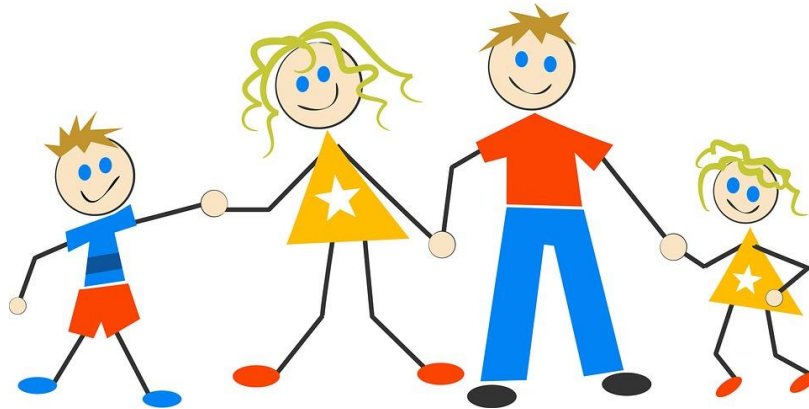


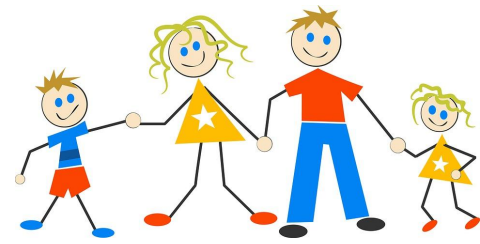
Play Therapy & The Family: Part One

Working with & Assessing Families



Presented by Laura Hutchison, PsyD, LP, RPT/S

Learning Objectives:



1. State an overview of the basic reasons why working with the family is important in play therapy.
2. Describe how to conduct an initial interview with parents, including explaining the play therapy process.
3. Identify ways to assess children and their families through a family play observation.
4. Describe ways to work with parents throughout the play therapy process.

This training falls under APT's primary instruction area of Skills and Methods.

The Therapeutic Agents of Play

- Self expression
- Access to the unconscious
- Indirect teaching

**Facilitates
Communication**

**Fosters
Emotional
Wellness**

- Catharsis
- Abreaction
- Positive emotions
- Counterconditioning fears
- Stress inoculation
- Stress management

- Creative problem solving
- Resiliency
- Moral Development
- Accelerated psychological development
- Self-regulation
- Self-esteem

**Increases
Personal
Strengths**

**Enhances
Social
Relationships**

- Therapeutic relationship
- Attachment
- Social competence
- Empathy

Working *WITH* the Parents

Making sure the parents are on board is important from the very first session ... or even first phone call.



First Meeting with the Parents

1. Establish a rapport with parents

Helping parents understand what therapy is and their role in it from the first session...

- a PARTNERSHIP - they are truly the expert on their own child
- the child lives within the family system ... the system affects the child & the child affects the system.



First Meeting with the Parents

2. Educate about Play Therapy & the process

A. Teach parents about the value of play and how it is therapeutic



What is learned through play?

AS BRAINSTORMED AT MICHIGAN PLAY THERAPY TRAINING ACADEMY SUMMER CAMP

limits
sharing
resilience
expression & regulation of emotions
imagination
cultural awareness
challenge
decision making
self-awareness
flexibility
fine & gross motor skills

PROBLEM SOLVING
MASTERY
COOPERATION
persistence
self-awareness
flexibility

executive functioning skills
COOPERATION

verbal & non-verbal skills
social skills
diversity of thought
creativity
boundaries
self-direction

