It's More Than Just Techniques: Essential Clinical Considerations Underlying the use of Directive Play Therapy

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This is an *INTRODUCTORY* workshop. If you are not interested in attending a workshop that is basic in content, please visit the registration desk to sign up for a different sectional.

Learning Objectives

- Identify 2-3 clinical considerations for incorporating directive play therapy interventions into practice in a clinically-sound manner
- Describe a structured play therapy model for incorporating directive play therapy interventions into clinical practice
- Describe at least 6 directive play therapy interventions for clinical practice
- Identify advantages & limitations of using directive play therapy interventions

Ice Breaker

Purpose: Engage client in therapeutic relationship

Materials: Don't Break the Ice™ (Milton Bradley), stickers

Modality: Individual, group, family

Age Range: 5 years – 18 years

Ice Breaker Categories

Blue: Something I like

Red: Something I don't like

Green: Myself/Family/Friends

Gold: Hope/Dream/Goal

Silver: Ask a question

☺: Free choice

Therapeutic Relationship

- Establishing the client-therapist relationship is a primary goal
- The strength of the therapeutic relationship influences treatment outcomes
- It is an essential agent of change
- Offers a reparative experience
- Be mindful of ruptures in the therapeutic relationship

Play Therapy

- Using a play therapy approach is only one component of practice
- Need our mental health, clinical, & treatment framework
- Current information & research
- Client factors & influences

Play Therapy

- Play therapy *(Schaefer, 2011)*
- Client-responsive play therapy *(Crenshaw, 2006)*
- Prescriptive play therapy *(Reddy, Files-Hall, & Schaefer, 2005; Schaefer & Drewes, 2009)*
- Integrative play therapy *(Drewes, Bratton, & Schaefer, 2011)*

What treatment, by *whom*, is most effective for this individual with *that* specific problem, and under what set of circumstances?

(Paul, 1967)

Integrative Play Therapy

- Synthesizes concepts & methods from two or more schools of psychotherapy
- Requires skill in various approaches with differential application as clinically indicated
- Therapeutic powers of play
- Therapist needs to be nondirective & directive depending on what is needed

(Drewes, 2011)

Integrative Play Therapy

- Technical eclecticism
- Theoretical integration
- Common factors
- Assimilative integration

(Drewes, 2011)

Integrating Directive Play Therapy into Practice

A Structured Play Therapy Model

- Most effective with children 7 & older
- Used for directive play therapy
- Framework for appropriate timing & sequencing of activities
- Three stage process

(Jones, Casado, & Robinson, 2003)

A Structured Play Therapy Model

Step 1: Brainstorm topics

Step 2: Assess intensity of activities

Step 3: Select activities beginning stage

Step 4: Select activities middle stage

Step 5: Select activities ending stage

(Jones, Casado, & Robinson, 2003)

Intensity of Activities

- Evoke anxiety
- Challenge self-disclosure
- Increase awareness
- Focus on feelings
- Concentrate on here-and-now
- Focus on threatening issues

(Jones, Casado, & Robinson, 2003)

Assessment

- Should be informed by multiple sources & perspectives
- Gather information using a variety of techniques
- Utilize standardized measures as part of the assessment process
- Assessment needs to be an ongoing process

Assessment Measures

- Massachusetts General Hospital School of Psychiatry Program *http://www2.massgeneral.org/schoolpsychiatry/screeningtools_table.asp*
- National Center for PTSD (U.S. Department of Veterans Affairs) *http://www.ptsd.va.gov/professional/assssment/overview/index.asp*

How Big is the Problem?

Purpose: Assess symptoms & problems from the child's perspective

Materials: Index cards, beads or macaroni noodles

Modality: Individual

Age Range: 5 years – 13 years

Making a List & Checking it Twice

Purpose: Collaboratively assess & rank therapeutic needs

Materials: Index cards

Modality: Individual

Age Range: 7 years – 18 years

Family Map

Purpose: Assess family system

Materials: Paper, drawing material

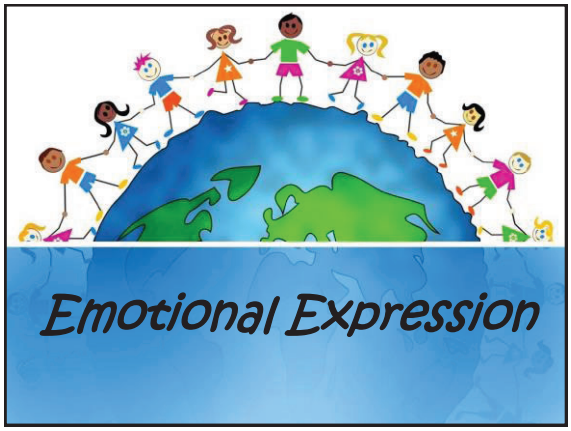
Modality: Individual, group family

Age Range: 6 years – 18 years

(Oaklander, 1988)

