FUNDAMENTALS OF CONNECTING WITH CHILDREN AND FAMILIES: A PLAY THERAPIST'S PERSPECTIVE

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December 2022

MY JOURNEY

- Residential Treatment Work
- Court Appointed Special Advocates (CASA) of Travis County, Inc.
- Graduate School Field Placements/Internships
  - Community Support- OutYouth
  - Clinical- ACGC
- Back to Residential Care
- Community Care
- Private Practice/Non-profit

DISCLAIMER

This presentation is for educational purposes only. Opinions or points of view expressed in this presentation represent the view of the presenter, and do not necessarily represent the official position of all social work and child therapists. Nothing in this presentation constitutes legal or ethical advice, nor does it ask or encourage others to work outside of their knowledge and role.

WHAT YOU NEED TO KNOW TO WORK WITH CHILDREN AND ADOLESCENTS

In my Opinion

A LITTLE OF EVERYTHING…

Developmental Stages

Brain Development

Diagnoses and Medication

Legalese

A LITTLE OF EVERYTHING…

Developmental Stages

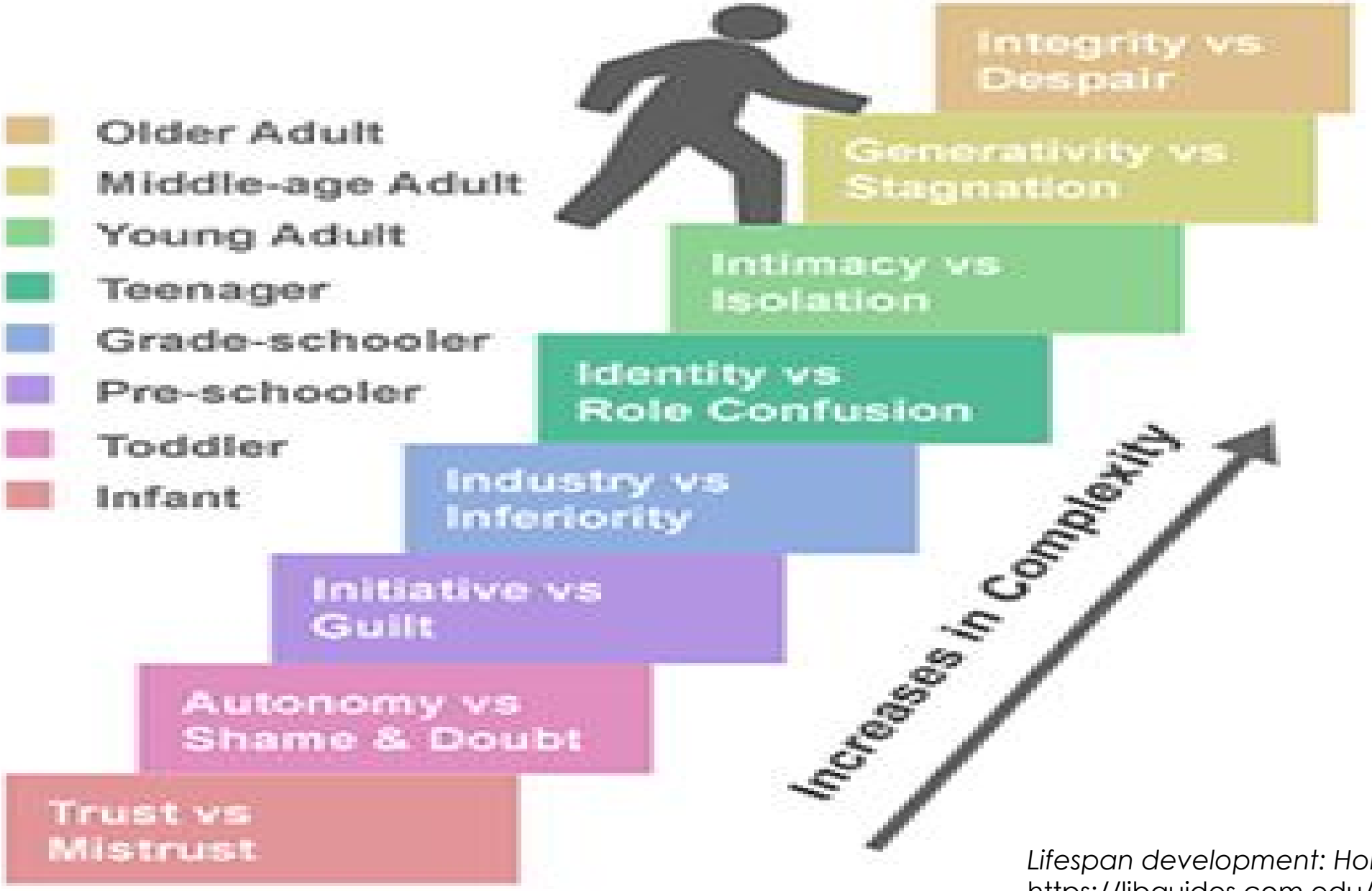
Brain Development

Diagnoses and Medication

Legalese

AT EACH STAGE

- Physical Development
- Cognitive Development
- Moral Development
- Social Development
- Attachment Style



