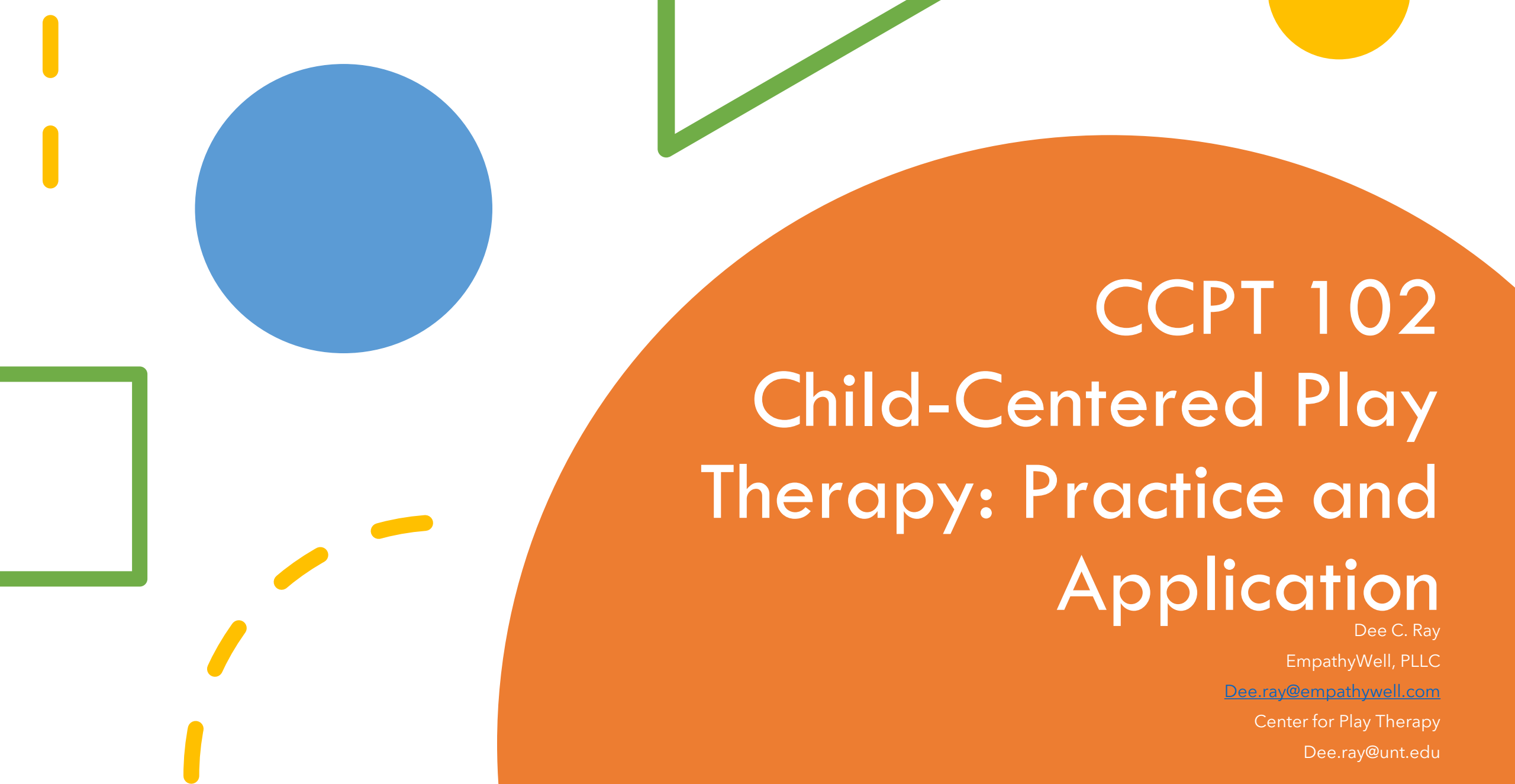




# CCPT 102

## Child-Centered Play Therapy: Practice and Application

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# Learning Objectives

Deeper Look at Age-by-Age Development

Theoretical Models of CCPT

Interpersonal Neurobiology and CCPT

Conditions in Action

Themes in CCPT

Advanced Limit-Setting

Record-Keeping

Parent Consultation

Skills Practice



# Evidence-Based Interventions: CCPT & CCGPT



**Title IV-E Prevention Services  
CLEARINGHOUSE**

## **Promising**

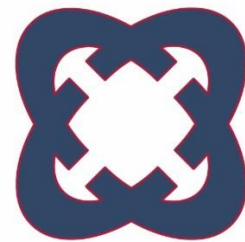
- Behavioral & Emotional Functioning
- Social Functioning
- Educational Achievement & Attainment



