

Child- Adolescent Resource Notebook

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# Section 1-Play Therapy Basics & Beyond

## Key Thoughts:

1. Play therapy is a practical option of therapy for children. Young children can find regular talk therapy to be boring and intimidating. Just imagine being five years old and being alone in a darkened room with an adult for an hour. Regular therapy for children could be traumatic in itself. Play therapy creates a safe, familiar, and accepting environment for children.
2. The toys in a play therapy room allow children the opportunity to play out inner thoughts, inner conflict, and subconscious thoughts and feelings. Children typically are not aware of these thoughts, but will play out these thoughts within a play therapy setting with the toys, objects, and activities that are provided to them.
3. Therapists will need to explain the play therapy process to parents. Play therapy is not something everyone will get to experience in their life time, so parents will often come into a play therapy experience with different expectations than to what play therapy actually is.

Parents might come into a Play Therapy situation expecting it to be like a doctor's appointment at a Pediatrician office. Their child will go into the session and come out with a full diagnosis and guaranteed treatment plan all wrapped up in a bow for them. Parents who go into Play Therapy with this expectation will be fully surprised when the therapist comes out at the end and explains that they will need more than one session to assess the child. They will also be even more surprised to find that therapist hasn't "fixed" their child within the first session. The therapist will need to create proper expectations prior to the session- see "Key Skills" section below.

4. Items the parent should know prior to the session include:
  - How the child should dress- the child should not be dressed in Sunday's best, but in casual play clothes. Clothes that you would not mind maybe getting a little dirty while at play.
  - How long the session will last
  - Parents level of participation in session

- A short blurb about how long play therapy process typically lasts (3-104 sessions).
  - A reminder that working with a child's brain is not at all like getting a quick diagnosis at pediatrician's office
  - Parents should not expect a full report of what went down during the session from their child. This is because the child will find it hard to remember (because again, they were playing). If a child feels pressure to remember what happens during sessions so that they can report it back to their parent to appease them, then the child's focus during session will not be on play therapy, but on trying to remember every detail from therapy.
5. When in session with a child client, tracking allows the therapist a way to interact with the child.
  6. Restating content is a concept of mirroring out loud what the child is doing. It shows the child that the therapist is fully paying attention to them. It is like narrating and allows the child to think about what they are exactly doing in that moment during play. Restating content is again, just mirroring what the child is doing. Restating content should never give interpretation or meaning behind how the child is playing.

### Key Skills:

1. "You will need to tell the parents that play therapy is usually a relatively slow process of gradual unfolding." (pg. 92 in Play Therapy: Basic and Beyond.). It is a skill in itself to be able to set up parental expectations for Play Therapy sessions. The therapist will either need to speak out these expectations before hand over the phone or send text via email or mail about what those expectations entail. If a parent is set up before hand it will cut down on any confusion that might come up at session time.
2. The therapist will have to **set the boundaries** regarding confidentiality. The therapist will say to the parent "I will not be relaying everything that your child says or does in the session room. I will be relaying more about the patterns I am seeing and will suggest interventions you can use at home based on the patterns. Please also know of course that I am legally obligated to tell you if your child threatens to harm themselves or someone else. I will of course tell you that should that come up." The therapist sets the boundaries and expectations.

3. Regarding boundaries- the therapist will also be the one to **set boundaries and limits** in the play room for the children who are participating in session.
4. **Tracking:** the therapist will be tracking the child during play therapy. There are many different ways of tracking, based on theoretical orientations, but the best way to describe tracking is that the therapist is basically narrating out loud what the child client is doing throughout the session.

Another key point with tracking is to not give a specific verb to what the child is doing with the toys. For example: If a child is making the toys “jump”- don’t say “Oh, look! The toy is jumping up and down! (jumping being the specific verb here). Instead say, “Oh, look! The toy is moving up and down.”

5. **Restating Content:** When restating content, you can mirror back what the child is saying and do it in a non- leading way that doesn’t give the child any additional ideas as to what to do with the toy. For example: The child is playing with handcuffs and says, “ I am going to handcuff you!”. The therapist can say, “You want to make sure my hands can’t get loose!”.
6. **Reflect the Feelings of Child:** The therapist can repeat back to the child how the child is feeling in the therapist’s own words. This is done when the child says exactly how they are feeling, “I am mad at my brother!”.