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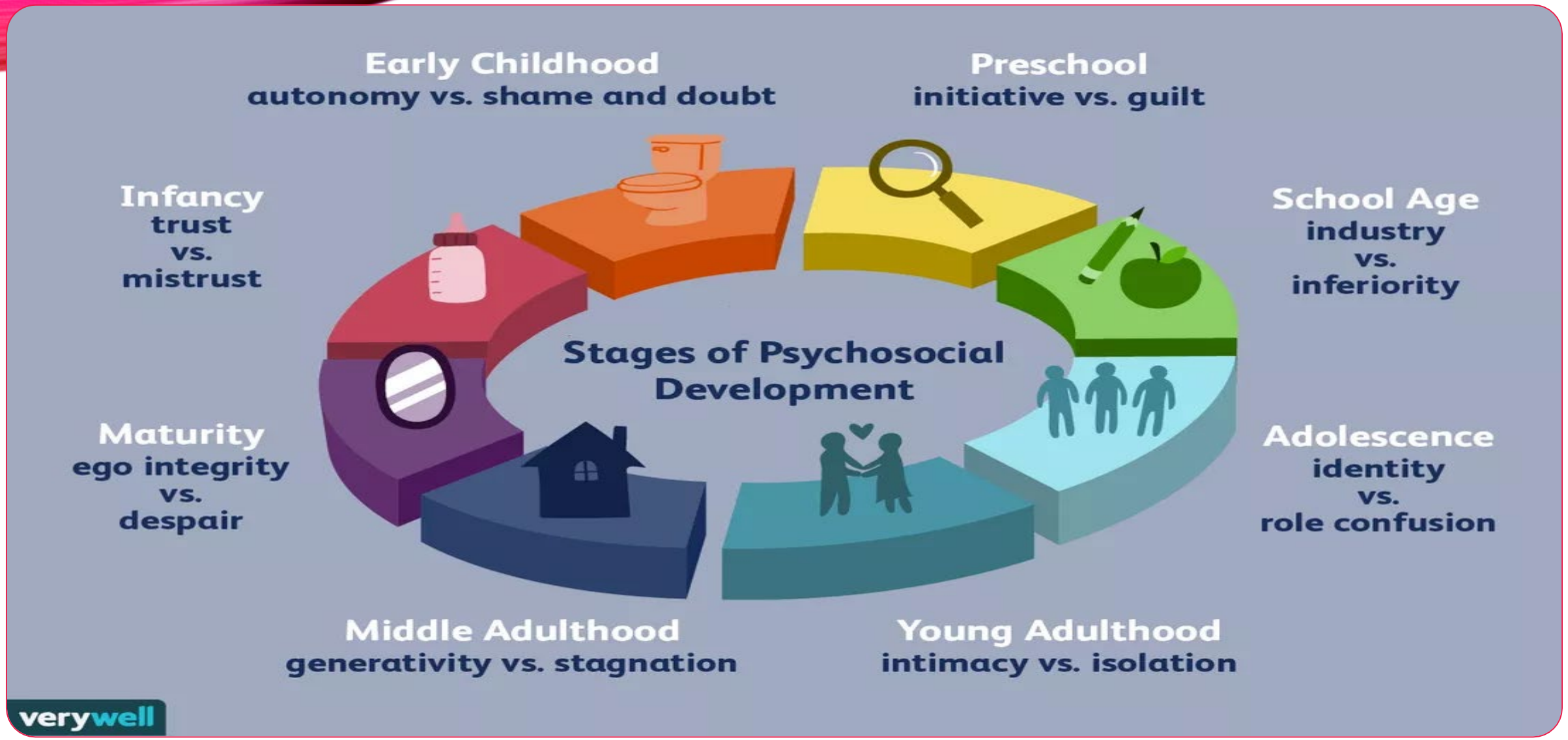
DEVELOPMENTAL STAGES



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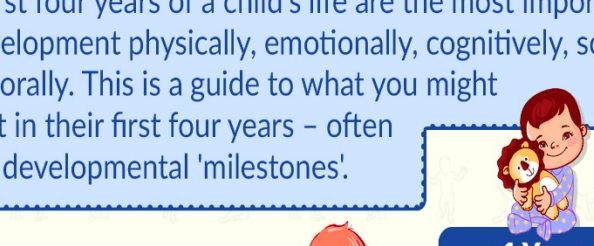
DEVELOPMENTAL MILESTONES

StudMonk | EdTech SOLUTIONS

EARLY CHILDHOOD DEVELOPMENT MILESTONES

The first four years of a child's life are the most important period of development physically, emotionally, cognitively, socially and morally. This is a guide to what you might expect in their first four years – often called developmental 'milestones'.

