Child-centered Strategies

Level 2:

Working with Children and Families

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Tribal Land Acknowledgment

Dena-liaq elnen’aq’ gheshtnu ch’q’u yeshdu
I live and work on the land of the Dena’ina

We acknowledge the Dena’ina people, on whose traditional lands we gather. We also acknowledge all indigenous people of Alaska. Thank you for your past and present stewardship of the waters, plants, animals, and spiritual practices of this place.

Objectives

1. Demonstrate understanding of the nervous system and how to assist in regulation as the first intervention.
2. Develop knowledge and application of 3 child-centered therapeutic skills and 8 family-oriented therapeutic skills.
3. Identify 3 ways to address aggression in the playroom.
4. Learn 3 culturally sensitive strategies to engage, educate, and work with parents.
5. Learn 5 ways to validate your culturally competent techniques in documentation of treatment plans and progress notes.

Section 1

- Consent & Assent
- Clarifying and defining the term ‘Play Therapy’
- Foundations: Why Play?
- Explaining Child-centered Techniques (CCT) to parents
- Validating your techniques

Consent and Assent

Parental Permission

1. Court order, OCS/ ICWA – get court documents/ orders.

2. Consent

✓ Consent is a legal agreement and may only be given by someone legally able to provide consent.

✓ When the child is under 18, the parent or legal guardian provides permission/ consent.

✓ Consent is a process by which a legal guardian voluntarily confirms willingness to allow their child to participate in counseling after having been informed of all aspects that are relevant to participation.

✓ Consent may be revoked but not retroactively.

3. Assent

✓ Is an agreement by an individual not competent to give legally informed consent to participate (e.g. a child under 18 or a cognitively impaired individual.

Clarifying the Use of the terms Play Therapy & Play Therapist

Play Therapy is not the same as regular, everyday play. While spontaneous play is a natural and essential part of the developmental process, Play Therapy is a systematic and therapeutic approach. **Play Therapists have earned a graduate mental health degree and are licensed mental health professionals with extensive training, supervision, and education in Play Therapy**. Play Therapy incorporates a growing number of evidence-based practices and techniques (SAMHSA, 2014), and **should only be utilized by specially trained mental health professionals.**

For this reason, APT encourages its members and registrants to reach out to any party found to be misusing or misrepresenting their products or services as “play therapy.” Reference our Guidelines for talking points or refer the individual to APT directly.

It is unethical and misleading for other professionals who work with children/adolescents and incorporate toys or play-based techniques into their work, but are not trained Play Therapists, to represent themselves as a "play therapist".

Defining Terms & Approaches

- Can use the term ‘Child-centered play’ when working with children and adolescents. “I use child-centered, play-based techniques…”

“Let them play! The more they play, the more resilient and socially adept they will become.”
— Jessica Joelle Alexander, Author

“Play is the language of children and toys are their words.”

- Gary Landreth

Why Play?

"Play is the highest expression of human development in childhood, for it alone is the free expression of what is in a child's soul."
- Friedrich Froebel.

“Play is the child's language and … “Play is a fun, enjoyable activity that elevates our spirits and brightens our outlook on life. It expands self-expression, self-knowledge, self-actualization, and self-efficacy. Play relieves feelings of stress and boredom, connects us to people in a positive way, stimulates creative thinking and exploration, regulates our emotions, and boosts our ego (Landreth, 2002). In addition, play allows us to practice skills and roles needed for survival. Learning and development are best fostered through play (Russ, 2004).

Using child-centered interventions that include play tools is structured and uses theoretically-based approaches that build upon the normal communication and learning processes of children.

Historical Timeline

- 1909: Sigmund Freud documents the use of play to treat a child's phobia.
- 1920s-1930s: Early pioneers like Hermine Hug-Hellmuth and Melanie Klein (1933) began using play as a medium for free association, similar to adult psychoanalysis.
- 1940s: Virginia Axline, influenced by Carl Rogers, developed non-directive or "child-centered" play therapy.
- 1982: The Association for Play Therapy was founded in the US, standardizing the field.

Today, it is a well-regarded evidence-based therapy that has been practiced and researched extensively for over 50 years.

PubMed Central (PMC) (.gov) +5

What does child-centered play do to help?

A4PT states we use it “to help children express what is troubling them when they do not have the verbal language to express their thoughts and feelings (Gil, 1991). In …[sic]… using child-centered interventions …, toys are like the child's words and play is the child's language (Landreth, 2002).

Through play, therapists may help children learn more adaptive behaviors when there are emotional or social skills deficits (Pedro-Carroll & Reddy, 2005). The positive relationship that develops between therapist and child during play therapy sessions can provide a corrective emotional experience necessary for healing (Moustakas, 1997).

Play therapy (child-centered interventions) may also be used to promote cognitive development and provide insight about and resolution of inner conflicts or dysfunctional thinking in the child (O'Connor & Schaefer, 1983; Reddy, Files-Hall, & Schaefer, 2005).

Child-centered Techniques Using Play

From the Association for Play Therapy: Play therapy helps children

1. Become more responsible for behaviors and develop more successful strategies.
2. Develop new and creative solutions to problems.
3. Develop respect and acceptance of self and others.
4. Learn to experience and express emotion.
5. Cultivate empathy and respect for the thoughts and feelings of others.
6. Learn new social skills and relational skills with family.
7. Develop self-efficacy and thus a better assuredness about their abilities."

- A4PT

Virginia Axline

Eight distinct, core principles:

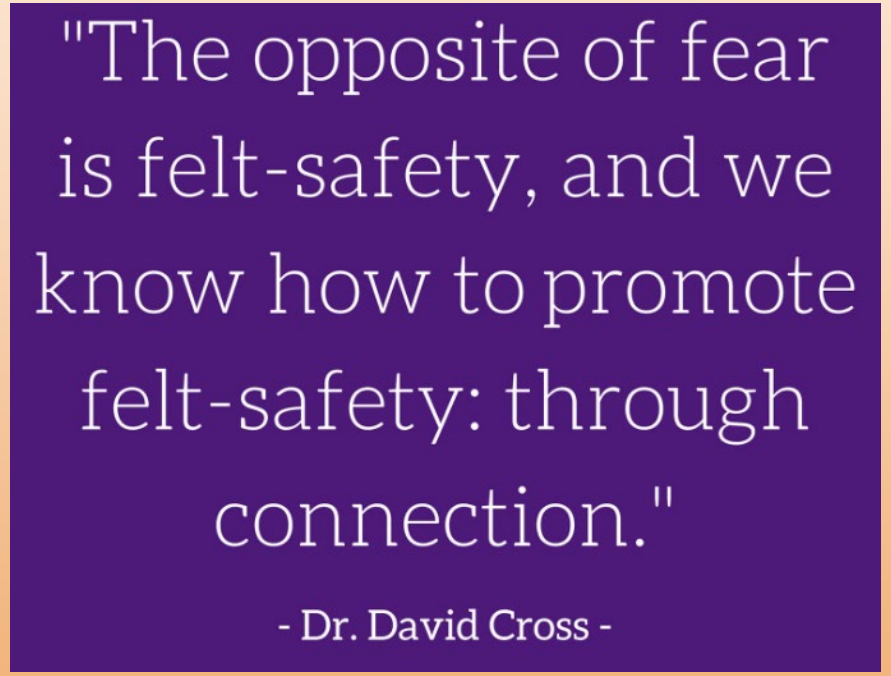
1. The therapeutic relationship must be engaging and inviting, providing warmth and rapport at the earliest possible moment.
2. The child must be unconditionally accepted by the therapist.
3. The therapeutic environment must be nonjudgmental in order for the child to feel uninhibited in the expression of emotions, feelings, and behaviors.
4. The therapist must be attentive and cognizant of the child's behaviors in order to provide reflective behaviors back to the child so that he or she may develop self-awareness.
5. The therapist relies on the child's ability to find solutions, when available, to his or her own problems and understands that the child is solely responsible for the transformational choices he or she makes or does not make.
6. The therapist acts as the shadow, allowing the child to lead the therapeutic journey through dialogue and actions.
7. The therapist recognizes that the procedure is one that is steady and should progress at its own pace, not a pace set by the therapist.
8. The only limitations and boundaries that are set are ones that ensure the therapeutic process stay genuine and that the child remains in the realm of reality, aware of his or her purpose and role in the therapy.

Consistency and Structure

Your presence in the session is helping children to integrate safety and structure into what is sometimes chaotic existence where there is a lack of felt safety.

Why is routine important?

What are some examples of routine?



Consistency In the Room

- Tools go back where they were originally. The room must be consistent and look the same *each time* a child comes in.

Other:

- Tools versus Toys – “Select, don’t collect.”
- What tools should I use?
  - Each should have a purpose.
  - You can cover or remove tools if the child is dysregulated by the environment.