The therapist can also reflect back how the child is feeling from observing their indirect ways of expressing these emotions. This is done through: body language, their tone, how they are playing with the toys, and etc.

After getting to know child more, the therapist can reflect back deeper feelings for the child. This is especially helpful for children who have family or cultural rules that prohibit them using certain emotions. For example, if a child gets shut down at home for being angry. The therapist may pick up that the child often cries out of frustration or irritation in therapy through their toys. The therapist will say, “your toy seems really angry and is crying out of frustration”.

## Section 2-The Therapist Notebook for Children & Adolescents

### Key Thoughts:

1. When explaining play therapy to parents, they can be suspicious of its effectiveness and purpose. A lot of people don't see play being an effective means of therapy or are hoping that therapy will mean a child learns the skills to sit still and talk to adults in a calm and mature manner. This is not at all to expected of children though.

The therapist will need to explain that play therapy is the most developmentally appropriate way to conduct therapy with children. What some parents may view as frivolous, play therapy is actually the most effective way for children to experience therapy.

2. Puppets can be utilized in play therapy to play out family dynamics, situations, emotions, rules, and behaviors that happen at home. It can be used as an assessment tool and as a treatment tool.

The child can act out a story and then the therapist can ask questions about the scenario by asking the puppets about what happened. The therapist can then give the child time to reflect and talk about their thoughts on the story they played out.

3. Relaxation techniques are a great intervention to use with children who are experiencing anxiety and/or ADHD. These are techniques that children can learn early on and utilize throughout their lives from stressful life events or reoccurring anxiety in the future.

Relaxation techniques cover specific techniques such as breathing exercises, progressive muscle relaxation, and visual imagery.

4. Filial therapy is a form of therapy that basically trains the parent to do their own play therapy at home with their own child to help build parent-child attachment. This is done through training one on one with the parents, then supervised play therapy with child and parent (therapist oversees them) and then taking the sessions home.

5. Teenagers express themselves through "words, images, and symbols as a form of self-

expression” (Page 303). Art therapy can help teenagers express themselves and is useful within therapy sessions or at home interventions. When it is difficult for a teenager to use their words and vocabulary to express something, art can take the place of those expressions.

Therapists can also take time to review art the teenager has made at home. They can analyze the meaning behind the art expression.

6. When a child is identified as having a learning disability, the school and parents will work together to come up with an individualized plan for the child. The therapist is not involved in this process, BUT the therapist can help prep the parents for what is to come and what to expect during the evaluation process with the school. The therapist can act as a rock of encouragement during this process to remind the parents to keep pushing and following up with the school.

#### Key Skills:

1. **Psycho-educate the parents.** Parents will need to be provided with information about the process and effectiveness of play therapy prior to therapy.
2. **Accept** that some parents will just not want to participate in play therapy out of uncomfortableness. Allow the parents to ease into play therapy by letting them watch the process at first, for the most part- they will become more comfortable over time participating (Page 6).
3. **Provide an active activity** for the client to express their anger. This can be done through an creating an “Anger Collage”. Have the client or the client and their family rip up pieces of paper and glue them onto a bigger piece of paper. After each time they rip a piece of paper, have them say something that makes them angry.
4. **Be wary** that some children will not feel comfortable expressing certain emotions in front of their parents- like anger.
5. **Explain** to the parents that children can express certain emotions in healthy manners and that they should be able to do this for mental health reasons. For example, anger is a typical emotion that parents encourage children to suppress because when these emotions are expressed at home, the parents find the expression to be irritating.

Once it is explained to the parents that there are healthy ways to express certain emotions, like anger, the parents will feel more comfortable understanding this and can

relay to the children and encourage their children to express these emotions in therapy. Once hearing this from their parents, the therapist can hope the children will feel more comfortable expressing these feelings in session.

