

Play Therapy With Little Ones

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Meditation

Focus on why we're here. Parent and child are suffering. Focus on what they need. Imagine what it's like as a young child coming into your office for the first time. Imagine the parent who feels judged, criticized, like a failure. You're here to help that family, to provide a safe, non-judgmental environment. This is not about us as therapists, our egos, and how we can perform. We need to be a safe attachment figure for the family and provide a bridge between the child and parent. Provide support for the parent so that they can provide support for the child. Teach the parent how to do this for their child. What do you need or want from this presentation? What are your struggles in providing therapy to little ones?

Theoretical Framework

- A child's language is the language of play
 - Children connect with others and express their feelings through play
 - We adults understand them through play and build a connection
 - Play therapy is on a continuum from non-directive to structured play
- Family systems
 - Work with the child in his/her environment
 - Involvement of family, school, community
- Education and resource building for parents regarding developmental stages and age-appropriate play and discipline
- Non-judgmental manner with parents
- The developing brain: hand demo of the brain stem, amygdala (fight, flight, or freeze), frontal cortex (coping skills)
- Teach this to parents, soothing to parents

Attachment Cycle

Child	Parent
Secure - explores if parent is nearby, is quickly soothed after separation; returns to play	Secure /Autonomous - values attachment, is reflective about relationship
Avoidant- appears not to respond to either the parent's leaving or subsequent return; dismissive	Dismissing - dismissing of attachment needs, tend to idealize or normalize past
Ambivalent - may be distressed even prior to separation, little exploration. Preoccupied with parent; fails to settle	Preoccupied - preoccupied with past attachment relationships. Appears angry, passive or fearful. Inconsistently available
Disorganized - displays disorganized, disoriented behavior suggesting a collapse in strategy (freeze at reunion; falls prone; clinging and crying but leaning away from parent)	Disorganized - unresolved issues. Parent shows lapse in monitoring of reasoning or discourse. May lapse into silence.

Why Young Children Come to Therapy

- Trauma
 - Birth to age 3 is the worst time in a child's life to experience trauma
 - Domestic violence in utero or after the baby is born
 - Birth trauma/NICU
 - Parent's medical issues or depression
 - Audience prompt: experience working with these types of trauma?
- Attachment issues
- Disruptive behavior
- Change in family life
 - Environment
 - Moves
 - Loss
 - Parent's deployment
- Developmental issues
 - Speech and motor delays
 - Developmentally or physically disabled
- Diagnosis of ADHD, OCD, MDD, GAD
- Audience prompt: talk about your experience with little ones

Parent & Child Together

- Attachment-based play therapy, treating the parent and the child
- Helping child to identify and express his/her feelings in a safe and healthy manner
- Helping parent respond to the child's feelings and behaviors
- Parent helping child to regulate his/her emotions
 - Children learn by experience
 - Regulation Cycle
- Practice playing together
 - Explore parent's history of play, being a child, beliefs about play
 - Benefit of building healthy relationship
 - Builds safety, security, trust

Play Therapy Interventions

- Theraplay Activities
 - Structure: "Mother, May I?" game
 - Engagement: pillow between parent and child, following parent's lead
 - Nurture: rocking, feeding, feather activity, lotion activity
 - Challenge: running matchbox cars into the wall slowly
- Feelings games
- Puppets
- Therapeutic stories/books, narrative therapy
- EMDR
 - Start with bad memory
 - Identify negative cognition
 - Identify feelings
 - Rate disturbance
 - Identify where it's felt in the body
 - Left/right sounds or eye movements helps limbic system calm down
- Music
- Non-directive play therapy

Theraplay Activities

- Beach Ball Dancing Activity
 - Pair up with the person sitting next to you
 - Take a beach ball and put it between you
 - One person leads, winks left to go left, winks right to go right, leans head back to go back, leans head forward to go forward
 - Purpose: engagement, fun, attunement, eye contact
- Beach Ball Bump Activity
 - Small groups of 4-5 people
 - Hold hands and keep the beach ball up by bumping it up with locked hands
 - Purpose: Fun, happy, engaging, cooperative

Case Presentation

- Background
 - Ana was 2 ½ years old
 - She and family were driving in Mexico
 - Drug cartel shot up the van, gravely wounding both parents (both survived), family member was kidnapped (later returned)
 - Ana was in shock, frozen, didn't cry or speak
- Symptoms
 - Regressed behavior, not speaking, not using the toilet
 - Separation anxiety with mom
- Goal
 - Assist mom in helping Ana process the trauma, feel safe again
 - Return to normal development
- Intervention: EMDR
 - Mom detailed crime and identified negative cognition,
 - Mom tapped Ana's shoulders
 - Mom installed positive cognition
- Play therapy helps children move through issues, get unstuck