"You learn more about a person in an hour of play than in a year of conversation.“

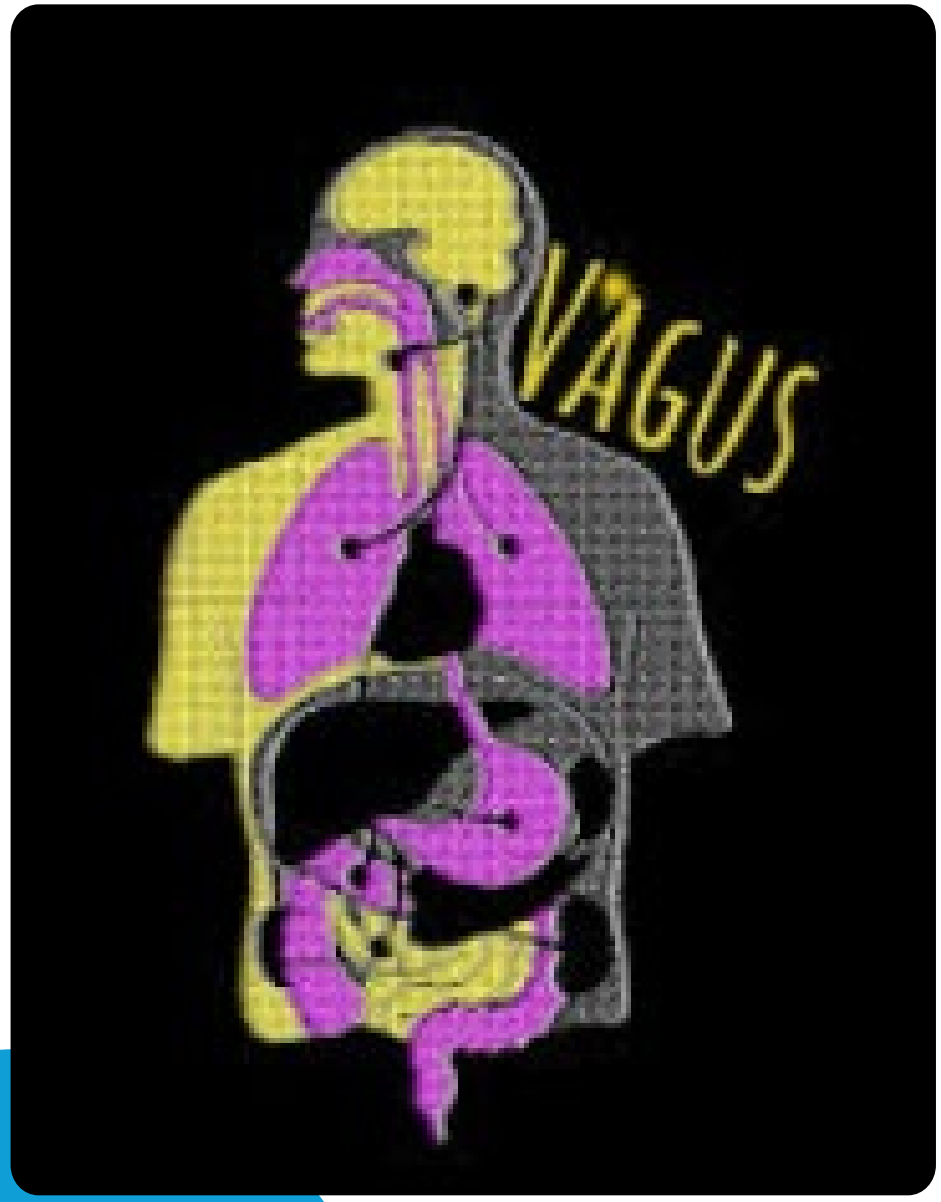
- Plato

Why We Need Regulation

- **Understanding Trauma: Learning Brain vs Survival Brain**

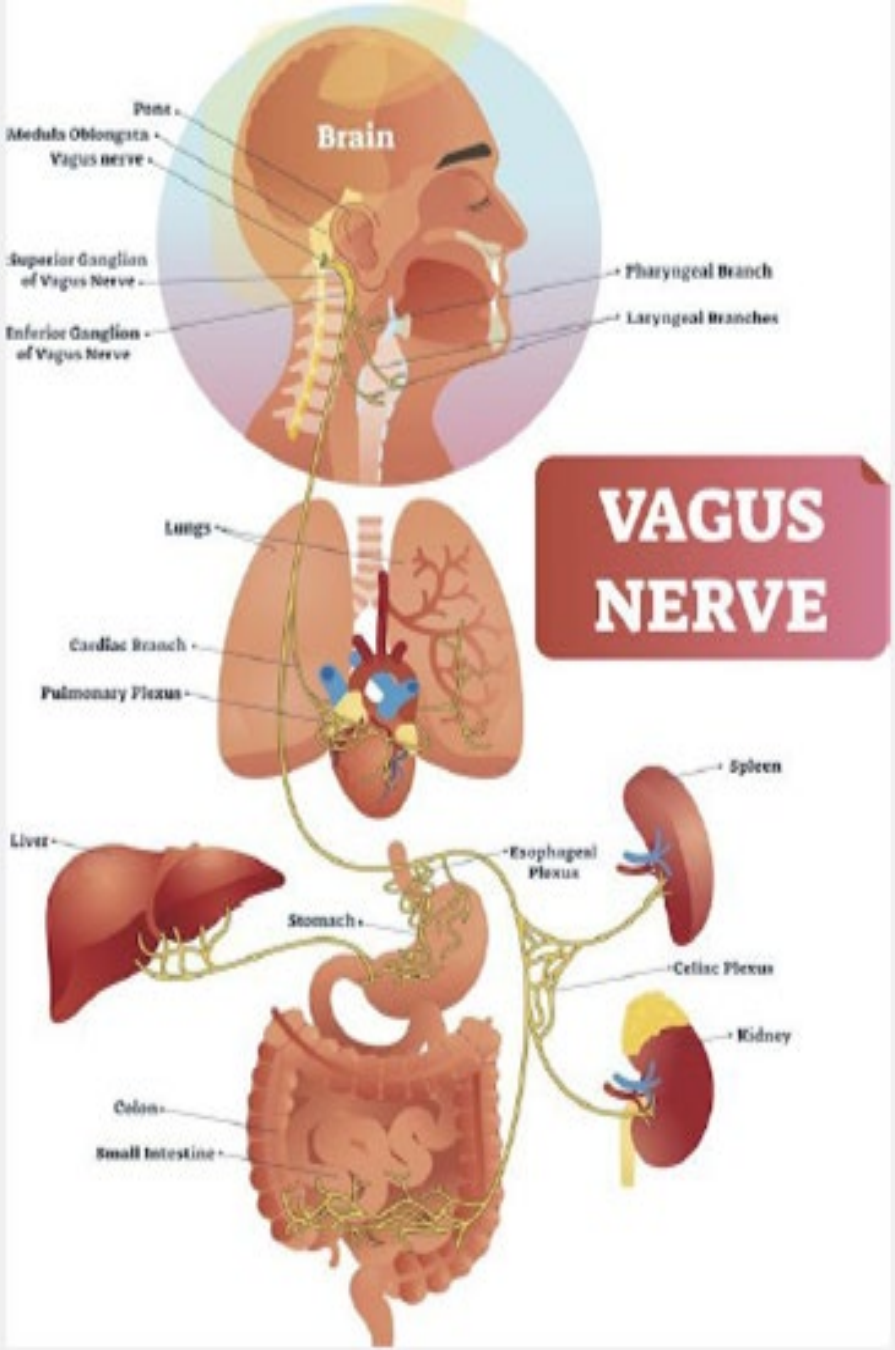
Regulation and the Nervous System

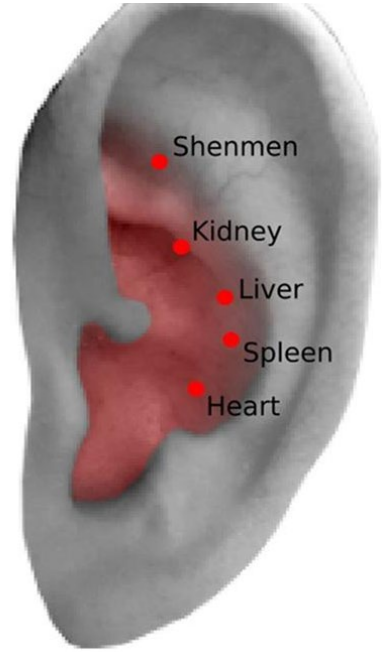
- The importance of Self-regulation
- Addressing regulation first
- Understanding the nervous system
- https://youtu.be/3bKuoH8CkFc?si=d0l_UEGiSQVujc5F

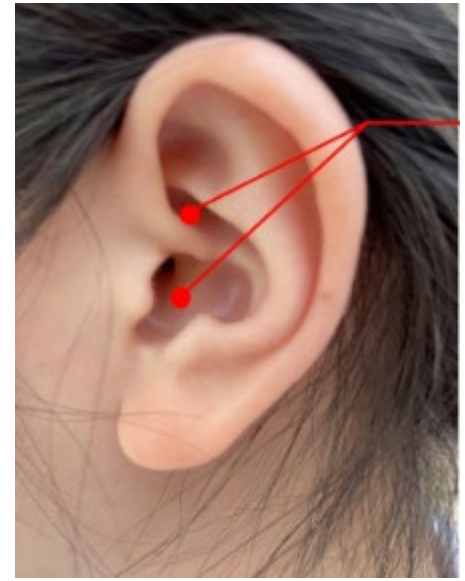


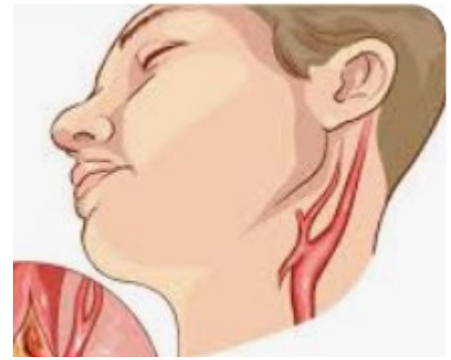
Vagus Nerve Regulation In Sessions

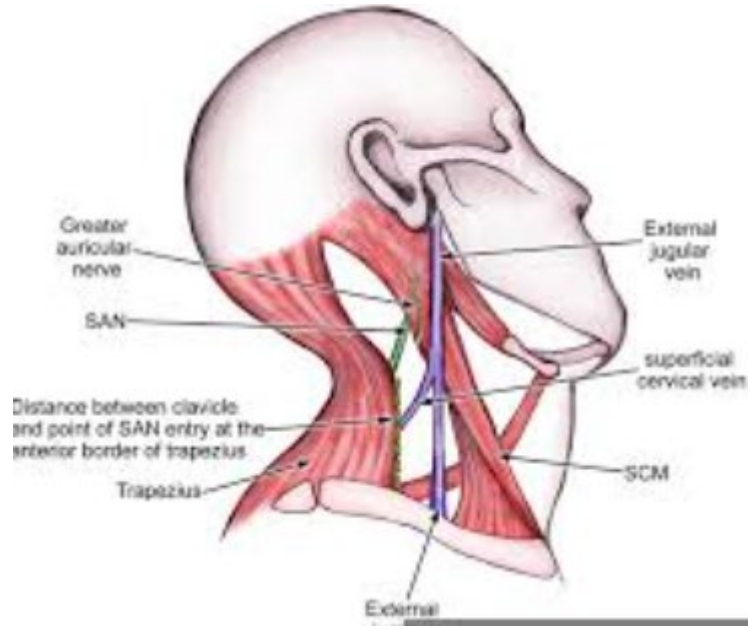
- Start treatment with the basics of the nervous system.
- Why the vagus nerve?
  - The VN encourages us to be friendly. “Compassionate witness” (S. Porges). We are not emitting cues of anger, threat, or hurt. It is the state in which we are a peaceful and supportive observer. “Co-regulation helps the nervous system of the person who’s been hurt to feel safe enough without being defensive, to feel calm and validated.”
- Teach the parents!