copied skills
CURIOSITY

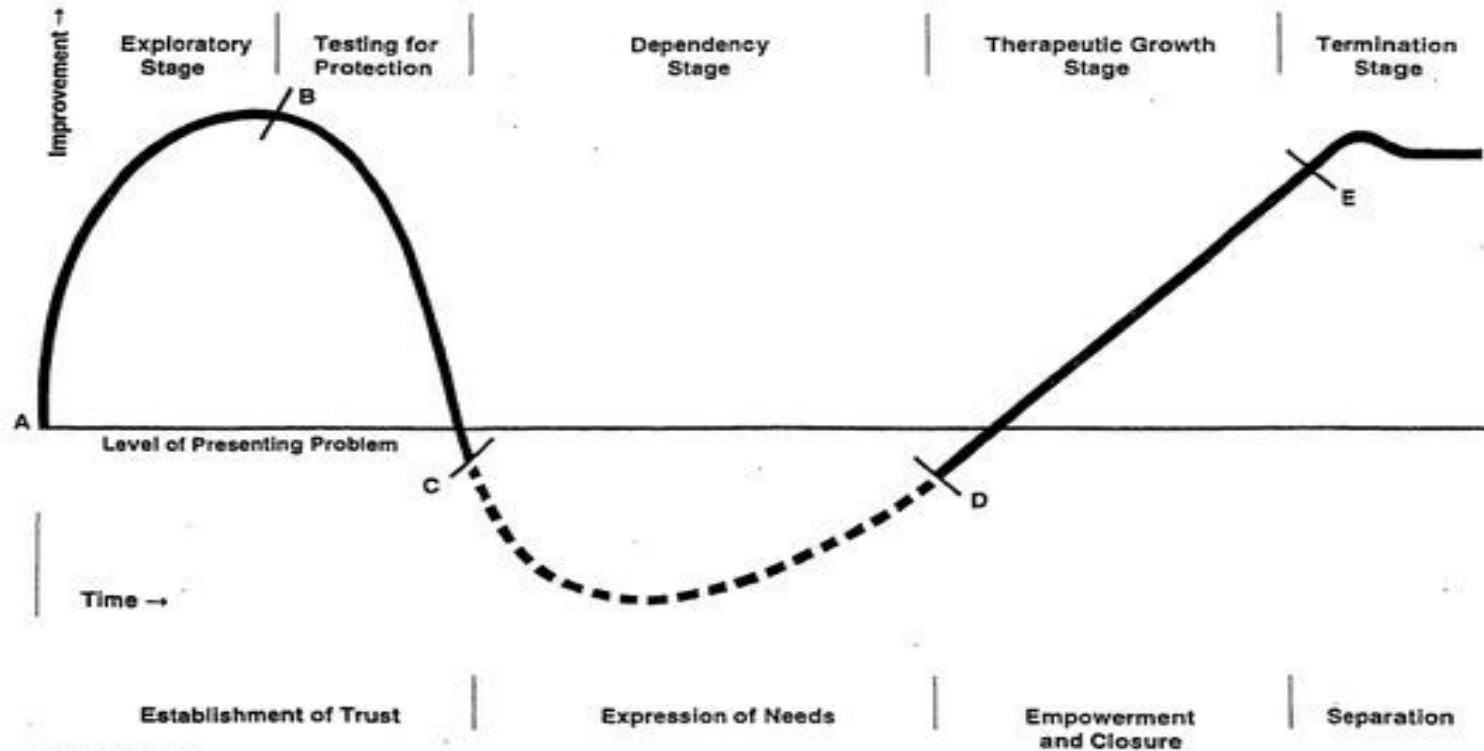
First Meeting with the Parents

2. Educate about Play Therapy & the process

B. Explain the process



THERAPEUTIC STAGES IN PLAY THERAPY



First Meeting with the Parents

2. Educate about Play Therapy & the process

C. Establish the boundaries of communication and expectations



First Meeting with the Parents

3. Gain information about presenting issue and history



Questions for Parents Bringing a Child to Play Therapy

1. What is the main reason you gave me a call? What behaviors are causing concern? How long have they been going on? Was there an event that you can identify that happened when the behaviors began? What have you tried so far to help the situation? What effect did those solutions have?
2. So that I have a full picture, tell me about the beginning ... how was the pregnancy and delivery of this child? Did he/she meet developmental milestones of walking and talking at appropriate times? Has he/she had any medical concerns, such as illness or injury? Has he/she ever had any difficulty eating and/or sleeping? Is he/she having difficulty eating and/or sleeping now?
3. Tell me about a typical day and week in the child's home(s). What do you do? Who is there?
4. If your child woke up tomorrow and no longer had the problem/s, what would he/she be doing that he/she is not doing now? How would he/she be different with you? How would he/she be different with others in the family? How would he/she being different at school?
5. On a 1 to 10 scale where would you rate your child's behavior at the present time? What's the highest it's ever been? When was that? What's the lowest it's ever been? When was that? What rating would you settle for or say was realistic?
6. What would you like your child to gain from therapy? Give specific examples.