6. **Help children externalize** bullying victimization. This can be done by using language to reshape how they view bullying and their self. Instead of saying “I was bullied”, the child can say “I have experienced the effects that bullying can have on a person”. Help children separate a hurtful event from their identity by externalizing.
7. **Help children identify their strengths** in an attempt to deal with bullying. Bullying can take such a toll on a child’s self-esteem. Helping a child find their strengths and identifying what they are good at can help build back up that self -esteem.
8. **Help Children find exceptions** in regards to bullying. For example, for a child that does not like to go to school for in fear of being bullied- it might be helpful for the therapist to ask the client if they can identify if there are at all ANY times during the school day in which they are not being bullied or are being bullied less.

Although this exercise will not take away the bullying, it does open the child’s eyes that they are not ALWAYS being bullied. When is it that they are not bullied during the day- is it possible to be able to be in that environment more? Or around those people more?

9. **Complete exercises** with clients. For example, the Tree of Strength exercise and handout will explore a client’s support resources and strengths. This can be insightful for teenagers who have experienced a trauma. A therapist can even use this hand out as guide for conversation in talk therapy.

# Section 3-The Adolescent in Therapy

## Key Thoughts:

1. When working with adolescents, it is important to remember that adolescent actions, motivations, fears, are born out of two forms of what is called “Adolescent Egocentrism”. These are: Imaginary audience and personal fable. This is important to know (and to remind ourselves as we all used to be teenagers) that this concept really influences how teenagers think and act.
2. Through social interaction, girls in America are taught to suppress feelings of anger. It is important for the therapist to keep space and teach females healthy ways of expressing anger within therapy.
3. Defiant behavior in teenagers typically means that there is a weak attachment between the parents and teenager.
4. A typical cycle that occurs between defiant teenagers and their parents runs like this: Weak attachment between parents and teenager → teenager engages in defiant or problem behavior → The defiant behavior breaks down the already weak attachment and parents try to control the teenager or act shun their teenager → the teenager feels ostracized and hurt and will then resist the parents’ efforts to control them even more.

During this cycle, the teen who is feeling shunned by their parents may take to their friend group who is also involved in deviant behavior as a replacement family. This only puts the teenager into more risk of defiant behavior (Page 224-225).

5. Sometimes when teenagers are acting out, the parents will feel so hopeless and upset that they will start to feel like they have no influence or importance to their child. At this time, they may try to back out of their parenting role OR start to become overcontrolling- so overcontrolling that they completely lose touch with other pieces to their relationship.

Even more risk- the more the teenager acts out, the less favorable the parents will feel towards their child and start to rescind feelings of warmth and affection. However,

they will then fill that void with more control- the child becomes more defiant and acts out more (Page 224).

6. When working with families and teenagers who the family is labeling as “defiant”, it is important to put the focus on the relationship between the teen and parents. It is helpful to use feelings and emotions to help the family focus on this during session.
7. Again, power struggles will form with defiant teens because the parent will have lost faith in having a relationship with their child. When a therapist asks a parent directly why they believe their child cares so little for their feelings or desires for the child, the therapist is taking the focus off of the power struggle and putting the focus on the “quality of the relationship”.

This is done with two hopes in mind. 1. To get conversation flowing between parent and child about their feelings and 2. Change the perspective of their relationship from being one of hostility and control to a relationship of warmth, care, and concern. (Page 227 & 228).

### Key Skills:

1. **Psycho-educate** families with teenagers that teenagers’ perspectives are highly swayed by Adolescent Egocentrism. Parents easily forget that they used to think the way a typical teenager thinks. Teenagers will find a term given to their perspective to be helpful.
2. **Help** teenage girls identify and articulate feelings of anger and outrage, and validate these feelings when they are expressed.
3. **Encourage** parents to use relationship-based methods of influencing their children rather than methods based in power and authority.
4. **Direct** parents to express how worried and frightened their teenager’s behavior is making them feel in an attempt to sway their child to cooperate based on their concern for their parent’s feelings and loyalty to their attachment to the parents. The therapist should let the parents know that this will only work if they listen to their child’s feelings respectfully and take them seriously.
5. When dealing with defiant behavior in teenagers, **Direct** parents to stop making rules to try and control teenager’s behavior and instead have them express their worry and concern to child during session.