Brain
Pons
Medulla Oblongata
Vagus nerve
Superior Ganglion of Vagus Nerve
Inferior Ganglion of Vagus Nerve
Pharyngeal Branch
Laryngeal Branches
VAGUS NERVE
Lungs
Cardiac Branch
Pulmonary Plexus
Spleen
Liver
Esophageal Plexus
Stomach
Celiac Plexus
Kidney
Colon
Small Intestine


Shenmen
Kidney
Liver
Spleen
Heart

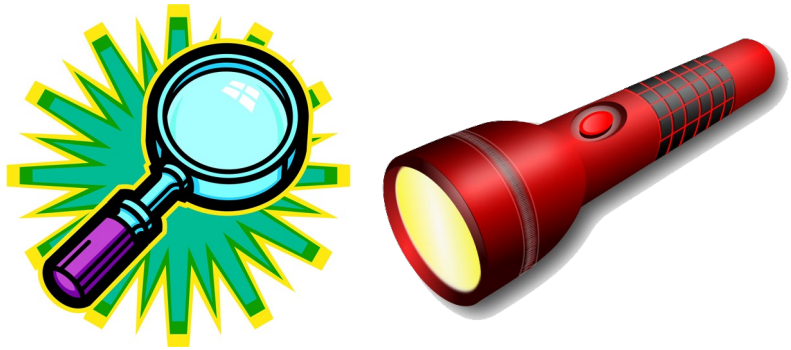





Greater auricular nerve
SAN
Distance between clavicle and point of SAN entry at the anterior border of trapezius
Trapezius
External jugular vein
superficial cervical vein
SCM
External

Vagus Nerve Continued

- Gag reflex
- Gargle
- Breathing
  - Deep belly
  - Ujjayi – equal in and out. 6 breaths per minute.
  - Box breath
  - Alternate Nostril breathing
  - 4-7-8 breathing
- Cold exposure
- Humming, chanting, singing
- Laughter
- Massage & Acupuncture
  - Shoulder/ neck/ skull base
  - Reflexology
- Stretching
  - Ear stretch, neck stretch, torso stretching
- Yoga
  - Cat pose, cow pose
- ASMR (Autonomous Sensory Meridian Response
  - Audio and visual (10 million videos on the internet)



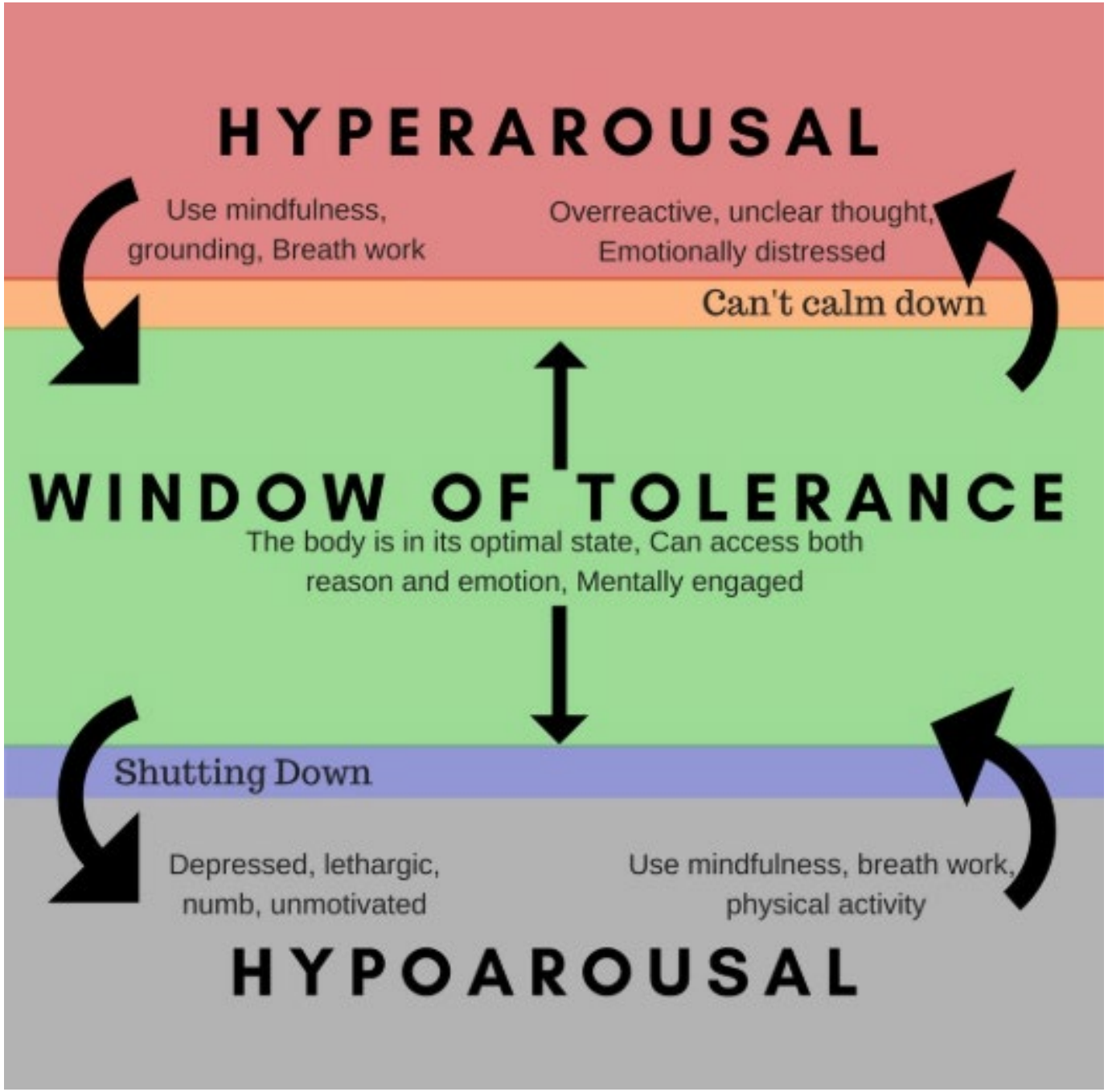
- **<u>Vagus Nerve Exercises to calm nervous system</u>**

  - ❑ Spotlight exercise/ Be an Investigator .
  - ❑ Capri sun and goldfish crackers (note allergies in assessment).
  - ❑ Deep Breathing – 3 belly breaths (place item on stomach and breathe).
  - ❑ Singing, humming, crunchy, ice cold.
  - ❑ Mindfulness: ‘I Spy’ game, Kids Zen YouTube,

When Choosing Calming Strategies:

Is dependent on the child.

Understanding the child's 'type' makes all the difference.


HYPERAROUSAL
Use mindfulness, grounding, Breath work
Overreactive, unclear thought, Emotionally distressed
Can't calm down
WINDOW OF TOLERANCE
The body is in its optimal state, Can access both reason and emotion, Mentally engaged
Shutting Down
Depressed, lethargic, numb, unmotivated
Use mindfulness, breath work, physical activity
HYPOAROUSAL

Hypo – Sensitivity: Under arousal

Examples of Hyposensitivity

- Visually overwhelmed: hard to identify differences in things.
- Attracted to loud and not novel sounds!
- Crashes into furniture/ trouble balancing.
- Seeks movement (rocking back & forth, swinging, climbing).
- Needs predictable foods.

Managing Hyposensitivity

- Reduce clutter or choices (visual).
- Crunchy snacks on hand.
- Fidget items.
- Visual cue pics.
- Movement activities: exercise ball or wobble chair.