Continued Contact with Parents

Follow-up Meeting

- a. discuss recommendations and treatment plan
- b. give information related to age &/or presenting issue

On-going

- a. positive parenting techniques
- b. parenting education

Variations

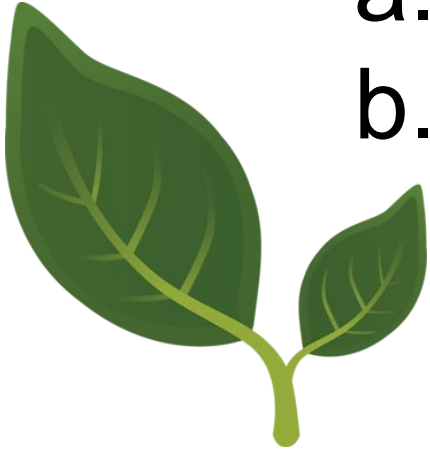
- a. phone, 1/2 session, full session, weekly, monthly, as needed
- b. home visits or video taping
- c. family play assignments



First Meeting with the Parents

Variations

- a. what if they bring the child
- b. divorced parents

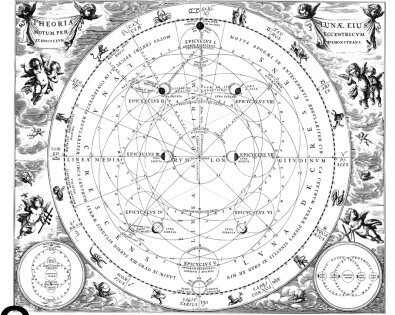


Family Assessment



What's the family's atmosphere & constellation?

- What does it feel like to be in this family?
- What are the views of self, others, & the world?
- Who is in the family?
- What's the birth order? And what's the psychological birth order?



Understanding the Personality Priorities

Personality priorities constitute the most important aspect in a person's striving for belonging. Each of the 4 possible priorities (**Comfort, Pleasing, Control, and Superiority**) has positive factors and negative factors. In order to recognize the person's personality priority, the counselor examines his or her personal reaction to the client, the client's complaints, what the client is striving to achieve in life, the client's assets, and the aspects of life the client wishes to avoid. (Kottman)

This is an essential step of
Adlerian Play Therapy Life Style
Conceptuality

COMFORT

Striving to achieve: Comfort, pleasure, ease, being pampered

Wishes to avoid: Stress, expectations, work, responsibility

Reaction of others: Irritation, boredom, impatient with lack of productivity

Assets: Easy going, few demands, minds own business, peaceful, gets along with other, predictable, mellow, empathic, understanding

Price paid: Underachievement, doesn't get things done, undervalued

**PLEASING**

Striving to achieve: Please others; meet the needs of others

Wishes to avoid: Rejection; other people's anger or unhappiness

Reaction of others: Pleased at first, but later annoyed by demands for approval

Assets: Friendly, thoughtful, volunteers, follows rules, nice, reliable, helpful, responsible

Price paid: Not getting own needs met, worry about others' expectations

CONTROL (2 subtypes--(a) control of self and (b) control of everything)

Striving to achieve: Control self, others, situations

Wishes to avoid: Humiliation, surprises, being "out of control"

Reaction of others: Feel challenged, tense, angry, frustrated

Assets: Strong leader, organized, productive, assertive, persistent, responsible

Price paid: Lacks spontaneity & intimacy, may have diminished creativity and fun

**SUPERIORITY** (2 subtypes--(a) achievers and (b) out-doers)

Striving to achieve: Being more competent, more right, more useful, more good, more smart, better than others

Wishes to avoid: Meaningless, feelings of inferiority

Reaction of others: Feel inadequate, inferior, competitive

Assets: High levels of achievement and social interest, knowledgeable, idealistic, tries hard, persistent, perfectionistic

