which requires them to interact, share, make decisions, respect and help each other. A young or immature child may benefit more from individual therapy, whereas a more mature child or adolescent might gain more from participating in group therapy. This distinction is merely given as an example and not meant to limit the therapist in choosing the appropriate intervention.

**The Therapist's Introduction**

**Individual Therapy**

The introduction to individual therapy may start with a personal inquiry with the child about why he/she thinks they need or want to be in treatment. The therapist's introduction of the therapy goals will address the issues raised by the child and define the framework within which the therapeutic work is to be carried out. The child, facing not only a clear plan but also a partner, is in effect called into action. Following is an example for what a therapist might say to a younger child: "Some of the problems you just described have a lot to do with emotions. This is a part of growing up and it is something that every single person in the world has to deal with. Sometimes our emotions become a little too powerful for us and it suddenly gets too hard to stop ourselves from doing or saying things that we might later regret. What we are going to do here, together, is learn more about these emotions- and other emotions as well. We will learn how to recognize them, what they're called, why we have them, when they are good for us and when they are bad for us. We will learn how to manage them and even use them for our own purposes. We will learn more about ourselves, what we're good at, how strong we really are, what we want to do and what we can do in order to change the way things are going for us right now. We will also start understanding others better, which will help us in many ways as well. All of these things will help us understand what's happening to us, and also know what to do in order to manage it on our own. This means we will be able to take more control of our lives and to do it on our own".

**Group Therapy**

The therapist starts by explaining about the group and its purpose, and discussing what all group members have in common: emotional regulation difficulties and a desire to develop and enrich their emotions, to be able to bring about change and to believe in their own abilities. The therapist may say, for example: "In the following meetings we will learn about emotions, how to identify them and how they affect us, our reactions and our behaviors. We will discover the significance of emotions and their role in our lives, and learn when they help us and when they hold us back or overwhelm us. We will try to make friends with our emotions, accept them and learn how to manage them, instead of having them "manage" us. At the same time we will also get to know ourselves better and understand what is important to us, what we are good at, what our strengths are and how they can help us when we are facing a difficulty".

**An Assignment for the Children: Presenting the Group's Goals**

In individual therapy, the therapist and the child begin with a personal inquiry. In group therapy, the therapist will ask the children why they joined the group and what they would like to achieve from taking part in its meetings. It is recommended to go around the circle and have the children take turns responding to these topics. Following is a list of useful topics for starting a group discussion (or a personal inquiry) on goals:

**A Little About Myself\*…**

I am here because I want to succeed in…

I believe I can improve in…

It is important to me that you know…

I am the best at…

It is especially important to me that…

I'd like to…

My favorite emotion is…

An emotion I don’t like is…

\*Detailed photocopiable form on page 204

The flower forms (1.5 and 1.6) in the "Out of the Questions" folder may be a very useful tool for the personal introduction and for starting a discussion of mutual expectations in a creative way.

The therapist may obviously add questions according to the child/children's level of cooperation. Younger children may play miming games where they act out their goal and the therapist or the group has to guess what the goal is, based on the hints given by the "actor". Another approach would be to write "The Goal Song" together.

The therapist may choose from the games presented in the following pages while keeping in mind that introverted, shy individuals will require more time for ice-breaker games and for building up their sense of ease.

**Discussing Expectations and Formulating the Agreement**

The opening meetings will engage the child/children in a shared process through which a therapeutic agreement will be formulated. The discussion of expectations will receive the form of a conversation in individual therapy and become a possibly dynamic group discussion in group therapy. The process, however, is essentially the same: The children and the therapist all express their expectations from the therapeutic process and from each other with the aim of reaching a mutually agreed upon agreement or contract that everyone can sign and commit to.

A group of children dealing with behavioral problems will require a precise and clear agreement with a particular emphasis on rules of behavior, whereas a group whose members deal with other problems may finish the wording of the agreement at a much shorter time. It is important to make room for the children's desires and incorporate them in the different sections of the agreement.

