

Greatest

Therapists make

in Play Therapy



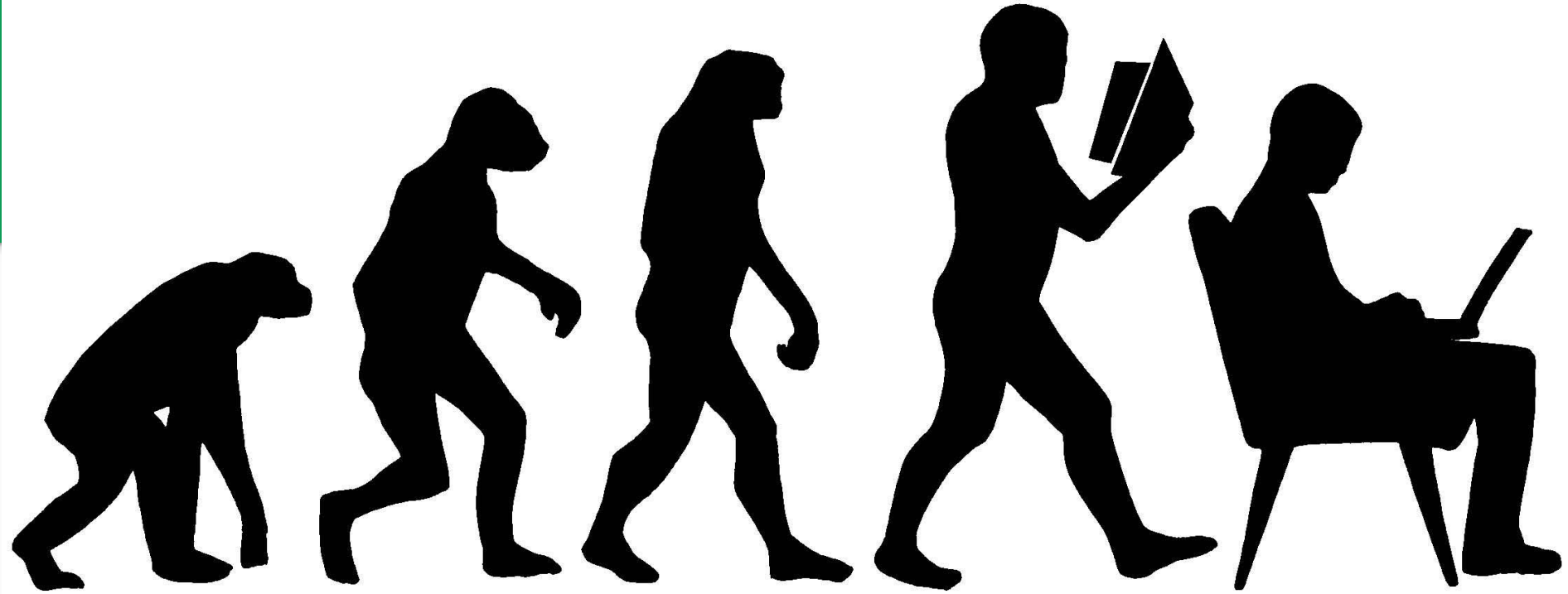
Presented by Laura Hutchison
Michigan Play Therapy Training Academy

Learning Objectives

1. List at least 3 common mistakes made in play therapy
2. Identify 3 ways to avoid making common mistakes in play therapy.
3. Explain what to do if a mistake in play therapy occurs.



This presentation falls under APT's primary instruction area of "Special Topics."



“Examining our errors as beginners affords us **THE REALIZATION OF OUR PROFESSIONAL EVOLUTIONS**, a HEIGHTENED awareness, and an OPPORTUNITY TO EVOKE THE PASSION OF OUR WORK.” (EDDINGTON & SHUMAN, 2010, P. 25)

**SOMETIMES
IT'S TRICKY
TO IDENTIFY
OUR
errors/
FAILURES/
MISTAKES...**



- Commonly clients won't TELL us.
- Many times clients aren't aware of WHAT made them dissatisfied
- It's HARD to admit errors
- Confidentiality
- Concern of losing status from supervisor and/or peers
- Professional isolation
- Over-personalization (I'm the ONLY one who...)
- Complex (not a single reason)

YOU MEANT TO TELL ME

**MISTAKES WERE
MADE?**

quickmeme.com

So ... what makes it a MISTAKE in play therapy? What makes it BAD or a FAILURE?