6. When dealing with defiant teenagers, **direct** parents to replace reactive and emotional responses with calm and caring-toned responses. Have parents respond in a way that emotes consequences that have the purpose of care and protection for the child and family- NOT to mainly punish the child. Take the focus off of *punishing* and put the focus on creating *protective and caring consequences that will protect teenager and family unity*.

7. **Create** focus on the relationship between parents and teenager by asking, “How it came to be that the parents’ feelings and wishes have become unimportant to the adolescent.” (Page 227).

For example, the therapist can ask “Since you have made it clear that your child’s behavior gravely distresses you, why does your child seem to care so little for your feelings?” or “Why doesn’t he or she do what you ask simply because he or she doesn’t want to upset you?” (Page 227).

8. **Redirect** the parents away from trying to control their teenager to instead focusing on rebuilding a quality relationship with their teenager (Page 223).

9. **Encourage** the parents to use influence on their “defiant” teenagers by using methods that are based in emotional investment towards their child versus methods of trying to control/ overpower their child. The therapist can try to highlight this in session by pointing out the parent’s emotional investment in their child (use examples from session) and by encouraging both the parent and teenager to express themselves emotionally. Get both parties to express feelings of hurt, disappointment, disloyalty, sadness, etc.

10. Parents **must express** their feelings with their adolescent and it has to be done in a genuine and honest manner for the full effect to fall upon the teenager.

11. **Resist**. The therapist will need to resist the desire from the parents to have the therapist “straighten out their kid”. The therapist must balance two things while in the session room: 1. Strengthen the parental unit and 2. Repair the relationships within the family unit.

## Section 4-DBT Skills Manual for Adolescents:

### Key Thoughts:

1. When doing therapy, the format should be in a group familial setting. One of the biggest perks about doing a group family setting is that it becomes an automatic support group. Just seeing other families in this setting is helpful to know you are not the only person experiencing the same difficulties at home. Families can also practice new skills with one another and interestingly enough, teens who practice in this way practice is more emotionally regulated when in practice.

At the end of the program, the families will have time to give feedback and encouragement to one another. This can be so encouraging and really motivating for the attending families to hear.

2. Parents may need additional DBT training for themselves. Not surprisingly, parents of teens who struggle with emotional dysregulation also feel like have trouble regulating their own emotions.
3. DBT family sessions are typically scheduled in two-hour blocks for multiple reasons.
  1. It fits family schedules better. It is a good chunk of time that allows for topics to be covered and work to be done, but it's also just enough time to fit in a family's typical schedule.
  2. Teenagers attention spans are short, so the two-hour meeting is just enough time to get the point in, but not too much time where it becomes a total waste for the teenager.

4. It is important that the teenager and family have a personal buy-in to commit to the process. There are different options the therapist can choose from to try and elicit this buy in...“The therapist needs to be flexible and creative while employing one or more of the following: (1) selling the commitment by evaluating pros and cons; (2) playing devil's advocate; (3) the foot-in-the-door and door-in-the-face techniques; (4) connecting present commitments to prior commitments; (5) highlighting freedom to choose and absence of alternatives; (6) cheerleading; and (7) shaping.” (Page 38)

5. Homework assignments and then reviewing the assignments in session will take up a good bulk of time. This is because skills being practiced at home need be assessed on a week to week basis during family meetings. The skill trainers can then give feedback. It is all about strengthening the skills being taught.

### Key Skills:

1. When meeting with an adolescent- **ask** for the parents to be present as well with the teenager. The parents help to serve the purpose of filling in the gaps as to what the teenager may have left out or forgot to share during intake.
2. **Fully explain** to parents and family that their participation in the program will result in better outcomes for their teenager. It is important that the family have a positive and optimistic view of therapy as well- it all starts at home.
3. **Assign** homework for the client family to complete each week at home. They will be practicing the skills they learned each week at home.
4. Don't let family members get away from not doing the homework. Family members should be given 3-5 minutes EACH to report back how their homework exercises went at home that week. **Don't let them off the hook**, they need to do the work!
5. **Teach** new skills by having group members think about how they could apply that new skills to their life. Get them thinking then and there.
6. **Prepare** yourself well before sessions by acquainting yourself with the materials being taught and handed out at the group sessions. You will want to get an estimate as to how long each session will take to know that you will be able to teach the new skills within the constraints of time.
7. **Teach** mindfulness skills to help client's with observing their own emotions versus reacting to them. You can also teach them distress tolerance skills to help them learn other ways of coping with stress versus reacting impulsively.
8. **Teach** mindfulness as a way to become more aware of oneself. Being more aware of oneself will lead to more control of oneself, less confusion, and will bring more joy to your life as you live in the present. Living in the present means less depression (not holding on to past hurts) and less anxiety (not focused on future potential happenings).