NOTE: EVERY CHILD DEVELOPS DIFFERENTLY



3 Months

- Turns head toward direction of sound
- Recognizes familiar faces and smiles back
- Follows moving objects
- Watches faces with interest
- Raises head and chest while lying on stomach
- Brings hand to mouth
- Takes swipes at dangling object with hands
- Begins to babble and imitate some sounds

6 Months

- Responds to other people's emotions
- Enjoys social plays/games (especially peek-a-boo)
- Struggles for out of reach objects
  Uses voice to express pleasure and displeasure
- Interested in mirror images
- Responds to their own name
- Babbles chain of sounds
  Rolls both ways (front to back, back to front)
- Sits with, and then without support on hands

1 Year

- Pulls up to stand, Walks holding onto furniture
- Tries to imitate during play (like winking when you wink or clapping when you clap)
- Explores objects; finds hidden objects and begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver)
- Uses simple gestures like shaking head to say 'NO' or waving to say 'BYE BYE'
- May speak single words like "Mama" and "Dada"
- Cries when Mother or Father leaves
- Babbles with inflection (changes in tone)
- Uses exclamations, such as "oh - oh!"
- Pokes index finger

2 Years

- Excited about the company of other children
- Begins to sort by shapes and colors; starts simple make-believe play
- Follows simple instructions; recognizes names of familiar people
- Walks without help; plays pretend (like talking on a toy phone)
- Points out at theobjects, when you name it (like toy or photo)
- Imitates behavior of others, especially adults and older children
- Uses 2-4 word sentences
- Repeats word overheard in conversation
- Pulls toys behind him/her while walking

3 Years

- Imitates adults and playmates
- Shows affection for playmates/friends
- Sorts objects by shape and colors; and matches objects to pictures
- Plays make-believe with dolls, animals and people (like feeding a doll)
- Uses pronouns (I, you, me) and sometimes plurals too (cars, dogs)
- Uses simple phrases or micro sentences to communicate with others
- Understands concept of 'mine' and 'his/hers'
- Expresses wide range of emotions
- Walks up and down stairs, alternating feet (one foot per stair step)
- Runs easily and pedals tricycle
- Starts to make friends

4 Years

- Follows three-step commands (like wash your hands, comb your hair)
- Draws circles and squares
- Speaks in sentences of 5-6 words; Speaks clear enough for outsiders to understand
- Names some colors; understands counting
- Shares and take turns with other children
- Knows the difference between boys and girls
- Enjoys humor (like laugh at silly faces or voices)
- Brushes his/her teeth by self
- Dresses and undresses without help except for shoelaces
- Pretends by role playing
- Knows opposite (hot/cold, big/small)

Disclaimer: These are general milestones. All children are different and some will do things faster or slower than others.If you have queries/concerns about your child's development, contact a pediatrician.

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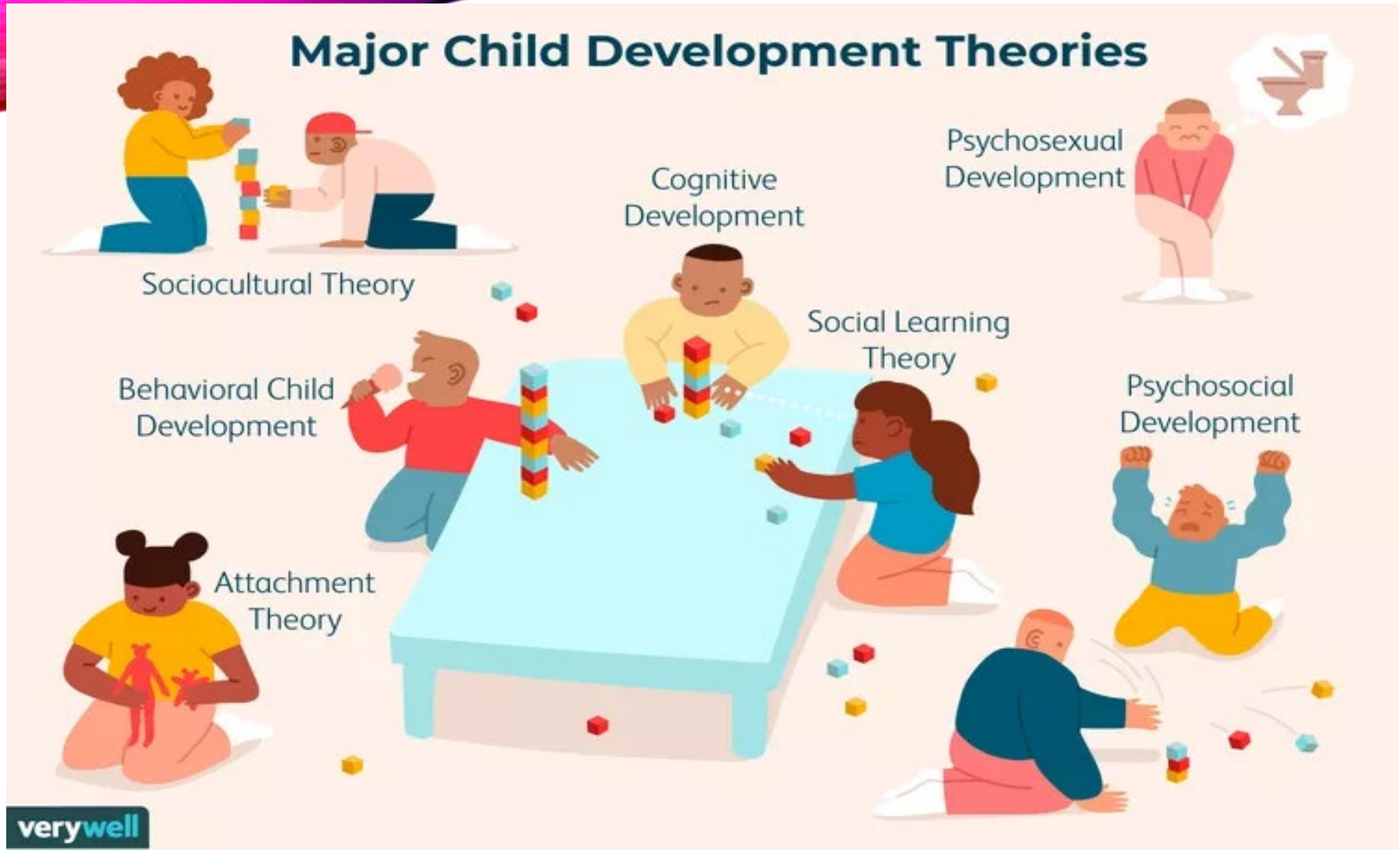