Here's what I found in the literature ...

- There's no improvement
- Treatment goals unobtained
- Client leaves treatment early
- Deterioration of client
- Injurious or harmful
- Lack of connection with client
- "when you realize you should not have done that, you should have known better, and it leaves a bad taste in your mouth." (Hoyt, in Eddington & Shuman, p. 19)



"...BAD THERAPY INCREASES PEOPLE'S EMOTIONAL EXPRESSION AND INTENSITY WITHOUT INCREASING THEIR SENSE OF POWER"
(PITTMAN, IN EDDINGTON & SHUMAN, P. 12)

Please take a few moments to write down a therapeutic mistake you've made as a play therapist. Write one on each "tear".



“...making mistakes is not equivalent to incompetence but is an expected condition of functioning as a sentient being...” (Powles, in E&S, p. 27)



BEFORE WE DISCUSS
OUR OWN MISTAKES,
LET'S LOOK AT WHAT
THE RESEARCH SAYS ...

MOST COMMON THERAPIST INDUCED CAUSES OF THERAPY FAILURE

From Eddington & Shuman

- 1 Not listening to client and alternatively following his or her own agenda
Like when you have an AMAZING play therapy activity set up that you learned at a training and you INSIST to do the activity rather than listen & observe what's going on with the client NOW
- 2 Repeating the same errors without end
Can easily happen without regular supervision and/or videotaping sessions
- 3 Demonstrating inflexibility and unwillingness to make therapeutic mistakes
Maintaining rigid thinking about certain play therapy interventions or models, as well as diagnoses

MOST COMMON THERAPIST INDUCED CAUSES OF THERAPY FAILURE

4 Having no sense of direction

This frequently happens in play therapy when therapists “THROW” interventions at clients without thinking about the theory behind it.

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

MOST COMMON THERAPIST INDUCED CAUSES OF THERAPY FAILURE

From Eddington & Shuman

- 4 Having no sense of direction

This frequently happens in play therapy when therapists “THROW” interventions at clients without thinking about the theory behind it.

- 5 Being arrogant and overconfident

Executing play therapy with proper training and supervision

- 6 Feeling inept

Happens easily when play therapists isolate themselves professionally and don't have support from other play therapists

MOST COMMON THERAPIST INDUCED CAUSES OF THERAPY FAILURE

7 Inability to establish solid rapport and alliance with client

For play therapists this is commonly a problem when the therapist doesn't make and maintain a connection with the PARENTS.

8 Utilizing obsolete methods.

An example of this in play therapy is that when a therapist thinks one intervention should be used for ALL clients.

9 Losing self-control or countertransference issues

This can easily happen with large caseloads and not enough self-care.

10 Making and relying upon invalid issues

An example is when the therapist thinks the PARENT'S problem is the child's problem

I found **THREE** broad categories of therapeutic mistakes...

1. *CONNECTION*

2. Execution of Therapy

3. *Personal*

CONNECTION

With the client

failure to develop a solid rapport

failure to maintain connection with client

lost of perspective/failure to put self in client's shoes

failure to validate

failure to clarify and understand

blaming or shaming client

thinking the problem is STILL a problem after the client is resolved with it

pressuring the client

mixing clients up/not knowing clients name or important info

zoning out or falling asleep when with client

unclear expectations of each other and the therapy process

having a lack of empathy for the client

losing our cool with a client/having a strong negative reaction

becoming impatient

being disrespectful and judgemental

treating new cases as familiar

becoming totally absorbed in the client's world - to the point you can't share your own perspective with them

dislike of highly dependent, needy clients (triggering coldness, when understanding is needed)

not listening to or addressing clients fears

CONNECTION

With the parents/family

Not forming a rapport with parents/family

Not nurturing the relationship with parents/family

Not listening or honoring the family members

Underestimating the power of significant others in the client's life

Not explaining the process of play therapy

Not reviewing expectations of boundaries and contact with parents

being TOO accessible

unclear expectations of each other and the therapy process

having a lack of empathy

losing our cool/having a strong negative action

becoming impatient

being disrespectful and judgemental

dislike of highly dependent, needy parents (triggering coldness, when understanding is needed)