**SOCIETY OF CLINICAL  
CHILD & ADOLESCENT  
PSYCHOLOGY**

## **Level 2: Works**

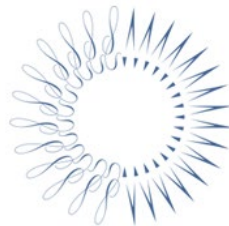
- Disruptive Behavior Problems



**CEBC**  
THE CALIFORNIA EVIDENCE-BASED  
CLEARINGHOUSE  
FOR CHILD WELFARE

## **Promising**

- Disruptive Behavior Treatment
- Anxiety Treatment
- Domestic Violence Services



**PEW**

**Results First Clearinghouse**





# Certification Overview



# Child-Centered Play Therapy Certification

## Certified CCPT Practitioner Requirements

1. CCPT 101 and CCPT 102 trainings or equivalent
2. CCPT certification exam
3. 40 CCPT sessions and 20 supervision hours
4. Licensed mental health professional at time of certification
5. Application fee of \$95
6. Completed application

# Child-Parent Relationship Training Certification

## Certified CPRT Practitioner Requirements

1. CCPT Level 1 Certification
2. CPRT 101 and CPRT 102 trainings or equivalent
3. CPRT certification exam
4. 3 CPRT groups under supervision
5. Licensed mental health professional at time of certification
6. Application fee of \$95
7. Completed application





# Development





# Why does development matter?

Empathic understanding

Language

Systemic support

Assessment

Diagnosis

Decision-making





Development  
is not a race!

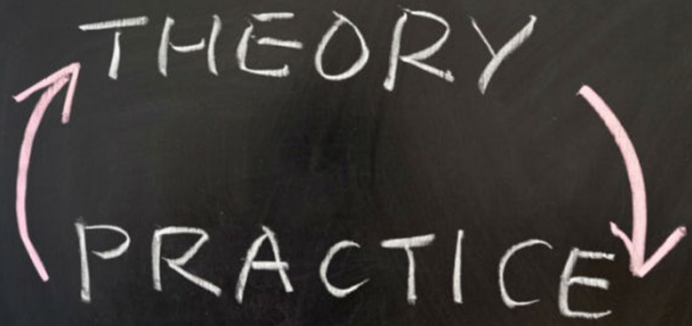
In our culture, we often applaud children for their appearance of advanced development and provide intervention for those who do not move as quickly.



## An abstract composition of various geometric shapes. In the top left, a green right-angled triangle is partially visible. To its right is a blue circle. Below the green triangle is a blue circle. In the center is a large orange semi-circle. To the right of the orange semi-circle are two vertical yellow bars. In the bottom left is a large orange semi-circle. Above it are three yellow curved lines. In the bottom right is a green square frame.

(Burman, 2008, p. 22)





THEORY  
PRACTICE

# Developmental Theories

What are they and how do they  
apply to play?



# Developmental concepts

## **Maturational Theories**

- Identity
- Sexual
- Career
- Person-centered
- Maturation
- Brain Development

## **Cognitive Theories**

- Worldview/Ego
- Cognitive
- Moral
- Emotional
- Cultural



# Piaget's Cognitive Development (Elkind, 2006)

## **Sensori-motor (birth - 2)**

- No object permanence

## **Pre-operations (2 - 6 years)**

- Acquire symbolic function and can now represent objects and relations
- Attached to symbols
- Word magic (causation)
- Role of play

## **Concrete operations (6/7 - 11/12 years)**

- Logical
- Manipulate symbols mentally
- Rules
- Cognitive conceit
- All or nothing

## **Formal operations (11/12 years and older)**

- Manipulate symbols with higher order symbols
- Conceptualization skills
- Imaginary audience



# Erikson's Psychosocial Development (1963)

Trust vs Mistrust  
(birth - 2)

Autonomy vs  
Shame  
(2/3 - 4)

Initiative vs Guilt  
(4 - 7)

Industry vs  
Inferiority  
(8 - 11)

Identity vs  
Diffusion  
(12 - 16)