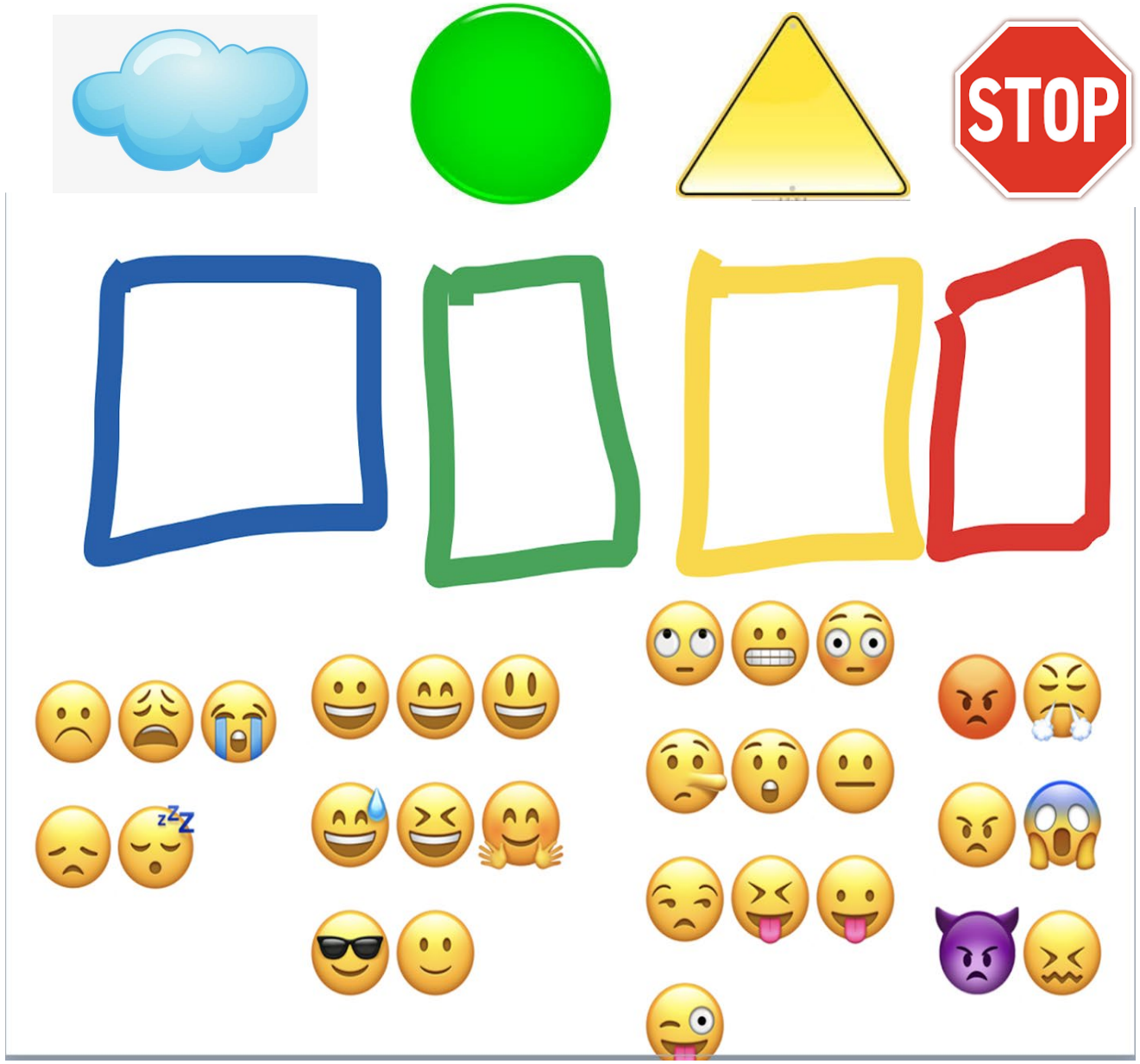
Hyper – Sensitivity: Overarousal

Examples of hypersensitivity

- Too much info enters the brain!
- Easily flooded by internal sensations and external information : Bright lights, strong smells, loud noises, lots of people around.
- Tactile: can hate tags in clothes, tight shoes, certain fabrics.

Managing hypersensitivity

- Use noise cancelling headphones.
- Dim the lights or use non-florescent bulbs/ use sunglasses.
- Heavy blankets/ Pressure activities.
- Soft items (pillows, blanket).
- Regular breaks from movement activities.
- Use communication pics or scripts.

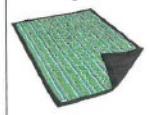


Zones of Regulation –

Creating a Common Language

Calming Skills Cut & Paste

- Be sure to explain to caregivers

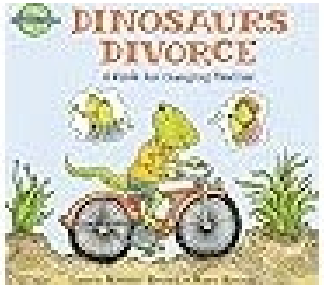
Think About Positives or Things You Are Grateful For	Blow Bubbles 	Notice Your Heartbeat 	Run Stairs/ Treadmill 
Use Weighted Blanket 	Go for a Hike 	Hula Hoop 	Push Something Heavy/ Push the Wall 
Hang head off couch or bed 	Sleep/ Nap 	Get a Bear Hug 	Write Your Feelings and Tear Them Up/ Shred Them 
Use Twinkle Lights Only 	Stretch 	Hang Out with Good Friends 	Take a Hot Shower, End with 3 Seconds Ice Cold 
Bounce on a Yoga Ball 	Take Hot Cocoa Breaths 	Chew Gum 	Eat Something Crunchy 
Count Down from 25 	Talk to Someone You Trust 	Imagine a Calm Place You Like 	Use Art/ Clay/ Writing 

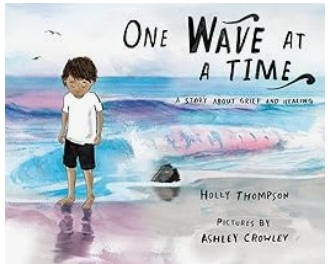
Up Heart Rate 	Use Your Senses 	Roll on the Floor 	Deep Pressure: Rub Legs, Squeeze Arms 
Stretch 	Drinking something REALLY cold 	Drink through a straw 	Chew Gum 
Take a hot shower and then super cold blast 	Wrap up like a burrito 	Push/ Carry Something Heavy 	Jump Rope/ Run Stairs 
Watch Your Favorite Funny Show 	Think Positive Thoughts 	Read 	Twinkle lights only 

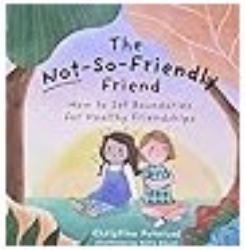
Things I Can Do to Feel Better

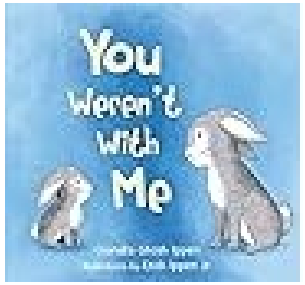
Bibliotherapy

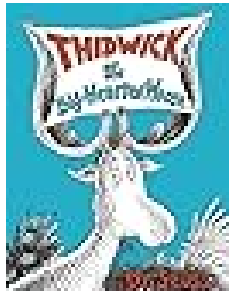
- Use books for any and all skill building, to introduce difficult topics, to start conversation.
- You can find them at the local library and on YouTube.
- Try to make or find a coloring sheet they can color if you're reading.

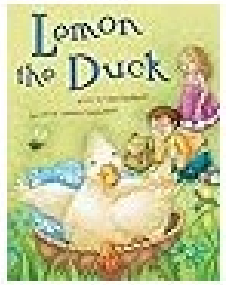


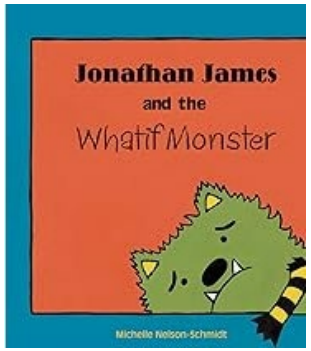


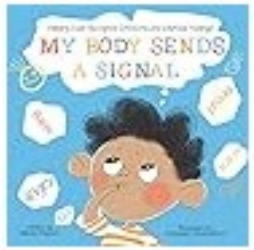


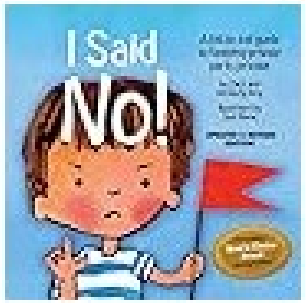


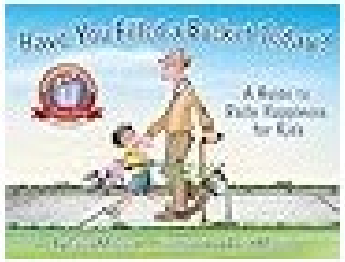


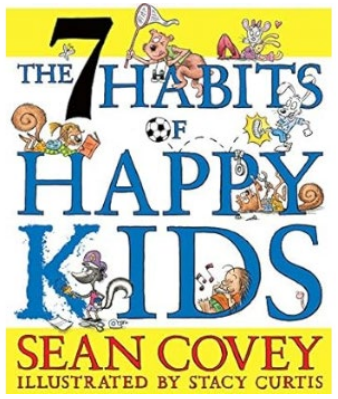


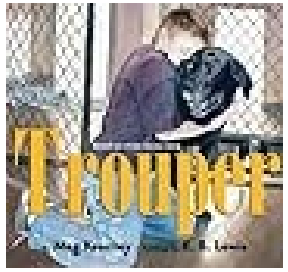


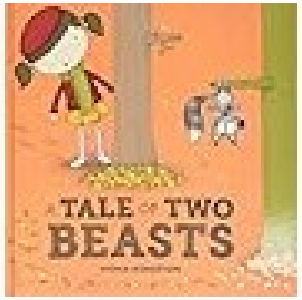












Validating your techniques: Skills to Build in Session

- Feelings vocabulary
- Self-regulation
- Healthy assertive communication skills (Impulse control)
- Appropriate self-expression (Impulse control)
- Prosocial behaviors: manners, sharing, empathy, cooperation, respect, healthy boundaries, listening skills (Impulse control)
- Self-esteem/ Self-worth/ Self-efficacy (assists in developing healthy peer rel.)
- Decision-making and Problem-solving skills (especially collaborative problem-solving)
- Taking responsibility

Prosocial Behaviors

Child displayed:

- Manners
- Sharing
- Self-control
- Empathy
- Problem-solving
- Care-taking
- Respect
- Taking responsibility
- Picking up

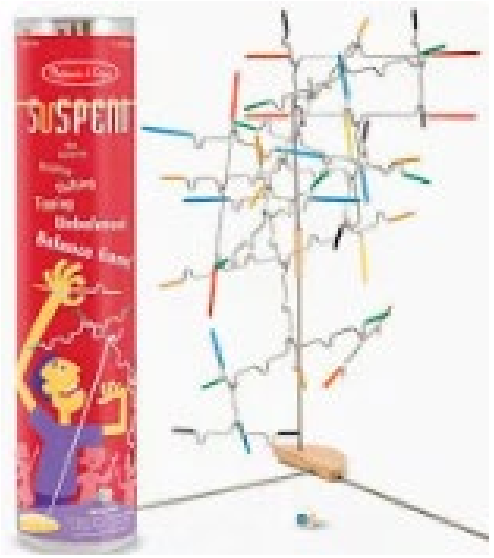
These are prosocial behaviors you can use for treatment planning and explain to parents that their child is working on!