Execution of Therapy

taking away needed coping strategies
thinking the parent(s)/family problem (or reaction) is the kid's problem
rushing the process of therapy
not completing a thorough intake
Not meeting with the client frequently enough
Meeting with the client more than needed, or longer than needed
Tone of voice inappropriate
giving too much advice
not asking for permission from client when doing an activity (taking away control)
going too fast or too deep too quickly
rigidity of a certain technique or methodology that isn't working
over-probing
unclear or conflicting treatment goals
freezing
unprepared
pushing coping skills, rather than seeking understanding

so directive that the client can't set their own goals
failure to comprehend the true nature of the presenting problem
asking too many close-ended questions, felt as interrogative
mismanaging silence
premature termination (client feels abandoned, rejected)
prolonged therapy (decreased autonomy, increased beliefs of pathology)
interrupting the client
observing surface rather than deeper client messages
focusing only on content, ignoring affect and process
being aggressive or disciplinary during confrontation
boundaries that are too strict

Execution of Therapy

Diagnostic
Diagnostic overshadowing (not recognizing dual diagnoses)
Over diagnosing a certain Dx
Misdiagnosis
Not researching/seeking knowledge of a dx, disability, medical dx, diversity issue
Not referring out unfamiliar diagnoses
underestimating psychopathology

Execution of Therapy

Dual relationships

seeing the parent for individual

seeing the friends of a client

oversharing about other clients

Environmental

not addressing sensory issues within your office that may affect clients

disorganized and inconsistent play rooms

not soundproofing

missing an appointment or being late (especially hard for trauma kids)

Boundary Decision Errors



Mistake 1 – Events outside of therapy session have no effect on the therapy process.

Mistake 2 – Crossing a boundary with a client imposes the same meaning and effect as doing so with a non-client (such as every day acts)

Mistake 3 – A therapist's understanding of a boundary crossing is the same as the client's.

Mistake 4 – A boundary crossing that is helpful for one client is beneficial to all clients.

Mistake 5 – Boundary crossings are fixed and isolated events. (feelings about it could change over time)

Mistake 6 – If therapist does not foresee any potential risk or harm to crossing a particular boundary then there is no risk or harm.

Mistake 7 – Self-disclosure is always therapeutic because it reveals transparency and trust

Personal

not working through own childhood issues (or ones with your own kids)
poor self care
over scheduling (daily, monthly, habitually)
not referring out those that aren't good matches (possible countertransference)
not calling back potential clients/parents
not addressing the mistake you made
too much self-disclosure
getting defensive when questioned
putting off confrontation due to fear (anger, disappointment, losing client)
diverting client's emotional outbursts
inappropriately "lightening the tone"
being too passive
being overconfident
over-invested in theoretical orientation and personal agenda at the expense of the client's needs
disowning failure
trying to convince yourself and/or the client/client's parents that things are going better than they are
pretending you have it all under control when you are feeling very lost and confused

blaming everything else (client's family, the "system",
bad breaks
not seeking consultation
working harder than the client/assuming too much
responsibility
a thoughtless spontaneous passing remark
ignoring intuition
lack of awareness of countertransference and
self-protective thoughts
distracting mannerisms or facial expressions
poor eye contact and attending skills
being overly friendly or informal

THERAPISTS' EXPERIENCES OF THERAPEUTIC MISTAKES

Let's look at the flowchart illustrating the complex process of the experience ...

As we share, PLEASE REMEMBER...