Intimacy vs  
Isolation  
(16 +)



# Loevinger's Ego Development (1976)

---

Symbiotic

---

Impulsive

---

Self-Protective

---

Conformist

---

Conscientious-Conformist

---

Conscientious

---

Individualistic

---

Autonomous

---

Integrated

---



# Gesell Stages of Development

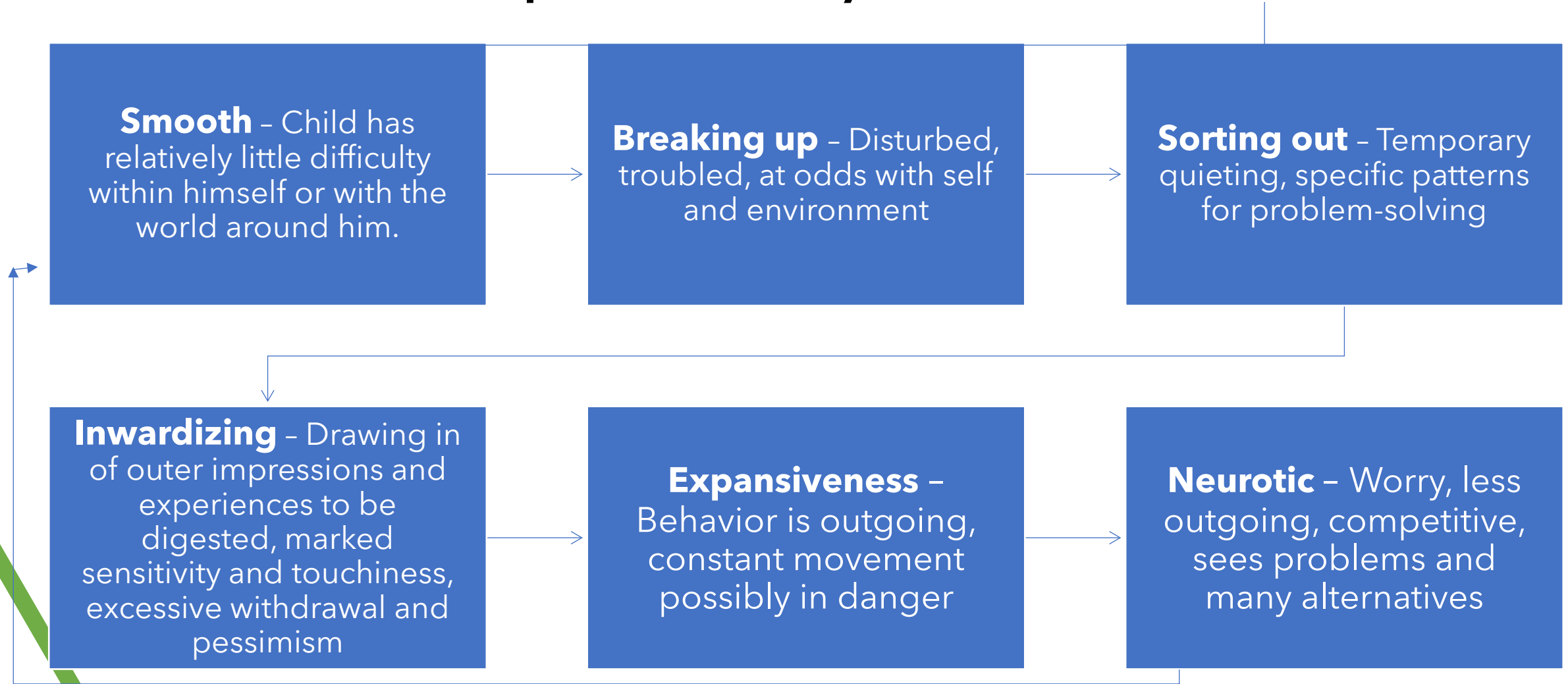
Age (Years)

|     |         |    |                             |                |
|-----|---------|----|-----------------------------|----------------|
| 2   | 5       | 10 | Smooth, Consolidated        | Equilibrium    |
| 2 ½ | 5 ½ - 6 | 11 | Breaking up                 | Disequilibrium |
| 3   | 6 ½     | 12 | Sorting out                 | Equilibrium    |
| 3 ½ | 7       | 13 | Inwardized                  | Disequilibrium |
| 4   | 8       | 14 | Expansion                   | Equilibrium    |
| 4 ½ | 9       | 15 | Neurotic - Fitting Together | Disequilibrium |