Price paid: Feeling over-worked, over-involved, over-responsible, overwhelmed

Understanding the family's Crucial Cs & Goals of Misbehavior

This is an essential step of
Adlerian Play Therapy Life Style
Conceptuality

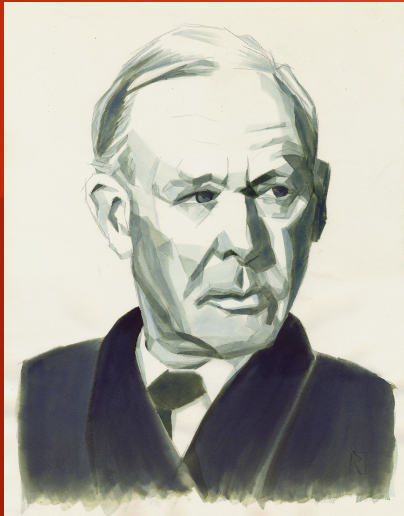
Crucial C's and Goals of Misbehavior

Crucial C's	Unmet needs: How discouraged children think and believe	Parent feels:	Encouraging Responses	When need is met, child believes
CONNECT	ATTENTION I only count when I'm noticed. I act out for attention.	Irritated Annoyed	Replace negative attention with positive attention. Plan activities together. Don't ignore child; ignore unwanted behavior.	I belong.
CAPABLE	POWER My strength is in showing you that you can't make me.	Angry Challenged	Give choices so child can display power constructively. Maintain a friendly attitude.	I can do it.
COUNT	REVENGE I knew you were against me. I'll show you how it feels.	Hurt Wants to punish	Maintain appreciation in the relationship. Offer chances to help. Seek support and help in identifying positives. Don't give up.	I matter. I can make a difference.
COURAGE	GIVING UP I can't do anything right, so I won't try.	Despair Hopelessness	Notice strengths and ignore the negative. Set up steady exposure to manageable tasks that have a likelihood of success. Avoid criticism.	I can handle what comes.

Attachment Theory

refresher:

John Bowlby (1907-1990) - British psychologist, psychiatrist, and psychoanalyst who did the pioneering work of attachment theory.



*Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. He suggested that **attachment** also serves to keep the infant close to the mother, thus improving the child's chances of survival.*

Attachment Theory

refresher:

Mary Ainsworth (1913-1999) - American-Canadian developmental psychologist who designed the strange situation procedure to observe early emotional attachment between a child and its primary caregiver.



*Ainsworth's maternal sensitivity hypothesis argues that a child's **attachment** style is dependent on the behavior their mother shows towards them. 'Sensitive' mothers are responsive to the child's needs and respond to their moods and feelings correctly.*

Attachment Theory

Attachment has Four Main functions:

- . Providing a sense of security
- . Regulation of affect and arousal
- . Promoting the expression of feelings and communication
- . Serving as a base for exploration

ATTACHMENT THEORY VIDEO LINKS:

Harlow's Monkeys:

https://www.youtube.com/watch?v=_O60TYAlgC4ttp

The Strange Situation

<https://www.youtube.com/watch?v=QTsewNrHUUH>

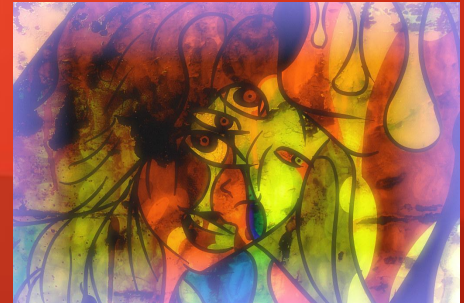
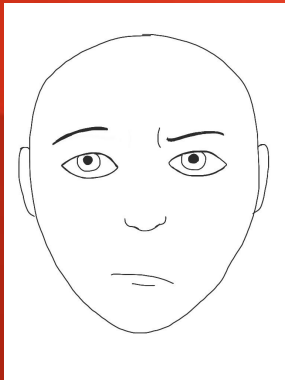
Still Face Experiment

<https://www.youtube.com/watch?v=apzXGEbZht0>

4 Classifications of Attachment



- 1) Secure
- 2) Avoidant
- 3) Ambivalent/Resistant
- 4) Disorganized/Disorientated



Secure Attachment

In the “Stranger Situation”, securely attached infants...