Practice Parameters & Guidelines

- Evidence-based treatment
- Evidence-based practice
- American Academy of Child & Adolescent Psychiatry
- National Child Traumatic Stress Network
- Core components of specific therapies



Feelings Hide-&-Seek

Purpose: Facilitate emotional expression

Materials: Index cards

Modality: Individual, group, family

Age Range: 5 years – 18 years

Revealing Your Feelings

Purpose: Facilitate emotional expression

Materials: Crayola Switcher markers, paper

Modality: Individual, group, family

Age Range: 5 years – 18 years

On a Scale of 1 to 10

Purpose: Rank various feelings

Materials: Index cards, construction paper, tape

Modality: Individual, group, family

Age Range: 6 years – 18 years

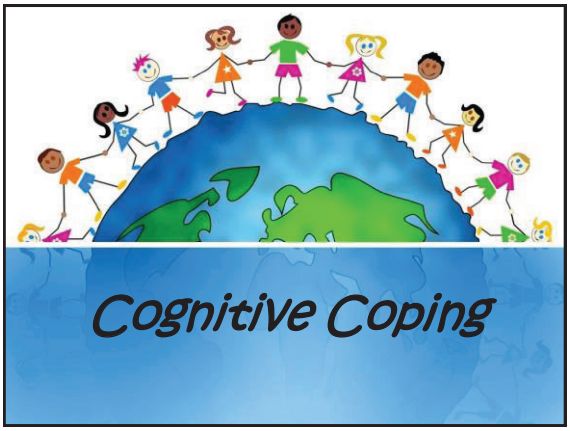
Pushing My Buttons

Purpose: Process specific emotions

Materials: Construction paper, writing material, paper bag

Modality: Individual, group, family

Age Range: 5 years – 18 years



Positive & Negative Thinking

Purpose: Differentiate between adaptive & maladaptive cognitions

Materials: Index cards, paper, marker, tape

Modality: Individual, group, family

Age Range: 8 years – 18 years

I Think I Can!

Purpose: Develop positive self-talk

Materials: The Little Engine that Could©, index cards, paper, drawing materials

Modality: Individual, group, family

Age Range: 5 years – 10 years

Treatment of Trauma & Abuse

- Adverse Childhood Experiences *(Anda, 2013, Anda 2010)*
- Neurobiology of trauma *(Perry, 2013)*
- Trauma-informed practice *(Steele & Malchiodi, 2012)*
- Two critical errors in trauma work *(Gil, 2011)*
- Clinical balance between support, safety, & coping while processing trauma

Treatment of Posttraumatic Stress

- Practice Parameters for Children & Adolescents with PTSD *(American Academy of Child and Adolescent Psychiatry, 2010)*
- Best Practices for Treatment of Complex PTSD *(Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011)*
- Core Components of Trauma-Focused Interventions *(National Child Traumatic Stress Network, 2013)*

Unpacking My Baggage

Purpose: Process traumatic experiences

Materials: Paper bag, index cards, drawing material

Modality: Individual

Age Range: 5 years – 18 years

Unpacking My Baggage

- My feelings about it
- My thoughts about it
- Why it happened
- What does it mean
- My memories about it

Through the Window

Purpose: Process traumatic experiences

Materials: Masking tape, paper, drawing material

Modality: Individual

Age Range: 5 years – 18 years

Termination

Termination

- There are different types of termination
- Termination should receive the same attention as building the therapeutic relationship
- When proper termination occurs, therapeutic gains are more likely to be sustained

Farewell Fortune Cookies

Purpose: Facilitate termination

Materials: Fortune cookies, paper, tape

Modality: Individual, group, family

Age Range: 5 years – 18 years

From Start to Finish

Purpose: Facilitate termination by reviewing & acknowledging therapeutic growth

Materials: Paper, scissors, drawing materials

Modality: Individual, group, family

Age Range: 6 years – 18 years

Advantages of Play Therapy

- Consistent with components of ESTs & best practice parameters
- Emphasize skill-building with repetition
- Can target specific areas of change
- Easy to incorporate into practice
- Conforms to time limitations imposed on treatment

Disadvantages of Play Therapy

- Lack rigorous studies
- Less expressive, sensory elements
- Inappropriate pacing may be iatrogenic
- Risk of haphazard application

Cultural Considerations

- Culture should be viewed & defined in a broad way that recognizes all individuals as multicultural (Cohen, 2009)
- ADDRESSING framework (Hayes, 2007)
- Culturally competent play therapists build sensitivity to & acquire knowledge about other cultures (Gil & Drewes, 2005)
- Recognize play has various meanings across cultures (Namazi, 2009)

ADDRESSING Framework

- Age & generational influences
- Developmental disabilities
- Disabilities acquired later in life
- Religion & spiritual orientation
- Ethnicity
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
  - National origin
  - Gender