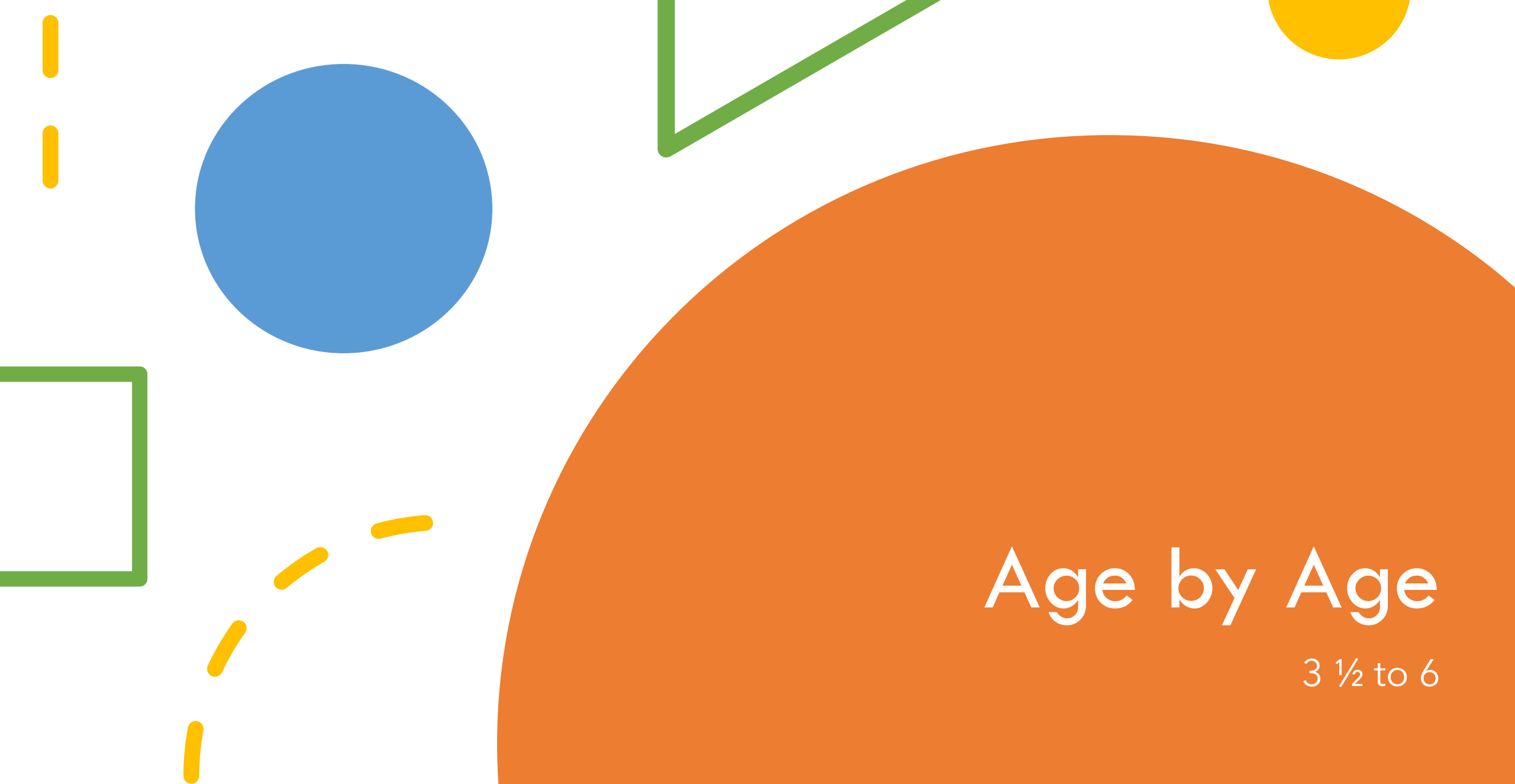
gesellinstitute.org



# Gesell Developmental Cycle



gesellinstitute.org



# Age by Age

3 ½ to 6



# 3 Year Olds

an equilibrium stage

- Sense of purpose and moves with it
- Runs with speed and control
- Likes to manipulate small play materials
- Loves new, big, and different words
- Developing a good sense of self
- Favors water play
- Plays more imaginatively with materials
- Learns to listen and listens to learn
- Able to identify gender