9. **Teach** distress tolerance skills by instructing client on how to self soothe with by grounding themselves using six sense: touch, taste, smell, see, hear, and move!

## Section 5-Videos

### *OCD: Ten Best Treatment Strategies for Child and Adolescents:*

#### **Key Thoughts:**

1. For a child to receive an OCD diagnosis, the compulsions and rituals will need to be taking up at least one hour of their daily life.
2. Exposure and Response Prevention Therapy is a Cognitive Behavioral approach to treating OCD in children. It has been found to have an effective form of treatment for 65-80% of children who go through this form of therapy.

#### **Key Skills:**

1. Therapists should **utilize** the Jonathan's Gracens Obsessive and Compulsive Inventory or The Children's Yale- Brown Obsessive Compulsive Scale as a way to assess a child for Obsessive Compulsive Disorder.
2. **Utilize** exposure and response prevent therapy as a treatment for OCD in children.
3. **Directly involve** child in therapy by creating a fear hierarchy with them in session.
4. **Fully explain** to the child how Exposure and Response Prevention therapy can feel like a really scary experience because you are confronting fears head on and not avoiding them. "Cognitive behavioral therapy is going ask you to do things that you don't like, but you should be doing. And it is really important to explain this to kids, this is a therapy that has been used for a lot of years, and it's been found to be incredibly effective."
5. **Explain** to the child that ERP is going to allow you the opportunity to call anxiety out on its bluff.

### *Brief Therapy Inside Out, 10, Building on Adolescent Expertise: A Solution Oriented Brief Therapy Approach*

#### **Key Thoughts:**

1. After joining, the therapist will jump right into what the problem is that the family wants to change. The therapist is looking for clues in the family's answers to start searching for a solution.

#### Key Skills:

1. **Ask** the family what they want to change **today**. The answer to this question, will help the therapist gather clues in their session.

#### Key Quotes:

“ And, and another question that I ask a lot is, I'll ask parents if there is one question you were dying to ask me about this, this problem situation, what would that question be? Which will give us clues and point us in the direction of potential solution strategies.”

#### *Three Approaches to Counseling Adolescents:*

#### Key Thoughts:

1. When using CBT with a adolescent, the therapist can pick up on irrational beliefs based on the narrative that the teenager is relaying. Teenagers typically do not know how to pick up on irrational beliefs so allowing them the time to vent or talk about difficult situations allows the therapist the opportunity to highlight these irrational beliefs and bring them to the teenager's attention.

#### Key Skills:

1. **Explore beliefs**. When using CBT, the therapist can point out something the teenager has said or discussed and then ask “So, what do you think this says about you?”. This is done as a way to explore what the client believes about themselves or how they make sense of an event or situation in regards to themselves.

#### *Three Counseling Approaches: One Adolescent Client*

**Key Thoughts:** In Solution Focused Therapy, the therapist is seen as a “co-collaborator” to the client. The client is the one that creates their goals they want to work on in therapy. The therapist is there to help assist in goal creation, hence where their role of co-collaborator comes in.

**Key Skills:** **Create** a very “you” focused environment for the teenager. This means putting the focus on what the teenager can do about the situation themselves and what control they have over the situation. This helps to take the blame off the parents and puts the focus on what responsibility the teenager can take for themselves in this situation.

### *CBT for Depressed Adolescents*

**Key Thoughts:** Depressed teenagers will typically have very low self esteem and feel extreme hopelessness. They will have the view that the world is against them. This makes sense especially knowing the way teenagers view things through adolescent egocentrism.