Using Games in Sessions

[Back And Forth Dice Game | Zero Cost Game For Kids | Pen Paper Game For Kids #paonkijutti - YouTube]

[🔆 Communication Game,MPPS LENDIGUDA#communicationskills #games #childrengamesshorts #kidsgames #kids - YouTube]

[Don’t Pop The Pig!! #boardgames #couple #fun - YouTube]



Explaining Child-centered Techniques (CCT)

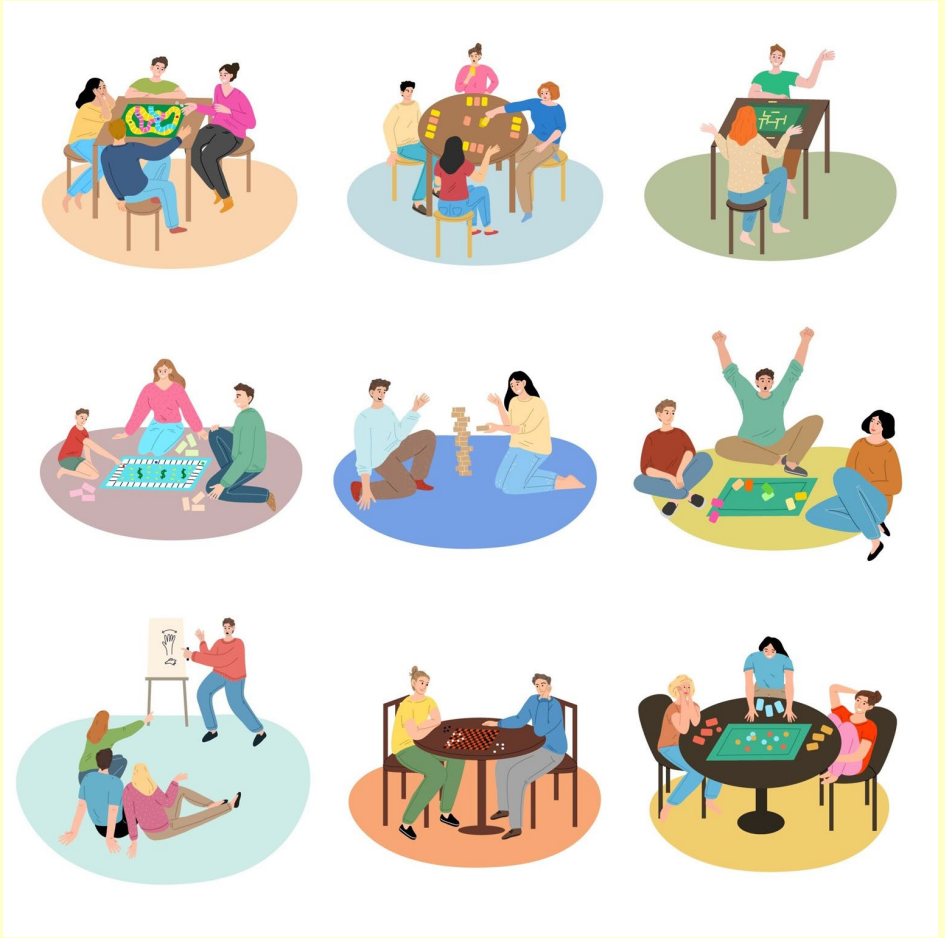
How do I talk to parents/ caregivers about its efficacy?

- Explain that it will take time to build rapport –
  - ➢ You need time to connect with them, because they are learning how to connect with themselves.
- CCT gives children autonomy to choose what they need to work on.
  - ➢ Children intuitively move towards their inner needs and problem resolution.
  - ➢ Trust this process.

Activity – ‘Building Skills’

https://youtube.com/shorts/9mPBSRnVt7s?si=tYWuoBB0z42vCPky

Take Note of:	Problem-solving
Manners	Care-taking
Sharing	Respect
Self-control	Taking responsibility
Empathy	Picking up



Activity: Feelings Check-in

Directive activity example

- Feelings Check-in
- Pick 4 feelings. Examples:
  - Green – peaceful
  - Brown – sad/ down
  - Red – angry
  - Yellow – happy/ loved

Section 2

Welcome to the Playroom

The Child-centered Approach

Reflection

Structuring the Session

Aggression in Play

Ending Sessions

Child-centered Techniques

https://youtube.com/shorts/_rGF1h8Qaxo?si=pU_930ZNrP_dOLdW

Tracking and Reflection

Key Components of Child-Centered Tracking & Reflection:

- Tracking Behavior: Describing the child's physical actions without judgment, such as "You're stacking the blocks high".
- Reflecting Content: Paraphrasing or summarizing what the child has said to show active listening.
- Reflecting Feelings: Acknowledging the emotional undertone behind the action or words to build emotional literacy (e.g., "You are frustrated with that puzzle").
- Purpose: To build a strong therapeutic alliance, allow children to feel empowered, and facilitate the processing of emotions.

Core Principles for Effective Reflection:

- Using "You" Statements: Personalized responses, such as "You're building a home," foster a deeper relationship than impersonal ones.
- Authenticity & Tone: Reflecting with a tone of voice and facial expressions that match the child's emotion ensures they feel understood rather than scrutinized.
- Following the Child: The focus is on the child's pace and perspective, rather than the adult's agenda
- Child Centered Play Therapy, CCPT example with B & Cary(RPT-S) Start @ 2:35

Tracking w/ UPR

Unconditional Positive Regard

https://youtube.com/shorts/Xix-7tB198I?si=NoxGUAT_lXm88eFN

Directive Vs Nondirective Approaches

Child-centered Non-directive

- Child uses the time as they wish.
- You follow the child's lead.
- Put language to their actions (you are the narrator).
- You track and reflect child's feelings, communicate care and understanding - that you see and hear them. That you are *with* them.
- If you have enough information to ask a question, you have enough information to make a reflection.
- Garry Landreth play session part 1 8:49

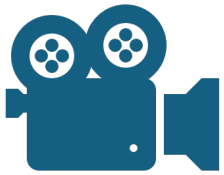
Directive

- You guide the child through an activity.
- You use specific resources/ tools for a purpose (to teach, learn skills).
- Examples are: breathwork, art activities, roleplay social skills w/ puppets, Zones of Regulation).

Non-directive Video Discussion

- Beach – turns it back to her.
- You're smoothing the sand down.
- Puppets – "oh that was way back there, but you got it."
- When puppet theatre falls – he doesn't fix it. He asks her what she would like.

Is everyone familiar with the non-directive child-centered approach?



Non-directive Video

- Esteem building - Play session

10 MIN

Reflective Practice for Practitioners

- Self-Reflect: Are you observing or instructing? Are you providing a safe space for expression?
- Avoid Pitfalls: Do not ask questions, provide praise, or interpret the play, as this shifts the focus away from the child's self-expression.
- Timing: Reflection is best done immediately while the action is happening to maintain engagement

Key Components of Reflection: Doing It Right

Attunement: The therapist needs to be attuned to the child's nonverbal cues and verbal expressions to accurately reflect their emotional state.

Congruence: The therapist's tone and expression should align with the child's emotions.

Validation: Reflecting feelings validates the child's emotions, making them feel accepted and understood.

The Skill of Reflection

- Reflection let's the child know you see them and hear them, validating their feelings.
  - Notice the action
  - Notice the feeling
- Purpose is to bring awareness and understanding to internal emotions and somatic responses/ reactions.
  - Ex: Child laughs while painting. 'Using that is fun, and you noticed you felt excited.'
  - Ex: Child hits bobo doll. 'That felt kind of nice to let out that feeling. We know it's okay to hit the bobo doll but not a person.'

The Skill of Reflection Cont.

- You might be wrong and that's okay.

If you have enough information to ask a question, you have enough information to make a reflection.

The Child-Centered Approach

	Establishing a Safe Atmosphere	Responding Purposefully	Facilitating Child-led Responses
Environment 	Ensure your office is free of items that may prove dangerous Be mindful of your tone of voice Approach the child on their level	Create a space that invites thoughtful childlike inquiries Put your desk and cell phone on silent or ask the front desk staff to hold calls and messages for after your session	Create an environment where the child can select toys and activities of interest Be mindful of making assumptions regarding a child's interest based on gender, culture and age
Engagement 	Refrain from correcting a child's language Encourage verbal children to talk and be part of counseling sessions	Look at children when they speak to you Use reflective listening to ensure you understand what has been said Ask open-ended questions to learn more	Demonstrate a sincere interest in what the child is doing Use phrases like, "Tell me about your picture" Be mindful about matching and reflecting the child's affect
Empowerment 	Foster an atmosphere of acceptance Facilitate decision-making by offering a selection of healthy choices Allow children to assume responsibility	Invite children to ask questions to increase their understanding Encourage the use of imagination when problem-solving Teach and model healthy skills	Do not evaluate, punish, censor, reward, praise or complement the child Use verbal and nonverbal responses to empower the child in making responsible and healthy decisions

Trigger Warning

‘Content Warning’ – The following content may be emotionally challenging. Slides contain references to trauma issues such as domestic violence/ assault, sexual abuse, and suicide which may be upsetting. This is essential to understand the experiences and challenges in behavioral health services so that we may respond with compassion and find appropriate care for our clients. If you feel triggered, please use your available resources as well as any of the following: SAMHSA’s National 24/7 Helpline (free and confidential) 1-800-662-HELP (4357). 988 LIFELINE Suicide & Crisis Lifeline. Please reach out to me if you need any assistance with finding resources Donna Henry (907) 252-2575 or djhenry@anthc.org

“The swords were flying. I was dodging and blocking the blows, but I was barely able to keep up with this 5-year-old’s swings. I was beginning to feel overwhelmed. In the whirlwind of energy, all my brain was registering was *‘Protect myself, protect myself, protect myself.’* Seconds later, I felt something hard hit my head. The pain brought me back to the moment, and I immediately knew it wasn’t the sword he was using. Without the ability to block out an authentic response, I sank to the floor with tears welling in my eyes and blurted out, *‘I’m scared.’* This little boy, who was a witness and victim of domestic violence, looked into my eyes, put down his weapons and crawled into my lap. He began to rock back and forth, saying, *‘Me, too. Me, too.’* In that moment, I finally understood his world. I felt it at my core.”

Excerpt from Aggression in the Playroom. Lisa Dion

In play - you are a witness to that child’s world.

Play IS the work.

Understanding Witnessing Violence on the Developing Brain

- The PTSD brains of children & soldiers - BBC News 1:36

Activity: 4 Crucial Cs

- Connected
- Courage
- Count
- Capable

Consider how this is culturally competent.

Activity

- Choose 3 – 5 stickers
- How did it feel when you first saw them?
- What happened in your body?
- Talk about what made you pick them/ why you like them.

Alternative: Find inspirational quotes. What does that quote mean to you? How does it represent you?

Skills:

Learning to identify

1. feelings in the body (somatic),
2. how external influences impact us and our emotions,
3. how we can take control and create these feelings in our life by self-care, choosing fun things, etc.
4. increasing Internal Locus of Control.