The matter of confidentiality should be approached with caution. It is usually the therapist who raises the subject, as it is not a natural and readily obvious concept for children. The therapist may, for example, say: "We are talking about the fact that we need to make sure that we keep each other's stories private so that everybody will be comfortable with sharing. It is important that we try not to talk about what happens in group with other children".

The agreement presents the working framework and the rules of behavior at meetings. It is meant to establish a commitment to the process, its participants and its rules. The therapist may prepare a poster with the agreement, signed by all the children, and leave it on the wall during group meetings (especially with children who need reminders of rules and boundaries). An alternative approach would be to create a personal contract for each child to sign in a private and pleasant setting.

In individual treatment, the agreement may be announced verbally and not necessarily in writing.

**Topics Covered in the Agreement**

The sections normally included in the agreement relate to the time allotted for regular meetings and to conduct: punctuality, consistency, carrying out assignments, listening to each other, respectful ways to address others and the preservation of intimacy (the "togetherness" factor). It is also recommended to formulate a global goal that suits the entire group.

In individual therapy the therapist and the child will discuss a measurable, shared goal that is also approved by the parents.

**Pre-Intervention and Post-Intervention**

After formulating the agreement, the therapist will conduct a pre-intervention measurement in order to assess where each patient is with regard to several areas and goals. This is the baseline, against which all change will eventually be measured at the end of treatment.

These issues may be discussed with the children in an age-appropriate manner based on their personal inclinations. Here, the use of arts and artistic tools is highly recommended, especially with younger children.

**Possible Methods for Pre-Intervention Measurement**

**Pantomime and Sculpting**

Each child in their turn as a "sculptor" chooses another child to serve as their statue. The sculptor moves the statue's body in order to create a statue representing "my emotions, what they feel like to me and what they look like from the outside, at this point (baseline) vs. what I want them to feel and look like at the end of treatment." The sculptor may use the help of the same child for both representations or ask a different child to be the end-of-treatment statue. In individual therapy, the child may use their own body (pantomime) in order to convey these two different concepts.

**Drawing**

The children are asked to make two self-portraits, one depicting the way they see themselves at the beginning of therapy and the other at the end. A useful aid for this activity is Form 1.3 ("At Present") in the "Out of the Questions" folder. This form invites the child to characterize their current situation, as well as their present level of contentment, in the areas of emotions, the external appearance of emotions, their performance at school and their functioning in social environments and with their family.

Older children may take "before and after" selfies.

**Therapy Cards**

This activity is best suited for older children. The children are instructed to find a card that represents them today and a card that represents them as they would like to be at the end of treatment. The therapist may use existing therapy cards or create new ones.

**Images**

The children are instructed to choose an image that represents them today and an image representing what they would like to be at the end of therapy.

**Sound / Percussion / Song**

The children have to find a song or a sound that represents them today and a song or sound that will represent them in the future.

**Situation Report**

Ask the children to create a chart rating their level of satisfaction with their moods, their friends etc.

**Collage**

The children can work together on a group collage describing their present situation and their desired state at the end of therapy. The therapist may, for example, write the numbers 1 to 10 on the vertical axis and add the names of group members on the horizontal line. The members will each place a different colored sticker or sticky note representing their level of satisfaction with their own moods, what they feel about their friends, how much trouble they get into at school, how strongly they feel about change, etc. The therapist may take a picture of the finished graph and later compare it with the graph made by the children at the end of the process. In individual work, the graph will address aspects suggested by the child.

The finishing line is the goal / change that the children aspire to throughout treatment. Once the baseline has been measured and the "finishing line" defined, the therapist will ask the children how they plan to reach their goals. For instance, how can we make more friends? How do we control ourselves better, or cry less? Write down the ideas raised by the child/children and make room for an optimistic discussion about the possibility of change and growth. It is important to remember that more often than not, children who start therapy feel as though they have accumulated failures or haven't been successful in several areas in their lives, and that the current treatment is often not their first attempt at creating change. Consequently, they may doubt both their chances of actually bringing about change and the therapist's ability to help them do it. These children might therefore not be so keen to cooperate.