(Hayes, 2007)

Therapist Self-Disclosure

- Overall, counselor self-disclosure appears to have a favorable impact on clients
- Counselor self-disclosure may be beneficial for rapport building, strengthening alliance, & eliciting client disclosure
- Clients appear more likely to disclose to a self-disclosing therapist

(Henretty, Currier, Berman, & Levitt, 2014)

Therapist Self-Disclosure

- Among other factors, the timing of the self-disclosure & the verb tense were significant moderators
- Nondisclosure is no longer the easy answer to the question of whether or not a counselor should self-disclose
- Counselors need to consider this issue before faced with having to make a decision

(Henretty, Currier, Berman, & Levitt, 2014)

Countertransference

- Acting out of countertransference is harmful
- Countertransference management likely promotes positive clinical outcomes
- Effective therapists must manage internal countertransference reactions in a way that benefits the therapeutic process
- Countertransference that has already been acted out should be dealt with

(Hayes, Gelson, & Hummel, 2011)

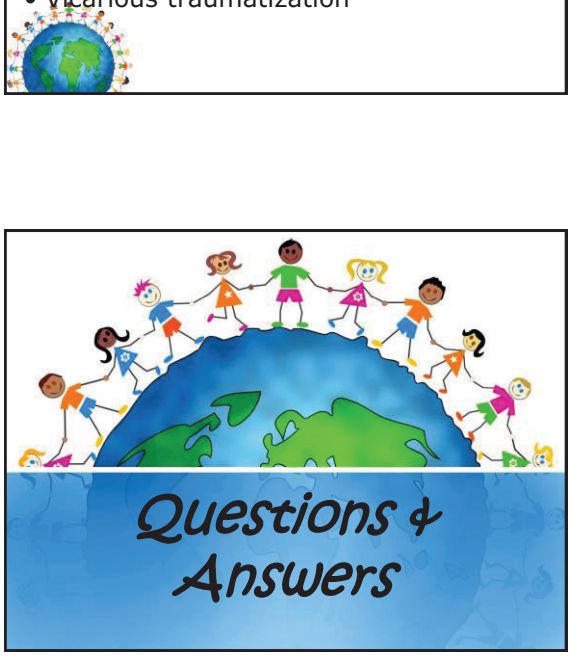
Countertransference

- Having & using a theoretical orientation is insufficient in managing countertransference
- Self-insight & self-integration appear fundamental in managing countertransference
- Pay attention to client behaviors that are affecting you
- Personal therapy & clinical supervision are valuable in managing countertransference

(Hayes, Gelson, & Hummel, 2011)

Therapist Self-Care

- Therapist self-care is an ethical obligation
- Secondary traumatic stress
- Compassion fatigue
- Vicarious traumatization



The Star Thrower

~ Loren Eiseley

~ Thank-You ~

Play Therapy Corner™

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It's more than just Techniques:

Essential Clinical Considerations Underlying the use of Directive Play Therapy

Ice Breaker: A modified version of the board game Don't Break the Ice™ (Milton Bradley), players share information about themselves based on the color of the sticker on the underside of the game's ice cubes.

How Big is the Problem?: The child places macaroni noodles on cards with various symptoms written on them to signify whether the symptom is a problem for the child.

Making a List & Checking it Twice: The client and therapist create a ranked list of issues to be addressed in treatment.

Family Map: (Oaklander, 1988) The child draws their family as symbols, figures, animals, etc.

Feelings Hide-&-Seek: This technique is a therapeutic version of the childhood game hide-&-seek in which feelings start hidden and, through the course of hide-&-seek, are found and discussed.

Revealing Your Feelings: Players take turns coloring in shapes with Crayola Switcher Markers™, revealing the feeling word written inside the shape.

On a Scale of 1 to 10: The client ranks the intensity of their emotions by placing index cards with various feelings on a rating scale created vertically on the wall.

Pushing My Buttons: Specific emotions are processed based upon the color of "button" a player selects.

Positive & Negative Thinking: This cognitive-behavioral intervention emphasizes the interplay between thoughts, feelings, and behaviors. Index cards with positive and negative cognitions are selected by players, read out loud, and categorized as a positive thought or a negative thought.

I Think I Can!: After reading "*The Little Engine that Could"* (Piper, 2005), players take turns selecting index cards and identifying positive self-talk statements. Following the game, the child selects 3-4 positive statements and draws a train with the train's puffs of smoke containing the positive statements.

Unpacking My Baggage: Players take turns selecting colored index cards and processing aspects of traumatic/abusive events based upon the color of the card selected (e.g. emotions, thoughts, causality, meaning, memories).

Through the Window: This activity emphasizes trauma narration by having the client create a 4 pane window with each window pane representing either a sensory memory of their trauma or a traumatic memory which evokes emotional distress.