The Need for Limit Setting

1. Provides physical and emotional safety for everyone involved.
2. Facilitates acceptance of the child.
3. Promotes consistency (safety for children).
4. Helps develop decision-making, self-control, and self-responsibility of the child.
5. Preserves your professional, ethical, and socially acceptable relationship.
6. Protects the materials and the room.

Play Therapy: The Art of the Relationship. Landreth, G., 2002.

Setting Limits – A.C.T.

- Aggression & Limit Setting: A.C.T. a 3-part limit-setting model.
  - Acknowledge the child's feelings, wishes, and wants. "You really want to hit me with the ____ / shoot the window, etc."
  - Communicate the limit. "I'm not for hitting/ the window is not for shooting."
  - Target acceptable alternatives. "You can hit the bobo instead/ shoot the wall target instead." "If you continue, the _____ will not be for playing with today."

Play Therapy: The Art of the Relationship. Landreth, G., 2002.

Ending Sessions & Other Issues

- Taking Toys Home
  - "Having that toy to play with at home would be fun, but the toys are for staying here, so they are here when you come back."
- Ending sessions:

1. Countdown: Give warning time at 15 minutes,10 minutes, 5 minutes, 3 minutes, and one minute (depending on age).
2. At 5 minutes, offer a prize for clean-up (contingency management). They do not have to clean up, but this offers a transition segway.
3. If they stall: "It's hard to have our session come to a close. I'm for picking up right now. I'm looking forward to the next time when you can use ____ again. I bet you're looking forward to that too. I wonder what prize you'll pick for helping to clean up?"
4. If they refuse: Reflect their feelings while you start cleaning up. Understand that this is them learning about disappointment and boundaries from a healthy person. By being consistent, you are setting up their success for next time.
5. Child-Centered Play Therapy DVD Preview

Activity

- Use a black rainbow sheet and a wooden stylus (pencil).
- Draw a picture of the outdoors.

1. Share with someone next to you.
2. What was it like to pause for a moment and create?
3. How did your body feel while doing this?
4. Now?

Section 3

- Welcome to the Playroom for Parents: Initial Consult
- Characteristics of Dysfunctional Families
- Recognizing Potential Issues & Predictors of Behaviors
- Managing Family Dynamics
- Family Interventions
- Engaging Parents
- Sensitive Topics

Working with Parents

"Our youth now love luxury, they have bad manners, contempt for authority; they show disrespect for elders, and they love to chatter instead of exercise. Children are now tyrants not servants of their household. They no longer rise when elders enter the room. They contradict their parents, chatter before company, gobble up their food, and tyrannize their teachers."

- Socrates 412 B.C.

This sentiment was expressed by Socrates over 2,400 years ago.

"There is nothing new under the sun." Ecclesiastes 1:9

Informed Consent

- Why is it important?
- Confidentiality.
- Structuring sessions: 3 to 1.
- Potential risks and benefits of child-centered and family therapy.
- Emergency procedures.
- Professional disclosure statement.

Initial Parent Consult:
The Presenting Issue

- Review Informed Consent:
  - All communication is part of the record.
  - Emails will be sent/ copied to both parents (avoids splitting).
- Parents' description of what is happening that they are concerned about.
- Information to Gather (see handout).
- What is their goal for treatment? In bringing their child/ family in?

How Do I Explain CCT to Parents

Child centered can be conceptualized and explained to parents as:

An intervention that facilitates expression.

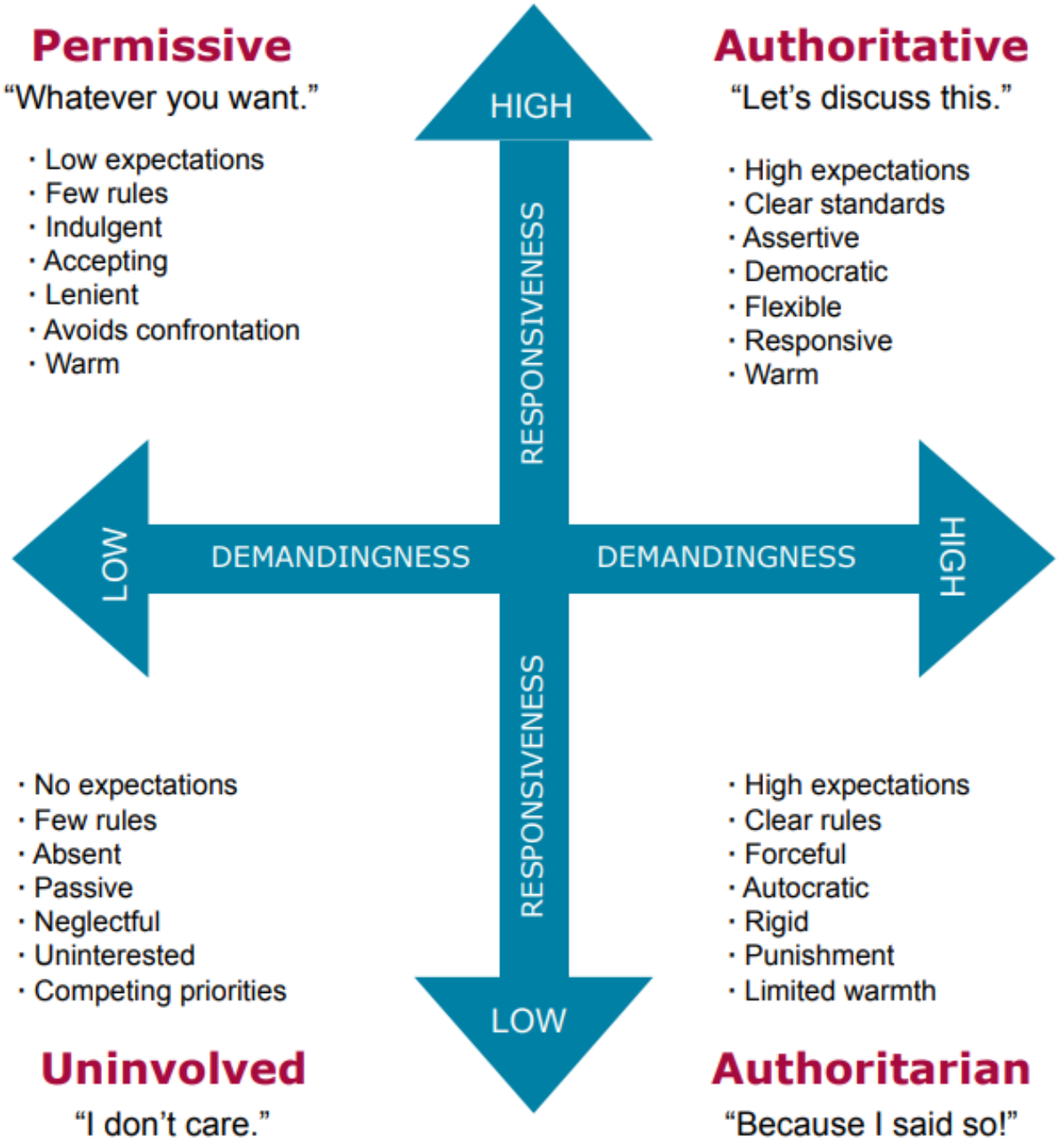
An intervention that facilitates insight.

It offers a nonverbal method for the child to share feelings and perceptions of the world around them.

Cultural consideration: Use this in your notes to support cultural interventions.

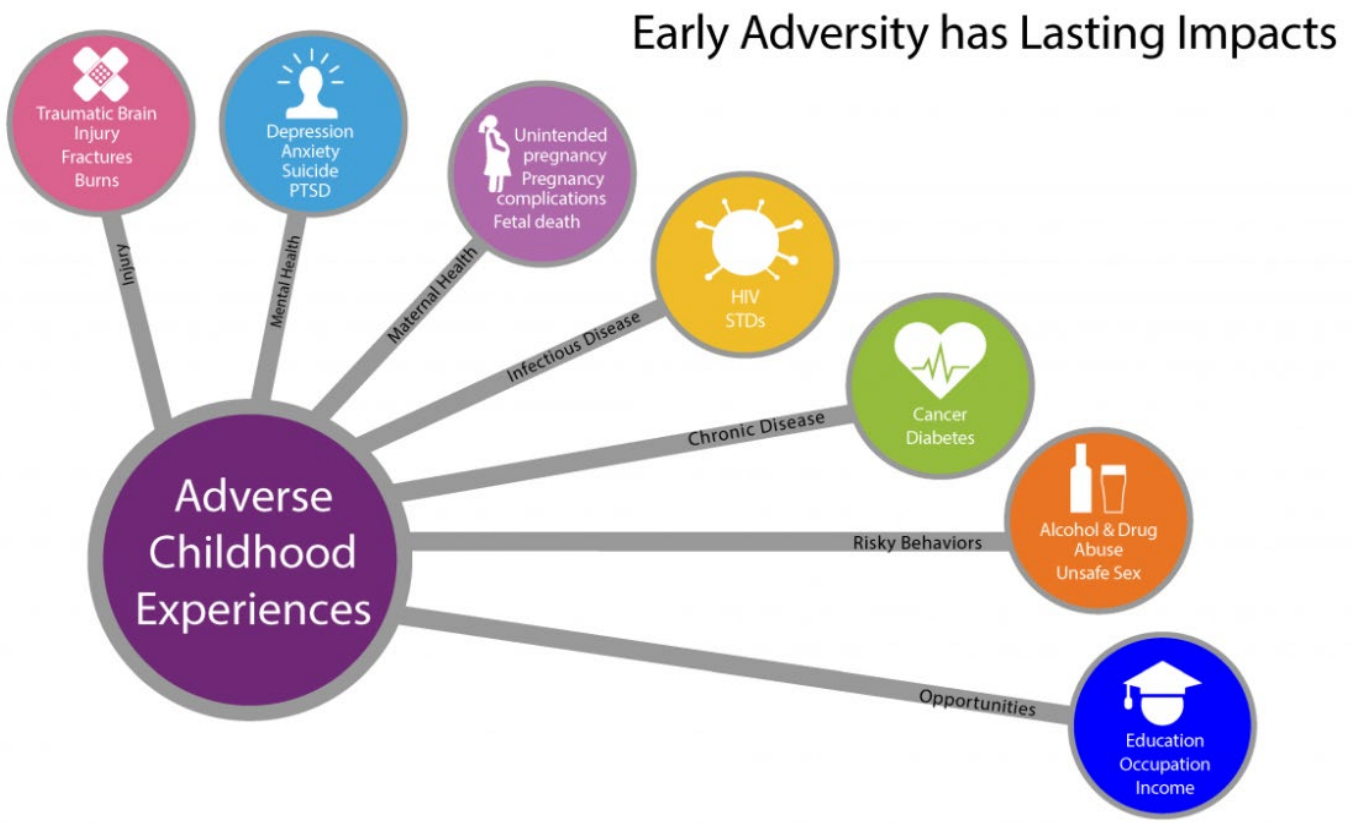
Common Characteristics of Families with Dysfunction