# 3½ Year Olds

a disequilibrium stage

- Less coordinated, falls frequently
- Major changes in vision and depth perception
- Tries to control others
- Verbally demanding
- May or may not respond when spoken to due to self-focus
- Peak age of imaginary companions
- Cries, whines, and complains
- Tensional outlets such as thumb-sucking, nail-biting, nose-picking, etc.
- Engages in cooperative play
- Repeats actions over and over, less flexible with transition
- Many different ways of refusing
- Lots of imagination and inventiveness
- Loves sandplay



# Considerations for Therapy

- Best served through parental intervention (possible exception for trauma)
- Child-Parent Relationship Therapy
  - Focus on familial relationship and importance of bonding
  - Focus on providing parents with support and comfort
  - Problems with separation and abandonment
  - Limitation of 1x a week
  - Work with parents to prevent future relationship and behavioral problems
- Individual therapy - Child-Centered Play Therapy



# 4 Year Olds

an equilibrium stage

- Constantly in motion
- Uses whole arm movements, big movements
- Good sense of balance
- Loves physical activity and needs room to move
- Talks loudly
- Asks lots of questions but not interested in long answers
- Loves big words, silly sounds, and nonsense rhymes
- Enthusiastic and unpredictable
- Big in emotion, happy and sad
- Vivid imagination
- Dramatic play
- Confident
- Awareness and internalization of gender messages





# 4½ Year Olds

a disequilibrium stage

- Physically active but calm periods
- Begins to write with forearm
- Begins to differentiate fantasy from reality
- Loves new information
- Shows interest in letters and numbers
- Considers friends very important
- Unpredictable level of cooperation
- Likes to show off dramatically
- Stays on tasks longer with activities of interest
- Plays collaboratively
- May become scared by stories that they previously loved





# Considerations for Therapy

4-year-olds

- Egocentrism
- Need for movement
- Need for adult relationship and individualized care
- Imagination and symbolic expression
- Involvement of parent



| Age | Normal Challenges                                                                                                                                                                                         | Parent Tips                                                                                                                                                                                                                                                                                                                                              |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3   | <p>Potty training accidents</p> <p>Masturbating</p> <p>Enjoys being naked</p> <p>Wearing costumes</p> <p>Tensional outlets</p> <p>Tics</p> <p>Inflexible</p> <p>Whining &amp; complaining</p>             | <p>Predictable routine</p> <p>Expect willfulness</p> <p>Patience with accidents</p> <p>Ask for help with simple chores</p> <p>Encourage efforts</p> <p>Provide consistent limits</p> <p>Encourage awareness of others</p> <p>Make time to play with child each day</p>                                                                                   |
| 4   | <p>Aggressive behavior</p> <p>Lying</p> <p>Frequent nightmares/fears/phobias</p> <p>Imaginary friends</p> <p>Fascination with body and functions</p> <p>Constant motion and noise</p> <p>Inconsistent</p> | <p>One-on-One time/playtime</p> <p>Encouragement through new skills</p> <p>Consistent routines, esp. morning and night</p> <p>Consistent limits</p> <p>Patience with lying</p> <p>Read to child but avoid pressuring child to read</p> <p>Reassure child with presence, not reasoning</p> <p>Patience with nighttime accidents – prepare accordingly</p> |



# 5 Year Olds

an equilibrium stage

- More poised, less movement
- More organized
- Well-developed gross motor skills
- Increased control over pencil grasp
- An explosion in language learning
- Enjoys talking but may only respond with one-word answers
- Asks questions
- Increase in grammatical accuracy
- Wants to please and needs approval
- More independent in personal care
- More accurate understanding of world
- Very literal
- Related imaginative play to real life
- Enjoys hands-on learning





# 5½ Year Olds

a disequilibrium stage

- Big difference from 5
- More restless and less composed
- Sitting still is difficult
- Difficulty making decisions and transitioning
- Oppositional in nature
- Emotionally extreme
- Complains
- Frequently reverses letters and numbers when writing
- Plays well one moment, argues the next