- Greets mother positively
- Looks relieved
- Moves closer to mother

With a **Secure Attachment...**

- Children show confidence in their parent's ability to accept their full range of emotions
- They are more confident to explore their environment and more open to learning.
- They are more flexible and resourceful.
- They have better future relationships.
- They have fewer behavior problems.
- They show a greater capacity for empathy.

Avoidant Attachment

In the “Stranger Situation”, infants classified as Insecure-Avoidant ...

- Do not show distress when mother leaves
- Ignore her upon her return

With an Avoidant Attachment...

- These kids give an impression of self-reliance, however this is a defensive strategy.
- These babies are frequently ignored and actively rejected by their mothers.
- They develop precocious defenses against feelings of distress.
- This becomes way to “stay close” while protecting self from overt rejection.

Avoidant Attachment (continued):

- These children have higher levels of hostility and negative interactions with others.
- Instead of expressing distress or asking for help they are more likely to withdraw or sulk

Ambivalent Attachment

In the “Stranger Situation”, infants classified as insecure-resistant ...

- Show anxiety even before the mother leaves
- Are very upset at the separation
- Want close body contact with mother upon her return...
...but the cannot be soothed

With an Ambivalent Attachment...

- Inconsistency with meeting child's needs
- Insensitivity to the infants signals
 - Infants expect to become frustrated rather than comforted
- They likely to have separation anxiety, social withdrawal, and lack of assertiveness.
- These children don't feel confident to explore the world

Disorganized/Disoriented Attachment

In the “Stranger Situation”, infants classified in the Disorganized/Disoriented type ...

- Show contradictory behavior when reunited with mother.
- May walk towards, but then look away
 - Incongruent mood and affect
 - Appears confused and disorganized

With a Disorganized/Disoriented Attachment ...

- There is a lack an organized strategy for eliciting comforting
- They tend to remain aroused.
- High percentage have been physically abused or a witness to trauma

Parental Models of Attachment

- . Secure = Secure
- . Dismissive = Avoidant
- . Preoccupied = Ambivalent
 - . Unresolved =
Disorganized/Disoriented

Secure Adults

- value attachment relationships
- believe attachment relationship had a major influence on their personality
- are objective and balanced in describing the relationship
- ease of recall of own history
- Realistic (rather than idealist) view of their parents

Insecure Adults

Dismissive

- Attachment relationships are of little concern, value, or influence.
- Do not have vivid memories of childhood
- Describe current relationship with parents as distant or cut off.

Insecure Adults Preoccupied

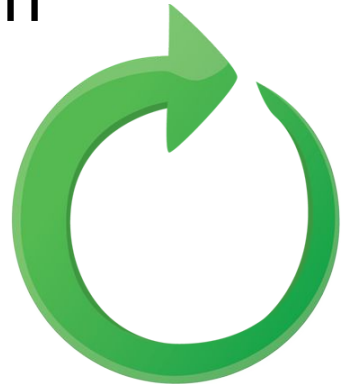
- Dependency on their own parents,
- Worry about pleasing parents
- Idealize parents
- Show anxiety about current relationships

Insecure Adults Unresolved

- Histories of unresolved trauma in childhood
- Blame self for trauma

What **STAGE** (or stages) in the Family Life Cycle is this family in?

- Leaving home (single adult)
 - Committed relationship
 - Family with young children
- Family with adolescent children
 - Divorce
 - Blended
- Launching Children
- Family in Later Life



What **ROLES** does each family member play?



- . Scapegoat/Identified Patient
 - . Parentification
- . Complementary Roles (opposite of each other, but serves to reinforce)
 - . Symmetrical (mirrors another)



What type of **BOUNDARIES** are there?

- **Clear**

(allows for independence/interdependence, healthy relationships)

- **Rigid**

(too much boundary, no room for interdependence, disengaged relationship)

- **Diffuse**

(not enough boundary, no room for independence, enmeshed)





What's the family's HIERARCHY?



Who reports to whom?

- **Effective** “parents set boundaries and limits while still maintaining emotional connection with their children”
- **Insufficient** “parents are not able to effectively manage the child's behavior and often adapt a permissive parenting style”; tends to be associated with diffuse boundaries.”
- **Excessive** “rules are developmentally too strict and unrealistic and consequences are too severe to be effective”; tends to be associated with rigid boundaries.