- Lack of healthy communication
- Lack of support
- Poor boundaries
- Criticism
- Unpredictability
- Control
- Role reversals
- Codependency
- Parenting styles
- Parentification



Recognizing Potential Issues Within the Family

- ACEs
  - https://www.cdc.gov/violenceprevention/aces/about.html
  - ACEs are common across all populations. Almost two-thirds of study participants reported at least one ACE, and more than one in five reported three or more ACEs.
  - Some populations are more vulnerable to experiencing ACEs because of the social and economic conditions in which they live, learn, work, and play.
  - As the number of ACEs increases, so does the risk for negative outcomes.
- Homes with a depressed parent and one other issue increases behavioral issues in children.



https://www.acesaware.org/wp-content/uploads/2022/07/ACE-Questionnaire-for-Adults-Identified-English-rev.7.26.22.pdf

Children's Development and Functioning May Be Negatively Impacted From Growing up in a Family With Dysfunction They May:
Experience social isolation or loneliness due to trust issues or difficulty making and keeping friends.
Show symptoms of mental health or behavioral disorders such as depression, anxiety, post traumatic stress disorder, and oppositional defiant disorder (ODD).
Have low self-esteem or poor self-image.
Have difficulty expressing their thoughts or feelings with others or have trouble asking for help when they need it.
Engage in substance use behavior.
Lack a healthy sense of identity or feel uncomfortable in their own skin.
Have an inability to show emotions, or trouble giving and receiving love or affection.
Experience increased levels of stress or hyperarousal.
Develop attachment issues.
Struggle with having fun and enjoying life.

Predictor Behaviors of the Child

Externalizing Behaviors

- Out of the ordinary: fighting, crying, delay/ refusal to complete chores, general conduct issues.
- ADHD
- Oppositional Defiant (Blames others, temper, refuses to comply w/ requests for homework, chores, argues with parents/ teachers/ other adults, vindictive).
- Conduct disorder (bullying, fighting, cruelty to others and/ or animals, theft, skipping school, etc.).

Internalizing Behaviors

- Anxiety
  - Separation
  - Social
  - Rumination
  - Consistently fearful when not warranted
- OCD
- Panic
- Consistent low mood over time
- Sleep problems

Some Family Predictors of Behaviors

Externalizing

- Parenting Behaviors (coercive, negative discipline strategies)
- Parental Stress/ Depression
- Low sense of parenting efficacy
- Low social support
- Family dysfunction
- Lack of father involvement
- Low maternal age
- Low socioeconomic status

Child

- Insecure attachment
- Difficult temperament
- Initial severity of externalizing problems

Internalizing

- Parental Stress
- Parental Conflict

Child

- Insecure attachment
- Inhibited
- Negative/ noncompliant behaviors
- Difficult temperament

Engaging Parents in Counseling

- Start simple
- Make it fun (avoid lecturing).
- Be curious.
- Give them a chance to debrief.
- Provide education.
- Normalize ‘learning to play.’

“The playing adult steps sideward into another reality;

the playing child advances forward to new stages of mastery.”

— Erik H. Erikson, Psychoanalyst

Activity - Make a Nest

Therapeutic Focus:

- Safety & Attachment: Helps children visualize and articulate what they need to feel protected.
- Sensory Regulation: Handling clay and natural materials can be calming for children struggling with sensory overload.
- Family Structure: The nesting theme allows for discussing nurturing and family roles in a non-threatening way.

Directions: Use materials to make a nest.

Discuss: What does a little on need to feel safe? Warm? Taken care of/ comfortable? What about a family?

Activity - A Boat, A Storm, & A Lighthouse

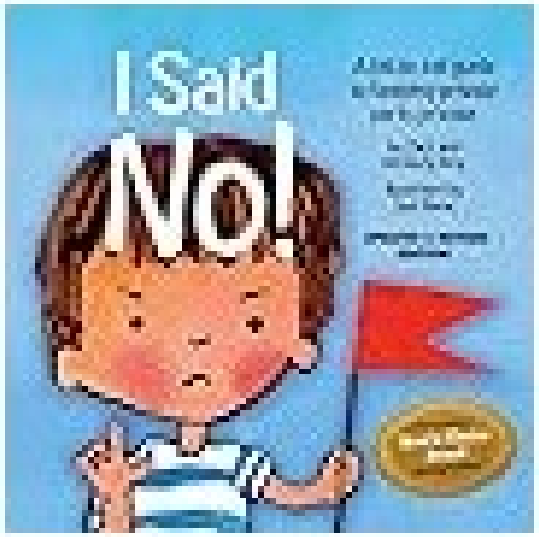
Liana Lowenstein

- Purpose: This art therapy intervention is used to explore a child's inner world, family dynamics, communication styles, and ability to handle difficult situations.
- Method: Participants (individuals or families) are instructed to draw a scene featuring a boat, a storm, and a lighthouse.
- Discussion: The activity is followed by storytelling, focusing on questions like:
  - What happened before, during, and after the storm?
  - Who was in the boat? Who do you depend on?
  - Who was most/least helpful during the storm? Who was in charge? Who do you depend on?
  - What do you notice?
  - If a rescue were to happen, how would it happen? In what ways could you ask for help?
- Symbolism:
  - Boat: Represents the individual or family unit, often reflecting feelings of security or vulnerability.
  - Storm: Represents current stressors, conflicts, or challenging life situations.
  - Lighthouse: Represents external resources, safety, hope, and guidance.

Talking about Sensitive Topics

The BHA is providing a lot of education:

- Technology
- Protecting children from sexual abuse
- Sleeping, eating, and pooping
- Parenting Styles



Homeyer & Bennett, 2023

Talking About Emotions

How do they handle their child's anger (emotions)? What happens with them?

What solutions have been tried before?

How were emotions (be specific) handled in the house they grew up in? (Where did they learn this? Do they see any patterns? Their role?)

Teach them vagus nerve and other 'Being Mindful' techniques. You cannot soothe your child if your energy/ emotions are in the same place.

Teaching Parents

3 R's

Regulate

Relate

Reason

Why kids tantrum, from a child psychologist - YouTube

They do what you do.

When you're okay, they're okay.

https://youtube.com/shorts/TkNVNa9wg8Q?si=WWLvRsM-0ibTdnWo

Parent Education and Encouragement

- What parents do with their children is exponentially more effective than what we can do. Encourage parents!
- Co-regulation: Explain to parents that their “Children learn that they are okay when you are okay.”
- Teach
  - Exercises to strengthen the parent-child connection.
  - About healthy attachment.
  - Disciple is not punishment
    - Time-out
    - Earning privileges (contingency management)

Helping w/ Communication

Teaching families about the importance of healthy and regular communication is necessary. Helping them find time for this can be a big part of their success.

If families aren't sure how to engage in communication in an intentional way, suggest:

- Family meetings as a way to help increase communication in the home. These meetings work best with guidelines like:
    - No interrupting others.
    - No yelling.
    - No putting down other family members.
    - Using "I" statements.
    - Allowing each member to share information.
- Communication boards as a place in the home where they can leave notes, schedules, lists, and needs. This allows for better communication within the home and between family members if there is not time to have a meeting.

Games for Family Dynamics and Teaching Moments

Games:

- ❖ Jenga
- ❖ Chutes & Ladders
- ❖ Sorry
- ❖ Suspend
- ❖ Hoot Owl Hoot

<u>How would these games help me with family dynamics?</u>

✓ How the family interacts.
- Are they engaged with one another? Is there a distance that you observe? Are family roles apparent (scapegoat, hero, enabler, mascot/ clown, lost child)?

✓ Documentation ex: “Prosocial behaviors such as sharing, respect, and collaborative problem-solving were exhibited.” or “Client became dysregulated/ disengaged/ became aggressive with raised voice and knocking over game when parent/ other child challenged client.”

Family Dynamics

Remember:

Managing a family in counseling takes practice and time.

Noticing what is happening for each person in the room is a developed skill.

5.2 Earthquake

Elephants form 'alert circle' in San Diego earthquake - YouTube

Family Engagement Actvities

- Balloon game with questions (allergy)
  - My favorite family activity
  - Time mom/ dad/ kiddo made me laugh so hard I ____
  - My favorite food
  - Mom/ Dad/ Kiddos favorite_____ (TV show, food, activity)
  - What I love most about _____
- Snowman Meltdown Bingo
- Games or Art

Directions

1. Print Bingo cards.
2. BHA and participants cuts out their own squares choosing ones they would use (16 or 20).
3. BHA places their squares in a container and pulls each one, calling them out.
4. Whoever gets Bingo first wins a prize. ☺

Monster Box/ Worry Box

- Purpose: Share worries within the family; Increase communication skills and understanding/ empathy.

  * Talk with parents about appropriate disclosure prior.

- Supplies: Tissue box, feathers, pompoms, glue, googly eyes, pipe cleaners.
- Instructions: Family members write down worries throughout the week and place them in the Worry box. Bring box to sessions and discuss contents.
- Provides an opportunity (1) to safely share (2) to normalize feelings and sharing feelings (3) for parents to respond empathically to child.

The Story of You

- Supplies:
  - Lotion (Curel Daily)
  - Cornstarch or baby powder
  - Black construction paper
  - Laminator if possible (trim paper to fit prior)
- Prep parent
  - When she was pregnant.
  - When she first saw him/ her.
  - Talk about their little hands, toes, eyelashes.
  - What she and dad felt.
  - When they rolled over, walked, said first word.
  - How much they treasure them.