HTTPS://WWW.VERYWELLMIND.COM/CHILD-DEVELOPMENT-THEORIES-2795068

STAGES OF PLAY

The 6 Stages of Play

Pathways.org

Unoccupied Play	0–3 months	When baby is making movements with their arms, legs, hands, feet, etc. They are learning about and discovering how their body moves.
Solitary Play	0–2 years	When a child plays alone and are not interested in playing with others quite yet.
Spectator/ Onlooker Behavior	2 years	When a child watches and observes other children playing but will not play with them.
Parallel Play	2+ years	When a child plays alongside or near to others but does not play with them.
Associate Play	3–4 years	When a child starts to interact with others during play, but there is not much cooperation required. *For example, kids playing on the playground but doing different things.*
Cooperative Play	4+ years	When a child plays with others and has interest in both the activity and other children involved in playing.

https://pathways.org/kids-learn-play-6-stages-play-development/

A LITTLE OF EVERYTHING…

Developmental Stages

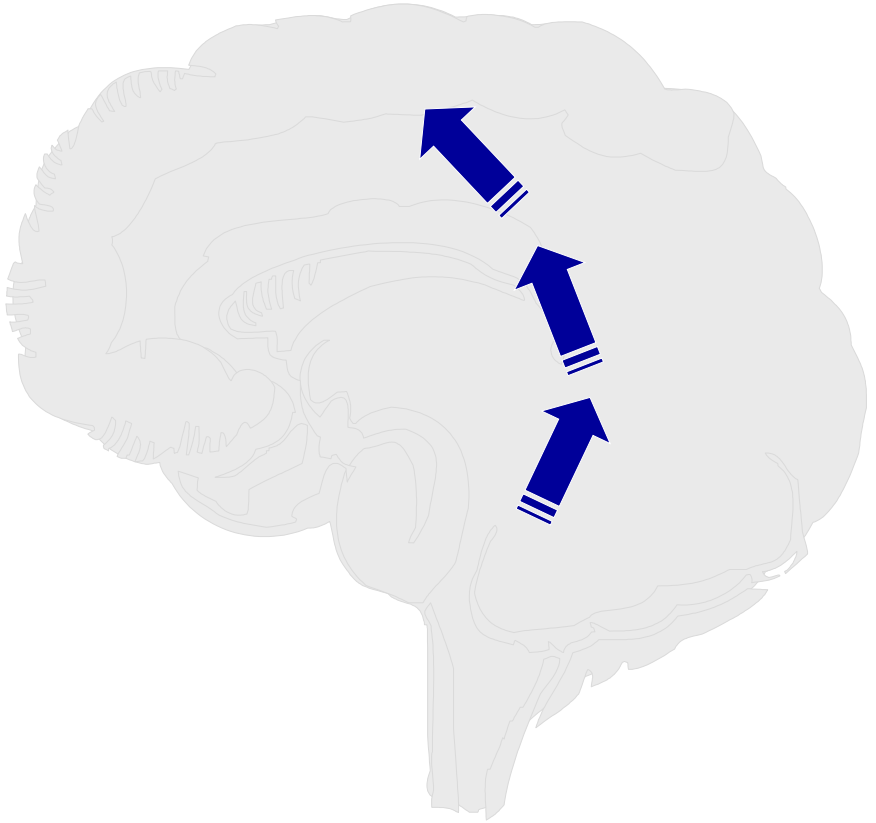
Brain Development

Diagnoses and Medication

Legalese

BRAIN DEVELOPMENT

- Brain development happens from the bottom up:
  - From primitive (basic survival: brainstem)
  - To more complex (rational thought, planning, abstract thinking: prefrontal cortex)



