

Play Therapy Treatment Plan Template

Demographic information - Brian McCoy, six years old, Irish-American male

DSM 5 Diagnosis:

V61.20 (Z62.820) Parent-Child Relational Problem & 307.9 (F80.9) Unspecified Communication Disorder

Child's strengths - Client is in touch with his emotions, He has the confidence and will to assert his feelings to his parents (Authority figures), he has the wisdom to assert his autonomy through a peaceful protest - through his curled up body posture and silence. "He shows a strong determination to be rebellious" - He is in touch with his independent spirit, (Perhaps his budding true self) and follows that drive.

He has a younger sibling, who is aggressive; this may aid the client in coming out of his pattern of peaceful protest / depressed silence into more direct communication /confrontation. While this may be problematic at first, with parental supervision and guidance, these interactions will stimulate the client's nervous system, and the parent can guide him (& the other sibling) through ways they can regulate their nervous systems, furthering the client's emotional development and likely changing the way the client reacts to feeling upset. (It's likely the parent would need to learn how to do this with the children and if neither parent has the emotional capacity or time to invest - this may instead be a barrier to progress).

Child's barrier to progress -

"Lying down in preschool all day" may indicate a lack of interest in playing, learning, and meeting people. Child was wounded during his formative years through constant changes in his caregivers and the unpredictable nature of his environment.

When his mother doesn't recognize his desire (Eating chocolate before dinner) and instead asserts her firm boundary / rule. He loses touch with his authentic desire as he defies his mother by saying - "I don't like chocolates. I'm never going to eat them again".

Client's father has a conditioned idea of how a boy "should " be, and he is expressing the unresolved anger of his FOO onto his son for not fitting the model. His son is timid, and not "manly" enough - interestingly the father is the mediator in his FOO which indicates a high level of emotional intelligence that could be redirected to connecting with his son.

The client's mother has rejected the child since her pregnancy, during his fetal development, and while she cares for her child and seeks out support for him now, she seems unaware of how her own unresolved trauma is impacting their relationship and his ongoing development. Play therapy will work on repairing the parent child connection and their connection would benefit from the mother's willingness to seek out individual support for herself. An example would be learning about The Conscious Parenting Model by Dr. Shefali Tsabary which assists the parent in working through their own blocks and guides them to connect with their child in the present moment. Connection over correction and control. A new book she just released is called The Parenting Map.

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Psychosocial Formulation of Child's situation

This six year old male client was dependent on a depressed mother and a depressed father during the formative developmental stage of his life. As a result he experienced emotional neglect and impaired nurturing. The client's mother is cut off from her own parents (For two years now) and is also struggling to connect with her child. The client's father is also carrying the pain of his FOO (Family of Origin) into the nuclear family as he exerts energy into trying to manage the escalating conflict between his parents. The client's father was also cut off from his biological mother until last year. There are patterns repeating from the FOO, like the client's father was bullied by his stepmother. The client's mother has her younger sister living with her, and describes her as someone who is always right - is she also a bully? The client is bullied by his younger brother. Does anyone in the family system know how to handle direct conflict? All the grandparents have financial distress and are not prepared for retirement, putting a real burden on this client's parents to be employed and earning money (Not at home parenting their children). Leading them to the depressing situation. In addition when the mother described parenting to be like "work" - it was evident that she had no understanding that parenting was not just work. It was the hardest job she would ever do and she would benefit by committing to ongoing, on the job training.

Problem 1

Child and Parent (Guardian)'s view of the problem -

Mother describes six year old son as "Too often turned sulky for the most trivial matters" and said he showed resistance to different situations by curling up his body and doing nothing in silence. Mother views her child as having a difficult temperament, leading him towards depression and she sees he is not behaving like a healthy child.

Child Goal 1- Child/parent's words (Change that is desired) -

Mother wants the child to be happier, healthier and easier for her to interact with.

Play therapy theory the therapist chooses: Filial Therapy

Directive or Non-directive: Both, at different times

Toys and play setting: Start in the therapist's office / playroom, have the mother observe the therapist play with the child. Therapist then plays with the child following the child's lead, after the initial basic limit setting is communicated to the child. The therapist then works on being present with the child, observing the child's behavior, tracking and sharing with the child what they are observing, naming, validating and reflecting the child's feelings, responding to the child's cues for interaction, allowing the child to lead - placing connection, before control and correction.