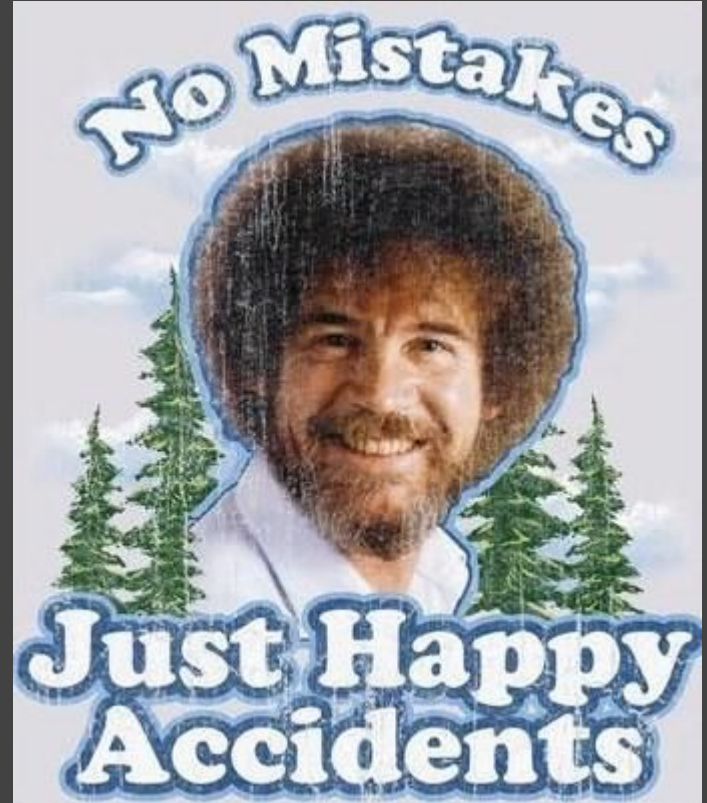
Easy is to judge the mistakes of others.
Difficult is to recognize our own mistakes.



THIS IS a JUDGEMENT FREE ZONE!

“I think that bad experiences in therapy are like grains of sand in oysters. At first, they are really irritating. They can even kill us. But over time, if we live long enough, they can become pearls of wisdom.”

(Gladding, in Eddington & Shuman, p. 13)



ADMITTING & Learning FROM OUR THERAPY errors ASSISTS US ...

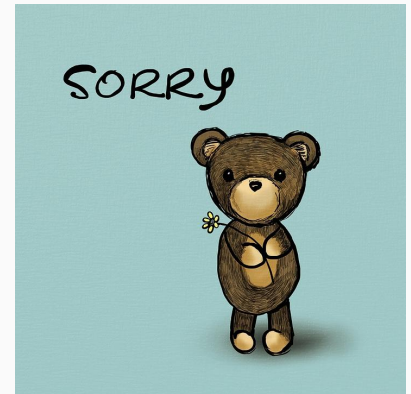
- Promotes reflective thought
- Imparts valuable information
- Enhances flexibility
- Increases patience
- Reinforces humility

"If no
mistake you
have made,
losing you
are. A
different
game you
should play."



WHEN a MISTAKE IS MADE ...

- Apologize
- Deal with things DIRECTLY
- Seek supervision
- Be flexible in thought & action
- Recognize your triggers (countertransference)
- Be attentive to patterns of failure
- Reflect after each session



What can you learn from YOUR mistakes?

Now, on the back of each “tear” please write what you learned from your mistake.

After you’ve written your lessons place the “tears” around in a circle. Glue the PLAY circle in the middle.

*Your “tears” have now turned into petals.
Your mistakes have blossomed into lessons.*



Forget the
mistake.
Remember
the lesson.
@lisamessenger

“I BELIEVE THAT THE ONLY REAL FAILURE IN THERAPY IS WHEN YOU DON'T KEEP YOUR EYES AND HEART OPEN SO THAT YOU CONTINUE TO MAKE THE SAME KIND OF MISTAKES OVER AND OVER AGAIN.”

(WEINER-DAVIS, IN E&S, P. 21)

“We will do good therapy and, at times, bad therapy. The thing is: Just hope you can tell the difference.” – Jeffrey Kottler

it's not a mistake
to make a mistake
but it is a mistake
to repeat the
mistake.

Quoteistan.com