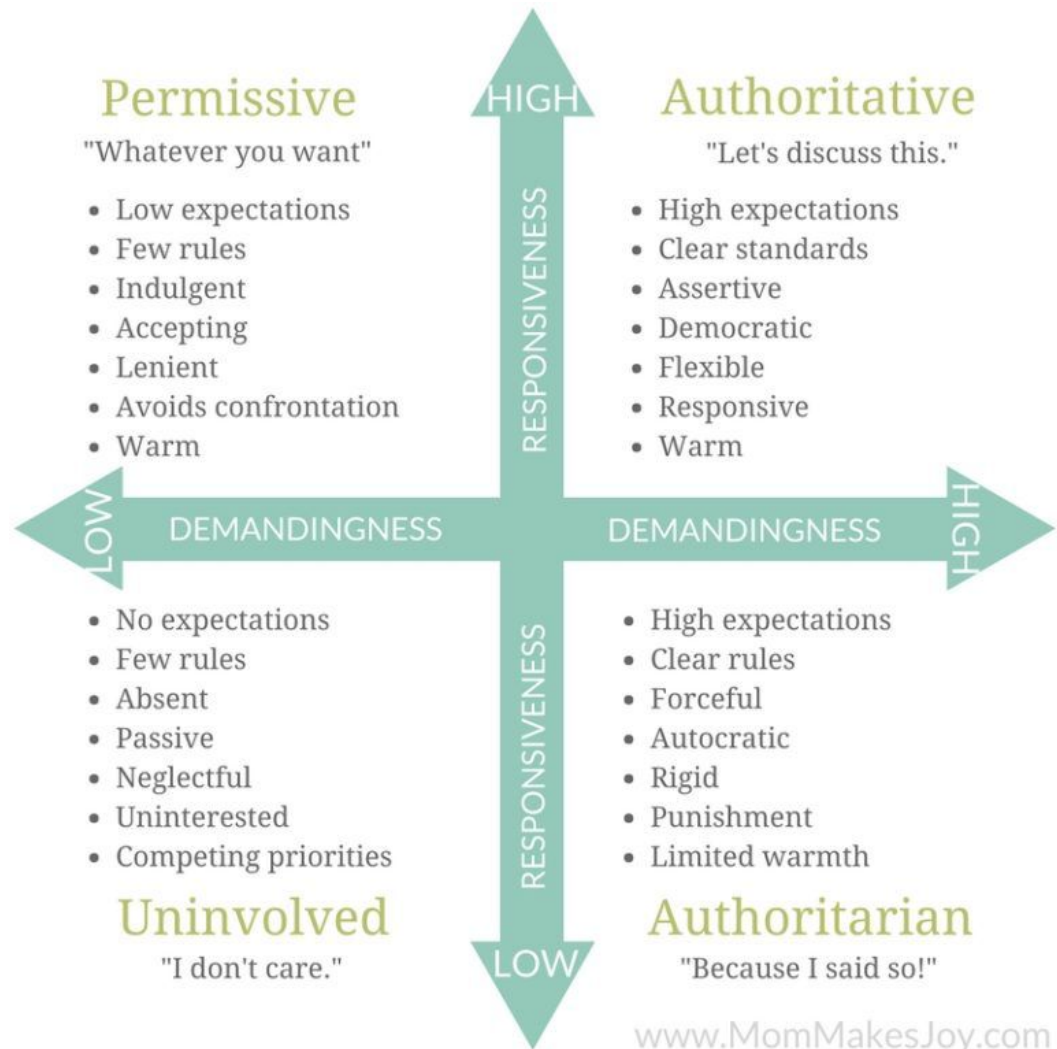
What's each members communication stance?



- **Congruent:** acknowledges and balances needs/perspectives of self and others while appropriately responds to the context
- **Placater:** acknowledges needs/perspectives of others and the reality of the context, but fails to acknowledge needs/perspectives of self.
- **Blamer:** acknowledges needs/perspectives of self and context, but fails to acknowledge needs/perspectives of others
- **Superreasonable:** acknowledges the context, but fails to acknowledge the needs/perspectives of others and self.
- **Irrelevant:** No consistent acknowledgement of self, others, or context

What's each parent's

PARENTING STYLE?