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EXPERIENCE GROWS THE BRAIN

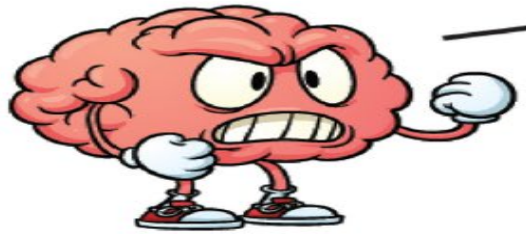
- The brain develops by forming connections.
- Interactions with caregivers are critical to brain development.
- The more an experience is repeated, the stronger the connections become.

- **The brain is plastic, meaning it can change throughout the lifespan in response to repeated stimulation.**
- Healthy stimulation with corrective experiences.

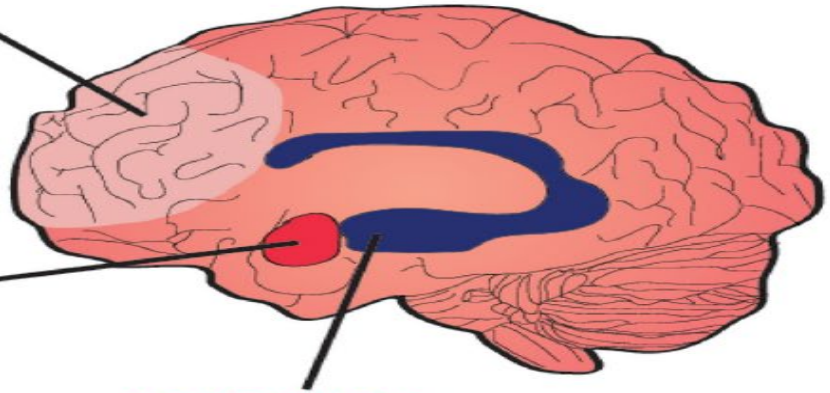
NCTSN: Caring for Children Who Have Experienced Trauma. Retrieved from http://nctsn.org/products/caring-for-children-who-have-experienced-trauma

THE AMAZING BRAIN

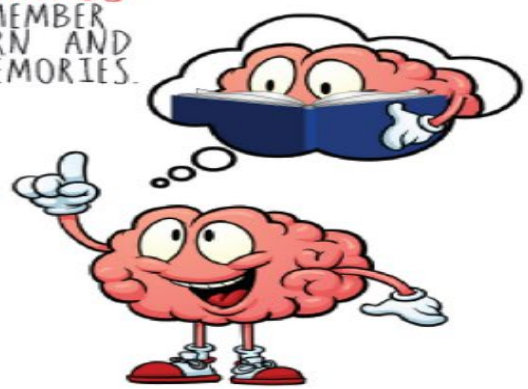
THE PREFRONTAL CORTEX
HELPS US MAKE GOOD CHOICES.
PAY ATTENTION AND LEARN.



THE AMYGDALA HELPS KEEP US SAFE. IT IS WHERE ALL OF OUR EMOTIONS COME FROM. BUT SOMETIMES, IF WE HAVE STRONG EMOTIONS, IT KEEPS US FROM THINKING CLEARLY.



THE HIPPOCAMPUS
HELPS US REMEMBER WHAT WE LEARN AND STORES OUR MEMORIES.