Farewell Fortune Cookies: Therapeutic questions related to termination are written and taped on the outside of individually wrapped fortune cookies. Individuals take turns selecting a "farewell fortune cookie" and responding to the corresponding question.

From Start to Finish: A chain of paper people is created to represent the client's therapeutic growth & facilitate termination of therapy.

Major Theoretical Approaches of Play Therapy *(Schaefer, 2011)*

I. Psychodynamic models
   a. Psychoanalytic Play Therapy
   b. Object Relations Play Therapy *(added by presenter)*
   c. Jungian Analytic Play Therapy
   d. Adlerian Play Therapy
   e. Release Play Therapy

II. Humanistic models
   a. Child-Centered Play Therapy
   b. Filial Therapy
   c. Gestalt Play Therapy
   d. Experiential Play Therapy

III. Systemic models
   a. Family Play Therapy
   b. Group Play Therapy
   c. Ecosystemic Play Therapy

IV. Emerging models
   a. Theraplay
   b. Solution-Focused Play Therapy
   c. Cognitive-Behavioral Play Therapy
   d. Narrative Play Therapy
   e. Integrative Play Therapy
   f. Prescriptive Play Therapy

Practice Parameters for Children & Adolescents with PTSD *(American Academy of Child and Adolescent Psychiatry, 2010)*

- Routinely screen for trauma & PTSD symptoms
- Formally evaluate for PTSD as indicated
- Consider differential diagnosis
- Comprehensive treatment based upon severity & degree of impairment of PTSD
- Include interventions for comorbid psychiatric disorders
- Trauma-focused psychotherapies should be considered first-line treatment
- SSRIs can be considered
- Medications other than SSRIs may be considered
- School-based accommodations may be necessary
- Restrictive & coercive interventions are not endorsed
- School- or community-based screening for PTSD should occur if a traumatic event affects a significant number of children

Best Practices for Treatment of Complex PTSD *(Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011)*

First phase

- Patient safety
- Symptom stabilization
- Improvement in life competencies

Second phase

- Exploration of traumatic memories to reduce emotional distress
- Reappraising meaning of traumatic memories
- Integrating traumatic memories into a coherent, positive identity

Approved Interventions

- Anxiety/stress management
- Cognitive restructuring
- Bilateral stimulation
- Case management
- Education about trauma & its impact
- Emotion–focused interventions
- Interpersonal effectiveness training
- Meditation/mindfulness
- Narration of trauma memory
- Sensorimotor/movement therapies

Symptom	First-line interventions	Top second-line interventions
Reexperiencing	Education about trauma Narration of trauma memory	Cognitive restructuring Emotion regulation Anxiety/stress management
Avoidance/constriction	Education about trauma Emotion regulation interventions	Cognitive restructuring Narration of trauma memory Meditation/mindfulness Interpersonal skills training
Hyperarousal	Education about trauma Emotion regulation interventions Anxiety/stress management	Narration of trauma memory Cognitive restructuring
Affect dysregulation	Education about trauma Emotion regulation interventions	Cognitive restructuring Meditation/mindfulness Anxiety reduction Narration of trauma memory Interpersonal skills training
Relationship difficulties	Education about trauma Interpersonal skills training Cognitive restructuring	Emotion regulation interventions Narration of trauma memories
Disturbances in meaning	Education about trauma Cognitive restructuring	Narration of trauma memories Emotion regulation interventions
Behavioral dysregulation	Education about trauma Emotion regulation interventions	Cognitive restructuring Interpersonal effectiveness Meditation/mindfulness
Attentional dysregulation	Education about trauma Emotion regulation interventions	Meditation/mindfulness Anxiety/stress management Narration of trauma memory
Somatic symptoms	Education about trauma Anxiety/stress management	Emotion regulation interventions Narration of trauma memory Cognitive restructuring
Dissociation	Education about trauma Emotion regulation interventions	Narration of trauma memory Anxiety/stress management Meditation/mindfulness
Identity disturbance	Education about trauma	Emotion regulation Meditation/mindfulness

(Cloitre, Courtois, Charuvastra, Carapezza, Stolbach, & Green, 2011)

Core Components of Trauma-Focused Interventions *(National Child Traumatic Stress Network, 2013)*

- Screening & triage
- Systematic assessment, case conceptualization, & treatment planning
- Psychoeducation
- Addressing children & families' traumatic stress reactions & experiences
- Trauma narration & organization
- Enhancing emotional regulation & anxiety management skills
- Facilitating adaptive coping & maintaining adaptive routines
- Parenting skills & behavior management
- Promoting adaptive developmental progression
- Addressing grief & loss
- Promoting safety skills
- Relapse prevention
- Evaluation of treatment response & effectiveness
- Engagement/addressing barriers to service-seeking

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