Take a few moments to think of a family you are working with.

- What is the attachment style?
- What family life cycle stage are they in?
- What role(s) do(es) each family member play?
- What types of boundaries are there?
- Who reports to whom (hierarchy)?
- What is each members communication stance?
- What is the parenting style?



Dealing With Divorce



Lowenstein's Parent Questionnaire: Separation and Divorce

(in *Creative interventions for Children of Divorce*)

Great questions to ask parents at the initial meeting

1. Describe the circumstances of separation (date, who initiated, why)
2. How did you explain the reason to the child?
3. Describe the child's reaction ... immediately, since?
4. Describe any ongoing conflict
5. Are you presently dating? The child's reaction?
6. What role do you see the other parent playing in the child's life and how are you supporting that healthy relationship?



DEALING WITH DIVORCE

Continuum of Child/Parent Relationships after Divorce

(Lowenstein, 2014; Kelly & Johnston, 2001; Warshak, 2001, 2010)



Continuum of Child/Parent Relationships after Divorce (Lowenstein, 2014; Kelly & Johnston, 2001; Warshak, 2001, 2010)

Positive Relationship with Both Parents:

At the most healthy end of the continuum are children who have a positive relationship



Continuum of Child/Parent Relationships after Divorce

(Lowenstein, 2014; Kelly & Johnston, 2001; Warshak, 2001, 2010)



Affinity with one Parent:

Children are closer to one parent, but still have positive feelings toward the other parent and want substantial contact with the other parent. The child's affinity with one parent may be due to the temperament, gender, age, familiarity, greater time spend with that parent, or shared interests.

Continuum of Child/Parent Relationships after Divorce

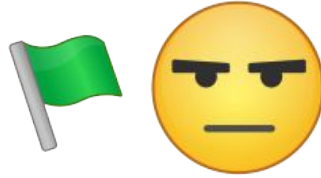
(Lowenstein, 2014; Kelly & Johnston, 2001; Warshak, 2001, 2010)



Allied Children:

Further along the continuum are children who are aligned with one parent. They have an exaggerated connection with that parent and express ambivalent feelings toward the non-preferred parent. Alignments develop because of other parent's nonexistent, interrupted, or minimal involvement, or inexperience or poor parenting.

Continuum of Child/Parent Relationships after Divorce (Lowenstein, 2014; Kelly & Johnston, 2001; Warshak, 2001, 2010)



Estranged Children:

These are children who are realistically estranged from one parent due to that parent's history of family violence, abuse, neglect, or severe parental deficiencies such as substance abuse, psychiatric disorders, or an angry or rigid parenting style. Estranged Children can also occur when the child's relationship with the rejected parent was never established or was interrupted for a significant time because the parent was absent or largely uninvolved.

Continuum of Child/Parent Relationships after Divorce (Lowenstein, 2014; Kelly & Johnston, 2001; Warshak, 2001, 2010)



Alienated Children:

At the far end of the continuum are children who are alienated from a parent after separation or divorce, who persistently express their rejection of the parent without ambivalence, and who strongly resist or refuse contact with that rejected parent. These rejected parents have no severe parenting deficiencies and have not been abusive so the child's negative views toward them are significantly distorted, unrealistic, and unjustified. A critical aspect of alienation is a change from a previously good relationship where the child shared a warm, healthy attachment with the now rejected parent. or largely uninvolved.

Risk Factors for Children of Divorce

(Lowenstein, 2014; Barczak, Miller, Veltkam, Barczak, Hall, & Krass, 2010; Kelly & Emery, 2003; Kelly, 2007; Pedro-Carroll & Jones, 2005)

- Misconceptions about the divorce, i.e. self-blame, fears of abandonment, unrealistic fantasies about restoring the marriage.
- Poor coping and problem-solving
- Poor adjustment of residential parent
- Incompetent parenting
- Irregular access with non-residential parent
- Poor co-parenting arrangements
- Multiple family transitions
- Lack of family support system
- Pre and post divorce destructive conflict between parents (asking child to carry hostile messages, asking intrusive questions about the other parent, creating a need for child to hide info, creating a need to conceal feelings about other parent, demeaning other parent)