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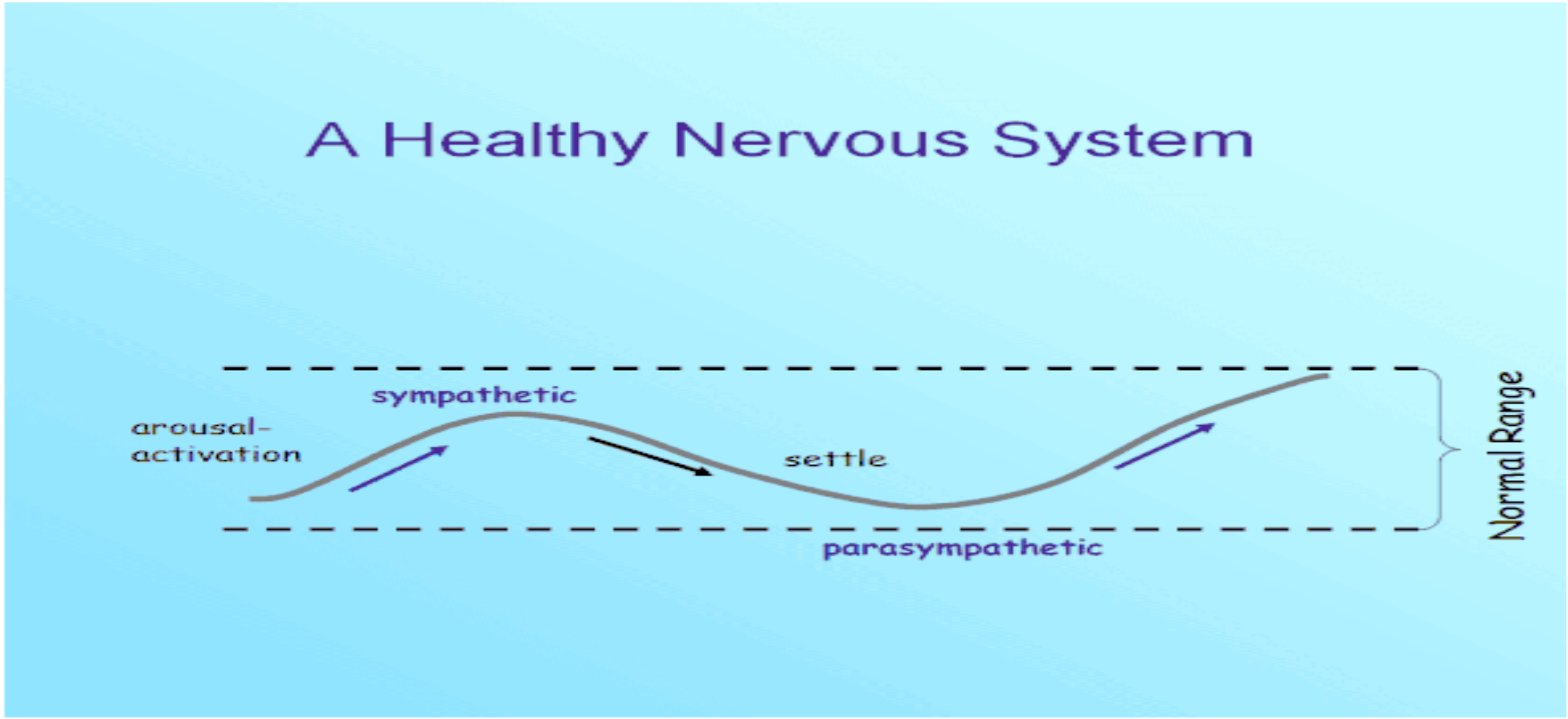
WINDOW OF TOLERANCE

Describes the zone of arousal in which a person is able to function most effectively and are able to readily receive, process, and integrate information and otherwise respond to the demands of everyday life without much difficulty.



Window of Tolerance

HYPERAROUSAL

- Abnormal state of increased responsiveness
- Feeling anxious, angry and out of control
- You may experience wanting to fight or run away

DYSREGULATION

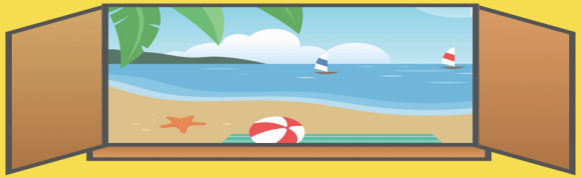
- When you start to deviate outside your window of tolerance you start to feel agitated, anxious, or angry
- You do not feel comfortable but you are not out of control yet

SHRINK your Window of Tolerance

Stress and trauma can cause your window of tolerance to shrink

WINDOW OF TOLERANCE

- Where you are at a balanced and calm state of mind
- Feel relaxed and in control
- In this zone you are able to function most effectively
- Able to take on any challenge life throws at you



Mediation, listening to music, or engaging in hobbies can expand your window of tolerance

EXPAND your Window of Tolerance

DYSREGULATION

- You start to feel overwhelmed, your body might start shutting down and you could lose track of time
- You don't feel comfortable but you are not out of control yet

HYPOAROUSAL

- Abnormal state of decreased responsiveness
- Feeling emotional numbness, exhaustion, and depression
- You may experience your body shuting down or freeze

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A LITTLE OF EVERYTHING…

Developmental Stages

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DIAGNOSES

- Common Diagnoses
  - Medications Commonly Used
- Symptoms
  - Other Manifestations of Symptoms
- Age of Onset
- Parents
- School

A LITTLE OF EVERYTHING…

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LEGALESE

School Advocacy

Services

Parent Support

Court

Abuse Cases

Divorces/Custody Issues

QUESTIONS

STAGES OF SERVICE

Early Stage

- Engagement
- Assessment

Middle Stage

- Engagement
- Planning/Assessment
- Intervention/Implementation
- (Change and Resistance)
- Evaluation

Termination

https://socialworkhaven.com/generalist-intervention-model/

ENGAGEMENT

STEPS OF ENGAGEMENT

Reach

- Identify problems
- Provide accessibility to services
- Build connections
- Advertise for your clientele base