It is essential to endorse these elements, make room for them in the therapeutic discourse and try to connect the patients to experiences of success in past efforts to change. The therapist may, for example, ask each child to recall something they did in the past which helped them acquire certain knowledge or skills, such as dancing / running / playing musical instruments / drawing or painting / studying for a test, etc.

The following questions may be used in a sharing circle or in individual therapy:

* What assignment/challenge did you face?
* What did you need to do in order to carry it out?
* To what extent did you believe that you would succeed?
* What helped you believe? What blocked your belief?
* Which challenges did you face on the road to fulfilling the goal?
* How did you eventually reach your goal?

After personal or group sharing, ask the following question: "What can help me achieve my present goal in light of the experience I've had in the previous assignment?" Write down the responses and save them for future use in a discussion or as a reminder in difficult moments.

**Conclusion**

It is recommended to conclude the meeting with a fixed, empowering ritual (and, starting this point, also begin all meetings in a similar fashion).

The following examples for rituals are described as group activities but can just as easily be adapted and used with a single patient (a group circle, for instance, is equivalent to the patient and the therapist standing together and holding hands):

**Energy Circle**: Group members hold hands and transfer positive energies to each other through their hands.

**Movement Circle**: One member makes a movement and then the other members copy it one after the other

**Personal Statement**: Each member in their turn makes a personal empowering statement about themselves and the others repeat it.

**Word Basket**: Fill a basket with word stones (or cards). Write a single word on each of the stones. The child/members may choose the best word that sums up the meeting for them.

**Our Ritual**: Another option is to decide upon an end-of the-meeting ritual together. The meeting may end in any way, as long as it creates a ritual, reinforcing strengths.

**Home Assignments**

It is important to mention the home assignments and their significance. The therapist and the children may think together about what might motivate them to carry out the assignments. Perhaps it is a special reward? What kind? Who presents it? The emphasis in the instruction phase is on developing awareness and self-knowledge. If the children have smart phones, the therapist may start a group chat and post daily assignments on it (make sure the posts are short and avoid long dialogues).

**Examples for First Meeting Assignments**

1. **For Young Children**: Each member/patient chooses an object from home or talks about a hobby or anything that they would like to share with the other members / the therapist. The purpose of this assignment is to allow personal expression and to help the members know each other better or strengthen the bond between patient and therapist.

2. **My Successful List**: At the end of every day, the children make a note of something they succeeded in or were pleased with (on that day). At the next meeting, they share this list with the others. A child who does not wish to do the home assignment may discuss two or three days in their lives with the group. The purpose of this assignment is to fortify strengths. It may be carried it out both in a group setting and individual therapy.

**Examples for First Meeting Ice-Breaker Games**

**Ball Game**

The therapist starts a sentence and passes the ball to the child / a member, who catches the ball, completes the sentence and passes the ball to the next member (or back to the therapist). Examples: I love it when… I hate it when… It is important to me that… I feel good when… I love to eat… I find it funny when… etc.

**Through Their Eyes**

Each child introduces themselves through the eyes of a friend or a family member. For example, "My name is Shelly. I am Yael's friend. I want to tell you that Yael is really funny".

The following two games are designed for groups and are neither practical nor useful in individual therapy.

**Line-Up / Group-Up Games**

In these games, the children have to line up quickly according to different criteria: oldest to youngest, tallest to shortest, shoe size, etc. Alternatively, they may group up according to age, favorite food, or any other idea suggested by the children. Through this fun and amusing game, the children have to ask each other different questions which will strengthen their bond and help them get to know each other better.

**Snowball**

The members pair up and learn as much as they can about each other in one minute. The members keep switching partners every minute until every child has spoken to all other group members. When this activity is over, each child writes down the names of all the children they have spoken to, and lists what they remember about them. At the end, each member will read their notes out loud. Points will be given to those who have retained the most information and to those who have discovered things that others have not. This game can be played neither in individual therapy nor with children who are too young.