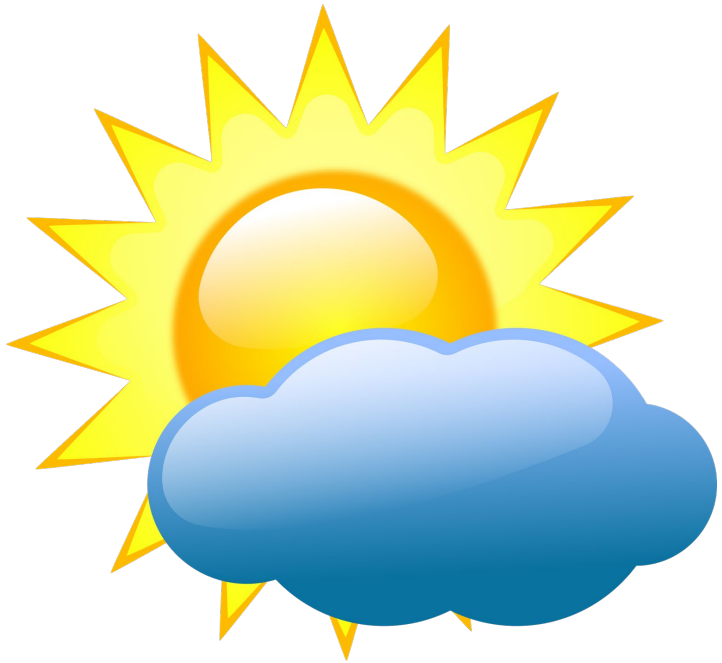
Parent-child Play Time

- Encourage ‘play’ time together.
- Structure (set expectations of ‘time’ together).
- Reflective Responses (without evaluation).
- Limit Setting.

How can we make this culturally relevant?

Parent -child Connection Activities

- Magic Face Paint (no paint necessary).
- Weather Forecast.
- Make a Taco/burrito, Fish pie, Blueberry dessert, etc.
- Build a Fort. Use couch cushions and blankets.
- Have a ‘Mindful Moment’, thorn and a rose, or other connecting conversation.



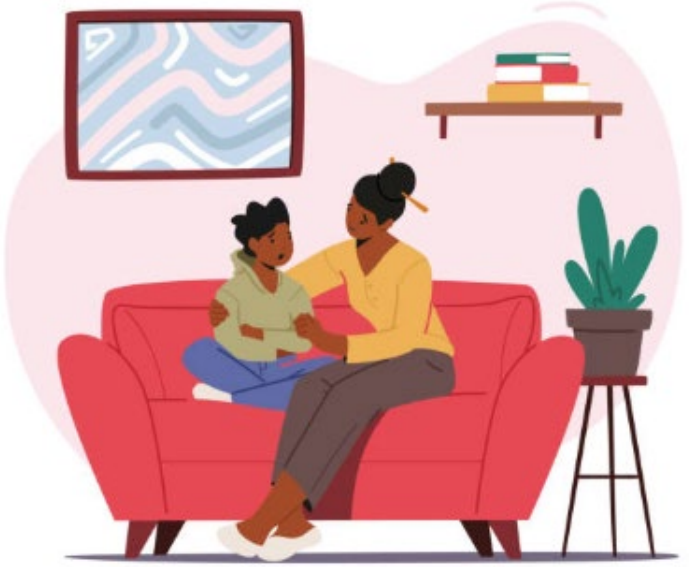
Weather Report

Cultural Considerations for Families

Elizabeth Sunnyboy, Elder

- “Adopt a grandparent” – your child has exposure to cultural traditions and recipes.
- “Praise the efforts of children. Even when there are little mistakes. Encourage the child. ‘You’ll get better the next time you do it’.”
- “They (children) like comments from their adults. Pay attention when they seek attention.” “Put your things away and listen to them.”
- “Teach them to be open with their feelings. Encourage them to share their feelings.”
- “Do not put down children or raise (your) voice or holler at them in front of others”
- “Ask your children to suggest activities you can do as a family. The things in the house can be taken care of later. Laugh with them. Children love that!”

Cultural Considerations for Families



Elizabeth Sunnyboy, Elder

- “Ask your children what they need from you?”
- “Pay attention to the other children around yours.” They may need connection too.” This helps your child to have friends who are healthy.
- “Love your children UNCONDITIONALLY. This is the foundation for the rest of their life.”

Parenting Resources

- Classes
  - Parenting Programs: Parents as Teachers, Fatherhood is Sacred, Motherhood is Sacred, Circles of Security.
- Child Development Guide – Ages & Stages

https://choc.org/ages-stages/

  - Milestones, etc.

Section 4


Documentation
Treatment Plan Examples
Example Interventions
Example Progress Note
Affording Tools
Virtual Work Options
Sharing Resources

Documentation

What did you do and what is the meaning of what you did?

- Ex. Created a self-regulation resource to use when in stressful (specific trigger) situations in order to prevent overwhelm.
- Ex. Facilitated creative game to improve impulse control/ decision-making and collaboration/ teamwork skills, and explore_____ in order to increase/ decrease (symptoms).
- Ex. Facilitated art-related interventions in order to facilitate processing and understanding of (symptoms, specific situations, etc) and decrease/ increase (skills).

If it becomes a part of the record, IT'S IS PART OF THE RECORD.

- Be aware that this can be subpoenaed / court order and used in court.

Documentation Topics

- Feelings Vocabulary
- Self-regulation skills
- Impulse control and decision-making skills
- Self-expression
- Prosocial behaviors: manners, sharing, empathy, cooperation, respect, healthy boundaries, listening, healthy assertive communication skills
- Problem-solving (especially collaborative problem-solving)
- Taking responsibility
- Self-esteem/ Self-worth/ Self-efficacy
- Healthy assertive communication skills

These are also themes you can tell parents you are teaching.

Therapeutic Words

- Assessed for…
- Evaluated…
- Reviewed…
- Taught…skill…
- Role-played…
- Modeled…
- Observed…
- Recommended…
- Reinforced…
- Established…
- Facilitated…
- Discussed/ Explored…
- De-escalated…
- Addressed…
- Challenged…
- Provided feedback…
- Coordinated…
- Elicited…
- Collaborated…
- Framed/ reframed…

Therapeutic Phrases

- Facilitated development of…
- Followed up on…
- Redirected/ refocused client…
- Provided education on…
- Established connections between… using CBT to facilitate use of challenging ANTs and replacing with fact-based cognitions.
- Collaboratively developed strategies for [issue] [describing strategies]
- Explored beliefs of/ benefits of…
- Examples:
- Used DBT/ Mindfulness to teach relaxation skills.
- Used CBT to teach thought stopping techniques.
- Used CBT to teach problem-solving strategies using …
- Reinforced/ encouraged assertiveness using psychoeducation on healthy boundaries and appropriate communication skills.

Treatment Plan: Objectives

- Client will learn and practice prosocial skills such as attuning to cues, reflective listening, initiate and engage in appropriate reciprocal conversation, establishing and maintaining roles/ boundaries, and empathy/ show consideration for others' feelings/ wants at least once per session, shown by engagement in sessions and reported from family and self-report.
- Client will learn and practice problem-solving and/ or conflict resolution skills to improve social interactions/ resolve interpersonal problems from 0x week to 2x as reported in session/ observed in session and family/ self-report.
- Client will improve mood and self-esteem by learning ways to respect, value, and care for their personal space and possessions to build a sense of personal responsibility, as evidenced by parent/ self-report and observed in sessions.
- Client will learn and practice mindfulness, growth mindset, self-regulation skills, and self-compassion in order to increase/ decrease [ ], and will practice using tools from 0x week to 3x as shown by engagement in sessions and reported from family and self-report.

Helpful Hints for Progress Notes

1. Describe tools that were used in session. “Client used aggression tools in session.”
2. Describe the way the child used or interacted with tool/ therapy
   - (ex: Enthusiastically, wearily, anxiously, irritably, exited, calmly, inquisitively)
3. Note any functional impairments reported or observed
   - (ex: school, family, friendships, self-care/ hygiene)
4. Note client report of any skills used outside of session
   - (“Client (or parent) reported successfully using self-regulation skills, assertive communication, manners, collaborative problem-solving, anger management, etc.)
5. Note prosocial behaviors during session (‘Client engaged in sharing, manners, empathy, picking-up, self-control, respect, cooperation, listening, apologizing, etc.)
6. Note any limits that needed to be set
7. Note any unhealthy/ limiting responses
   - (Helplessness, anger, irresponsibility, aggression/ revenge, anxiety).

Helpful BHA Intervention Prompts

- ✓ Scaling 0 – 10 check-in to assess current and past week's mood intensity and fluctuations across domains of home and family, health and wellness, social life/ school.
- ✓ Reflected client's feelings expressed in session, facilitating understanding of emotions and how they are expressed **in order to** [ ].
- ✓ Provided sensory soothing activities **in order to** improve self-regulation skills.
- ✓ Facilitated mood improvement (self-esteem) strategies and teamwork/ cooperation building exercises through collaborative games.
- ✓ Reinforced client's prosocial expressions in session and explored opportunities to use outside of session **in order to** increase/ decrease [ ].
- ✓ Facilitated activity **in order to** improve decision-making skills.
- ✓ Taught responsible choices: Explored connection between problematic thinking/ decisions and behaviors, and impact on choices on self and relationships **in order to** improve/ decrease [ ].
- ✓ Discussed the importance of aligning actions with personal values of [ ].
- ✓ Limit setting [ ].
- ✓ Rapport with c/o was strengthened through the implementation of a collaborative approach, modeling empathy, and collection of c/o feedback regarding progress.

How Can I Find/ Afford Tools?

- Justify your work through documentation and assessment tools.
- Yard Sales
- Thrift Stores
- 3-D Printer
- Michaels Coupons
- Grants

Virtual Work

https://docs.google.com/presentation/d/1csPZs6VkKvs-RunHHLusnLRSMWJe771NfKfR5FXfZZM/edit?usp=sharing

“Play, while it cannot change the external realities of children’s lives, can be a vehicle for children to explore and enjoy their differences and similarities, and to create, even for a brief time, a more just world where everyone is an equal and valued participant.”

— Patricia G. Ramsey, Educational psychologist

Sharing Resources

- We Love Resources!! Is there anything you would like to share with the group?
- Raffle items.

djhenry@anthc.org

Thank you!

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