# 6 Year Olds

continued disequilibrium  
stage

- Great changes in physical growth (teething, illnesses, etc.)
- Does everything with speed
- Tires easily
- Reacts with whole body
- Noisy and works well within noise
- Loves jokes and guessing games
- Rushes to be finished
- Greater tendency to lie and does not like to admit wrongdoing
- Poor sport, changes rules to win
- Values friends equally with parents and teachers
- Impossible to make choices, wants it all
- Major transition in intellectual growth
- Attempts more than can be accomplished
- Enjoys process of work more than finished product





# 6½ Year Olds

an equilibrium stage

- Begins to slow down
- Loves playing guessing games
- Sense of humor
- Proud of accomplishments
- Enjoys intellectual tasks
- Great capacity for enjoyment
- Begins to approach world logically
- Warm and loving
- Loves new places, ideas, and information



# Considerations for Therapy

5-6 year olds

- Increased ability to focus
- Need for movement
- Need for relationship and individualized care
- Blend of symbolic expression with emerging realistic understanding



| Age | Normal Challenges                                                                                                                                                                                                                                             | Parent Tips                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5   | <p>Frequent nightmares/sleep disruptions</p> <p>Enjoys screens</p> <p>Stealing</p> <p>Opposition to adults and peers</p> <p>Complains</p> <p>Becomes easily overwhelmed with choices</p> <p>Tattling</p>                                                      | <p>One-on-One time/playtime</p> <p>Limit exposure to media, esp. emotionally intensive</p> <p>Model appropriate behavior but avoid harsh punishment</p> <p>for lying or stealing</p> <p>Consistent routines/limits</p> <p>Provide time for playing alone</p> <p>Give limited choices</p> <p>Read to child</p> <p>Reflect child's need to exert will</p>                                                             |
| 6   | <p>Fear at bedtime</p> <p>Bedwetting or accidents in high stress</p> <p>Lying</p> <p>Poor sportsmanship</p> <p>Defiant and argumentative</p> <p>Higher level of anxiety</p> <p>High sensitivity to criticism and correction</p> <p>High level of activity</p> | <p>Avoid criticism or harsh punishment</p> <p>Consistent daily and nighttime routines</p> <p>Allow trying new skills independently</p> <p>Unstructured free play</p> <p>Provide spacious environments</p> <p>Avoid asking questions where child is likely to lie</p> <p>Patience when child lies or cheats</p> <p>Logical consequences</p> <p>Play games with child</p> <p>Limit screen time, esp. scary images</p> |



# 7 Year Olds

a disequilibrium stage

- Calm
- Withdrawn
- Needs visual breaks during intense work
- Becomes aware of sexuality and gender differences
- Filled with inner tension, worries
- More likely to complain than rejoice
- Listens well and prefers to think things through
- May be perfectionistic
- Begins to understand concepts of time and space
- Interested in logical endings
- Generally moving slower
- Tendency to want one friend at a time



# 8 Year Olds

an equilibrium stage

- Outgoing, lively
- Explores new territories
- Healthier and less fatigued than at 6 & 7
- Tendency to dramatize and exaggerate
- Talkative and likes to talk/work quickly
- Starts to read people and wants a two-way relationship
- Concerned with fairness
- Likes group activities and cooperative work
- Self-competitive, loves to be timed
- Tendency to overestimate abilities
- Self-critical
- Prefers simple instructions and directions
- Can be rude and demanding



# Considerations for Therapy

7-8 year olds

- Growing interest in peers
- Need for movement
- Emerging insight and observations of others
- Symbolism expanded to contained expression
- Need to initiate in safe environment



| Age | Normal Challenges                                                                                                                                                   | Parent Tips                                                                                                                                                                                                                                                                                                                                                                                     |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7   | <p>Withdrawn, quiet</p> <p>Worries about many things</p> <p>Perfectionistic</p> <p>Compulsive or obsessive behaviors</p> <p>Sensitivity to rejection or failure</p> | <p>One-on-One time</p> <p>Consistency and predictability</p> <p>Empathic to child's complaints and worries</p> <p>Provide tasks and chores</p> <p>Allow extra time for completion of tasks</p> <p>Simple, short directions</p> <p>Allow privacy and alone time</p> <p>Game nights with family</p> <p>Ensure child is getting enough sleep</p> <p>Encourage child's collections or interests</p> |
| 8   | <p>High levels of activity and energy</p> <p>Focus and concern on peer acceptance</p> <p>Testing rules and limits</p> <p>Excessive self-criticism</p>               | <p>One-on-one time</p> <p>Provide opportunities for physical activity</p> <p>Provide opportunities for social activities with peers</p> <p>Discuss use of technology; provide guidance and supervision</p> <p>Play video games with child</p> <p>Provide age appropriate education about puberty, health, sex, and relationships</p> <p>Empathize with child's self-criticisms</p>              |