Obtain

- Information collection

Retain

- Rapport Building

Nurture

- Provide intervention
- Evaluate progress

SOCIAL JUSTICE ISSUES WHEN WORKING WITH FAMILIES

- Educational Disparities
- Familial Support
  - What defines family?
  - Who makes decisions for the child?
- School Services
- Socio-economic Status
- Access to Services
  - Physical Access
  - Qualifications
    - Financial qualifications
    - Diagnostic qualifications

THE INFLUENCE OF CULTURE WHEN WORKING WITH FAMILIES

Social and cultural background

Awareness of cultural customs and practices

Institutional discrimination and racism

BREAK OUT

Please each share at least two ways you engage clients with your small group

Please share at least one way you provide support to the families of your clients

Utilizing Assessments, Screening Tools and Conducting Intakes

ASSESSMENT

INTAKE

Prior to Intake Session

- Assessment of Fit
- Consent Forms
- Informational Forms

Obtain information for the Biopsychosocialspiritual

- Parents and other caregivers
- Adolescent
- Child

BIOPSYCHOSOCIALSPIRITUAL

- Clinical Interviews
- Structured Survey Instruments
- Direct Observation
- Structured Interview Instruments

Biopsychosocial Assessment Outline

- **Identifying Information**
- Child's name, age, race/ethnicity, physical appearance, religion, place of residence, school, other important settings; referral source and referral information
- **Presenting Struggle(s)**
- Child's definition;Parent/guardian's definition; Social worker's definition
- **History of the Struggle(s)**
- When did it start, how frequently, with whom, and where does it occur?
- What social, emotional, psychological, learning, or medical/physical risk factors contribute to, or are key factors in this struggle?
- What are the consequences of the struggle to the child and family?
- Results from assessment instruments: child-reports, adult-reports, and structured interviews
- What attempts have been made to resolve this struggle:
- ---By the child or family?
- ---With the assistance of professional helpers?
- **Safety Concerns**
- Abuse or neglect ; Suicide or homicide risk
- **Developmental History**
- Current developmental challenges
- Previous developmental challenges the child
- Role of developmental issues in the presenting challenge

- **Family History**
- Genogram
- **Strengths and Resilience Factors**
- The child's talents, resources, skills, and protective factors
- Eco-map
- **Results, Interpretations, and Implications of Structured Assessment Instruments**
- **Child and Family Needs**
- **Mental Status Exam**
- Snapshot of child's social, psychological, cognitive, and behavioral functioning
- **Mental Health Diagnosis**
- DSM Five Axis Diagnosis---most often used in mental health and other clinical settings, see the DSM-IV-TR (American Psychiatric Association,)
- **Initial Contacts with Child and Family**
- Brief description of first meetings and actions taken
- Child's and family's orientation to the social worker and helping process
- Summary Statement
- **Initial Service Plan**
- Identify focus of initial service efforts
- Goals and objectives for those efforts
- Who will be involved, how, when, and for what purpose?

ASSESSMENT TOOLS WITH KIDS

Genogram

Sandtray

Evidence-based Assessment Surveys and/or Measures

All the things

WHAT ARE WE ASSESSING FOR?

DIFFERENTIAL DIAGNOSIS

- Maladaptive coping strategies can lead to:
  - Sleeping, eating, or elimination problems
  - High activity levels, irritability, or acting out
  - Hyper-vigilance, or feeling that danger is present even when it is not
  - An unexpected and exaggerated response when told "no"
  - Emotional detachment, unresponsiveness, distance, or numbness
  - Increased mental health issues (e.g. depression, anxiety)
  - Attention problems
  - Attachment problems
  - Developmental delays

INTERDISCIPLINARY TEAMS

- Treating Diagnoses NOT in the DSM
  - Sensory Processing
  - Learning Disabilities
- Make Appropriate Referrals!

- Common Referrals:
  - Occupational Therapists
  - Medical Doctors
  - School Diagnosticians
  - Teachers
  - Parents

ADVERSE CHILDHOOD EXPERIENCES (ACES) OR PEARL

An ACE score is a tally of different types of abuse, neglect, and other hallmarks of a "rough childhood."

"…the rougher your childhood, the higher your score is likely to be and the higher your risk for later health problems."

ACE Questionnaire:

- Not diagnostic
- ACE scores don't tally the positive experiences in early life that can help build resilience and protect a child from the effects of trauma

TRAUMA INFLUENCES…

For the Birth Parent:

- Stressful/Difficult Pregnancy
- Difficult Birth
- Early Hospitalization
- Medication and Drug use
- Abuse
- Trauma

For the Child:

- Stressful/Difficult Pregnancy
- Difficult Birth
- Early Hospitalization
- Exposure to Medication and Drugs

TRAUMATIC STRESS RESPONSE CYCLE

- Past trauma causes the brain to interpret minor events as threatening.
- The limbic system has a disproportionate fear/emotional response to the experience and sends signals to the brainstem.
- Cortisol and adrenaline are released, increasing heart rate and respiration.
- Fight, flight, or freeze response occurs.
- Prefrontal cortex is skipped (lack of reasoning), leading to impulsive reactions.
- Memories of the event can be foggy and stored erratically.