Treatment goal: Repair Parent Child Connection and build on the child's communication skills

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Objective 1

What do you want to achieve from play therapy?

Teach the mother through my interaction with the child what it looks like to be present and engaged in the child's play.

Detailed plans to achieve this objective:

Interact with the child as the mother watches, also video record the play session. Review the video recording with the mother and pause at specific sections where a significant interaction has occurred, explain to the mother what is important about it and use psychoeducation to teach the mother.

What techniques you plan to use:

During the play session use empathetic reflection with the child. Pay close attention to what the child is doing - describe the child's activity, and describe out loud when the child appears to be expressing a feeling.

Objective 2

What do you want to achieve from play therapy?

Set up a structured way to play together and provide an example of limit setting.

Detailed plans to achieve this objective:

Designate the play area, detail the time to be spent playing, and establish from the outset that almost anything the child chooses to do during play will be acceptable but if you need to stop the play for any reason you will. Also let the child know they will get a five minute warning notice before it's the end of the play time.

What techniques you plan to use:

Establish the structure and schedule for play, exploration, curiosity and safety - while allowing the child to determine what the game will be. Follow the child's lead and play their game, being aware to not take over and lead the play. Ask open ended questions that allow the child to build and develop their imaginative play.

Objective 3

What do you want to achieve from play therapy?

Help the parent understand the child's play themes.

Detailed plans to achieve this objective:

Use video recorded play sessions from both in office and home to determine recurrent play theme of child and then arrange to meet with parent to discuss this theme.

What techniques you plan to use:

Re-play a few short significant video clips from the play therapy sessions and firstly ask parent do they see a recurring theme. Discuss what parent perceives. Then discuss the recurrent theme identified and get parent feedback.

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Problem 2

Child and Parent (Guardian)'s view of the problem -

Six year old son, cries too often and is not manly enough, according to the father. Son curls up and is silent when over-whelmed.

Child Goal 1- Child/parent's words (Change that is desired) -

Father wants the child to be more masculine - example -strong, assertive and confident.

Play therapy theory the therapist chooses: Child-Centered Play Therapy

Directive or Non-directive: Non-Directive

Toys and play setting: Bring child into playroom with the most accessible toys being the acting Out/ Aggression Release toys like - toy soldiers, army tanks, military bases, small trees and landscape props, boats, miniature people, alligators, sharks, farm animals, wild animals, guns, handcuffs, rubber knives, length of rope, punching bag. Also have available a mesh pop-up tent for hiding, Stacking boxes that fit into each other and can hide objects too, magicians hat with secret compartment for tricks, Jack in the box toy, hammer and construction tools, play kitchen, and ironing board and iron.

Treatment goal: Build on the child's communication skills and his ability to express his aggression in a way that is healthy and projected outward.

Objective 1

What do you want to achieve from play therapy?

Develop a warm friendly congruent relationship with the child, where there is no professional mask used towards child.

Detailed plans to achieve this objective:

Play with the child, without any agenda. Show unconditional positive regard towards the child. Provide the toys, follow their lead, see where their play leads.

What techniques you plan to use:

Be genuine in wanting to get to know the child, show up in the play room present and engaged and

Objective 2

What do you want to achieve from play therapy?

Maintain the respect that the child has the capacity to work out their problems when given the time and space- ie. the opportunity to work it through.

Detailed plans to achieve this objective:

Do not attempt to hurry the therapy along. Do not set the child up to react in any particular way or lead the play in a manner that manipulates the child into a forced retaliation or retreat.

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What techniques you plan to use:

Follow the child's lead. Let them assign the roles and story lines and when unsure how to proceed seek their guidance. If the play is stagnant, the therapist can Enquire - what happens next? Is it something like this or does this happen and act out both so the child can choose or also offer that it's neither and /or something totally different?

Objective 3

What do you want to achieve from play therapy?

Anchor the play to the world of reality by keeping the child responsible to the relationship with the therapist.

Detailed plans to achieve this objective:

If the child is making disparaging comments about the toys as they play that can be ignored . If the child makes a similar comment to the therapist directly that is called to order and therapist expresses how they feel as a result of hearing that. They work through the recognition of the emotional injury and the required repair.

What techniques you plan to use:

Communication at the child's developmental level. I felt... when you said that to me. My feelings were hurt. Allow the child time and space to process their own response - maybe even acting it out first, instead of verbalizing it. Stay with the response until resolution.