**Key Skills:** Have the teenager client **write** down or write down their problems on a board that both of you can see. Having the problems written for the teenage client to see will give them a sense of ownership. Having them talk about their problems and involving them in goal creation to give them a sense of ownership.

### *Distinguished Contributors to Play Therapy Series, Jungian Analytical Play Therapy: A clinical Session and Interview:*

**Key Thoughts:** Children will try to test the relationship or figure out what the relationship is between them and the therapist. This is typically tested by attempting to have the therapist play with them in session. If the therapist participates with them, it can be telling that their relationship is friendly and will help the child feel more trusting with the therapist.

**Key Skills:** **Do not answer** children’s play questions. Instead, reflect the question back to them. Allow them the opportunity to answer that question on their own.

### *Distinguished Contributors to Play Therapy Series, Relationship Play Therapy: A Clinical Session*

**Key Thoughts:** According to Dr. Viola Brody, touch is a great way to create a relationship. There is communication between the one being touched and the one touching. She uses this in her sessions create relationship with the child.

**Key Skills:** **Give the child a warning** when the session is about to expire. Perform a short game or ritual with the child to end the session on a positive and connected note.

### *Child- Centered Play Therapy: A Clinical Session*

**Key Thoughts:** It can create a freeing environment and relationship with the child in the play room by allowing them the time to explore the toys around them and giving them no direction as to what to explore next. This will help create a “safe” relationship between client and therapist.

**Key Skills:** **Narrate** exactly what the child is doing with each of the toys to show them that you are paying attention and fully focused on the session with them.

### *Toys & Materials For Play Therapy*

**Key Thoughts:** It is important for there to be toys that allow emotional release in the play room. An example of a toy like this is a Bobo. With a Bobo, you can hug it, you can kick it, you can get hit by it. It allows multiple options for emotional release.

**Key Skills:** **Be discerning** of toys that you allow in your play room. Ask yourself “What will this toy facilitate in the play room therapy-wise?” If you cannot figure out how it can be of therapeutic use- then it is not a good toy to have in the play room.

### *Play Therapy: Basics of Beginning Students*

**Key Thoughts:** Play therapy is the most appropriate way of doing therapy with children. Children do not have the cognitive ability to be able to sit through a regular talk therapy session like an adult.

**Key Skills:** **Allow** the child to take the lead in the session. If the child asks for help, try to always return the responsibility back to them as much as possible.

### *Essentials of Play Therapy with Abused Children*

**Key Thoughts:** An important goal to work towards in play therapy with abused children is to bring back a normal level of functioning for the child.

**Key Skills:** **Build rapport** with the child by introducing them to the play room via a tour. Show them around the play room.

### *Techniques of Play Therapy: A Clinical Demonstration*

**Key Thoughts:** Another reason why play therapy is the most developmentally appropriate form of therapy for children- children just don't have the vocabulary at their age to express themselves in therapy. However, they can express themselves indirectly through play.

**Key Skills:** **Instruct** the child to create a drawing to assess different aspects like: developmental ability, color choices, general tone of the picture, what they draw in itself.

### *Expressive Arts with Adolescents:*

**Key Thoughts:** An idea to build rapport with a adolescent is through music. When listening to a song with an adolescent, you can bond through movements you may make while the music is playing (like tapping to the beat). You can also get an understanding of how the teen connects to the music via the tone of the song, the underlying messages they listen to, etc.

**Key Skills:** **Analyze** song lyrics with a teenager when listening to their favorite song or a song that they feel like they connect to. This will give insight to you as a therapist and to the client.

### *The Play Therapists' Language of Change: Releasing Children's Creative Capacities*

**Key Thoughts:** In play therapy, the therapist needs to push for child autonomy within the session. When children ask questions, the question can be reflected back at them in a way to induce autonomy. For example, if a child says "How do I play with this toy?", the therapist can respond with: "How do you THINK you play with that toy?". This allows the child a moment of reflection and thought to respond how they think the toy is played with.

**Key Skills:** **Instill** autonomy in children during therapy by reflecting back their questions to them in a way that allows them to make a decision for themselves.