Source: Campbell, J.S.W. (n.d.). *Trauma and the brain*. Retrieved from the KidsPeace Institute website: http://www.kidspeace.org/healing.aspx?id=2514

VARIABILITY IN RESPONSES TO STRESSORS AND TRAUMATIC EVENTS

- The impact of a potentially traumatic event depends on several factors, including:
  - The child's age and developmental stage
  - The child's perception of the danger faced
  - Whether the child was the victim or a witness
  - The child's relationship to the victim or perpetrator
  - The child's past experience with trauma
  - The adversities the child faces following the trauma
  - The presence/availability of adults who can offer help and protection

THE INFLUENCE OF CULTURE ON TRAUMA

- People of different backgrounds may respond and define to discipline differently.
- People of different backgrounds may respond and define to trauma differently.
- Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) children, adolescents and parents contend with bullying and violence.
- Immigrant and refugee families often face additional traumas and stressors, especially when they are undocumented or refugees.
- Assessment of a child's trauma history should always take into account the cultural background.

BREAK OUT

Please each share at least two assessments you like with your small group

Please share at least one way you provide trauma informed care

Trauma-Informed Care

INTERVENTION

COMPONENTS OF TRAUMA-INFORMED, EVIDENCE-BASED TREATMENT

- Building a strong therapeutic relationship
- Psychoeducation about normal responses to trauma
- Parent support, conjoint therapy, or parent training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Cognitive processing or reframing

http://www.socialwork.illinois.edu/documents/JoeRyan_TraumaAssessmentII.pdf

WORKING WITH PARENTS

- Psychoeducation
- Parental Ability and Limitations
- Defining Services Provided
- Boundaries

THERAPEUTIC INTERVENTION

Play Therapy
Cognitive Behavioral Therapy
Dialectal Behavioral Therapy
Solution Focused Therapy
EMDR

PLAY THERAPY SEMINAL THEORIES

- **Adlerian Play Therapy**
- **Attachment Theory and Theraplay®** ***(historically significant approach)***
- **Child-Centered Play Therapy**
  - **Filial Therapy** ***(historically significant approach based on CCPT)***
- **Cognitive Behavioral Play Therapy**
- **Ecosystemic Play Therapy**
- **Gestalt Play Therapy**
- **Jungian Analytical Play Therapy**
- **Psychoanalytic Play Therapy**

https://www.a4pt.org/page/Publications

DISORDERS MANIFEST DIFFERENTLY

- Lack of Focus
- Trouble Retaining information
- Learning Issues
- Hyperactivity
- Aggression

ADHD?

- Anxiety
- Depression
- Oppositional Defiance Disorder

- Executive Functioning Issues

RESISTANCE VS RESISTANCE TO CHANGE

- What is Resistance?
  - anything that stops therapeutic change; an unwillingness (either consciously or unconsciously) of the client to grow
- What causes resistance?
  - More current definitions, however, posit that resistance is not just the fault of the client, but is a product of the therapeutic relationship (Shallcross, 2010)
- What stage(s) do we see resistance? What does it look like?
- How do we address resistance?

BREAK OUT

Please each share two of your favorite interventions with your small group

Please share at least one way you address resistance at any of the Stages

EVALUATION

GOAL SETTING

The five most common goals of counseling include:

- Facilitating behavioral change
- Helping improve the client's ability to both establish and maintain relationships
- Helping enhance the client's effectiveness and their ability to cope
- Helping promote the decision-making process while facilitating client potential
- Development

https://positivepsychology.com/goal-setting-counseling-therapy/

1 SPECIFIC

What do I want to accomplish?

2 MEASURABLE

How will I know when it is accomplished?

3 ACHIEVABLE

How can the goal be accomplished?

4 RELEVANT

Does this seem worthwhile?

5 TIME BOUND

When can I accomplish this goal?

TERMINATION

THINGS TO REMEMBER…

- Purpose of therapy is to support the client, not the therapist
- Be clear, direct, and compassionate no matter why the client is leaving
- Be willing to answer questions about therapy termination, such as where a client can seek additional help if necessary
- Do not abandon a client without warning

https://naswcanews.org/termination-ending-the-therapeutic-relationship-avoiding-abandonment/

GOALS OF TERMINATION

- Reflect on the client's growth and on how they plan to continue that growth.
- Discuss the therapeutic process—both what went well in therapy and what could have been better.
- Discuss any feelings of grief or anxiety about ending the treatment relationship.
- Talk about personal growth as an ongoing process and give the client guidelines for when it might be appropriate to return to therapy.

TERMINATION WITH CHILDREN AND ADOLESCENTS

- Therapist as Attachment Figure
- Plan a termination activity to memorialize therapy and the progress the child has made
- Review coping skills and support system
- Discuss termination with the parents.

ONE LAST THING!

SELF-CARE

- Working with children and families can provoke distress in providers
  - Personal and professional challenges
  - Transference/Countertransference
  - Self care is important to provide quality care and sustainability

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