# 9 Year Olds

a disequilibrium stage

- Self-motivated and highly competitive
- Seeks independence
- Enjoys talking things over with friends
- Shows variability in moods
- Tends to worry and complain
- Accepts responsibility for actions but wants fairness
- Considers self to be mature and capable
- Thinks and plans ahead
- Good memory for facts and figures



# 10 Year Olds

an equilibrium stage

- Satisfied
- Flexible
- Accepting
- Tries to do "good"
- Logical
- Concrete
- Considered "nicest age of all"



# Considerations for Therapy

9-10 year olds

- Focus on peers
- Emerging cognitive abilities
- Desire to understand adulthood
- Strong need to play
- Symbolism expanded to verbal and nonverbal expression
- Parent relationship



| Age | Normal Challenges                                                                                                                                                                                                                            | Parent Tips                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9   | <p>Anxious about school performance</p> <p>Excessive perfectionism</p> <p>Excessive worries</p> <p>Competitiveness with others</p> <p>Self-criticism</p> <p>Sensitivity and avoidance of situations in which they believe they will fail</p> | <p>One-on-one time</p> <p>Provide spaces and times for privacy</p> <p>Support child's growing independence</p> <p>Empathize with child's worries without becoming overly concerned</p> <p>Offer encouragement when child fails or avoids</p> <p>Limit and monitor social media and interactions</p> <p>Engage as participant with child's video games</p>                                                                                           |
| 10  | <p>Excessive concern with belonging to group</p> <p>Choosing peer values over family values</p> <p>Desire to spend substantial time with peers</p> <p>Spending time and energy on maneuvering through social interactions</p>                | <p>One-on-one time</p> <p>Provide opportunities for social activities with peers</p> <p>Offer advice on how to interact socially or build friendships</p> <p>Consistent family times</p> <p>Engage as participant in video games; allow time with only friends on video games</p> <p>Monitor social media</p> <p>Encourage child's desires to organize and classify</p> <p>Encourage child to interact with others who are culturally different</p> |



# Questions to Ask Yourself

How do typical children of this age behave?

How do typical children of this age interact with adults? With children?

How do typical children of this age view the world?

How do typical children of this age respond to limits?

How do typical children of this age feel about and respond to their parents?



# Questions to Ask Yourself

Is this child acting/playing in a way typical of other children their age?

Is this child playing below or beyond the expected level for their age?

Has this child experienced typical developmental milestones? Walking? Talking? Potty-training? Reading? Education? Making friends?



Mismatch often occurs between  
parent's expectation of child and  
child's developmental level



Ways to address expectations:

Written information  
on development  
(books, brochures,  
bulleted lists, etc.)

Examples of other  
children (helps to  
normalize)

Integrating  
examples of child's  
behavior with  
developmental  
concepts

Helping  
Parents  
Understand  
Development



# Consultation with Development in Mind

- Assess child from developmental framework
- Differentiate between child's developmental level and child's/parent's presenting concerns
  - What's normal for this child?
  - What's not-so-normal for this child?
- Verbalize this conceptualization with parent



# Consultation with Development in Mind

- Point out developmental changes you see in child
- Point out future possibilities for development ("it won't always be like this") to decrease tendency to catastrophize
- Maintain attitude of understanding the child and not concentrating on the problem



# References

- Burman, E. (2008). *Deconstructing developmental psychology* (2<sup>nd</sup> ed.). Routledge.
- Elkind, D. (2007). *The hurried child* (3<sup>rd</sup> ed.). Perseus.
- Erikson, E. (1963). *Childhood and society*. Norton.
- Gesell Institute of Child Development. (2022). *Gesell developmental observation-Revised examiner's manual*. Gesell Institute.
- Loevinger, J. (1976). *Ego development*. Jossey-Bass Publishers.
- Ray, D (Ed.). (2026). *A therapist's guide to child development: The extraordinary years* (2<sup>nd</sup> ed.). Routledge.
- Sprenger, M. (2008). *The developing brain*. Corwin Press.
- Vygotsky, L. (1966). Play and its role in the mental development of the child. *Voprosy psikhologii*, 12(6), 62-76.



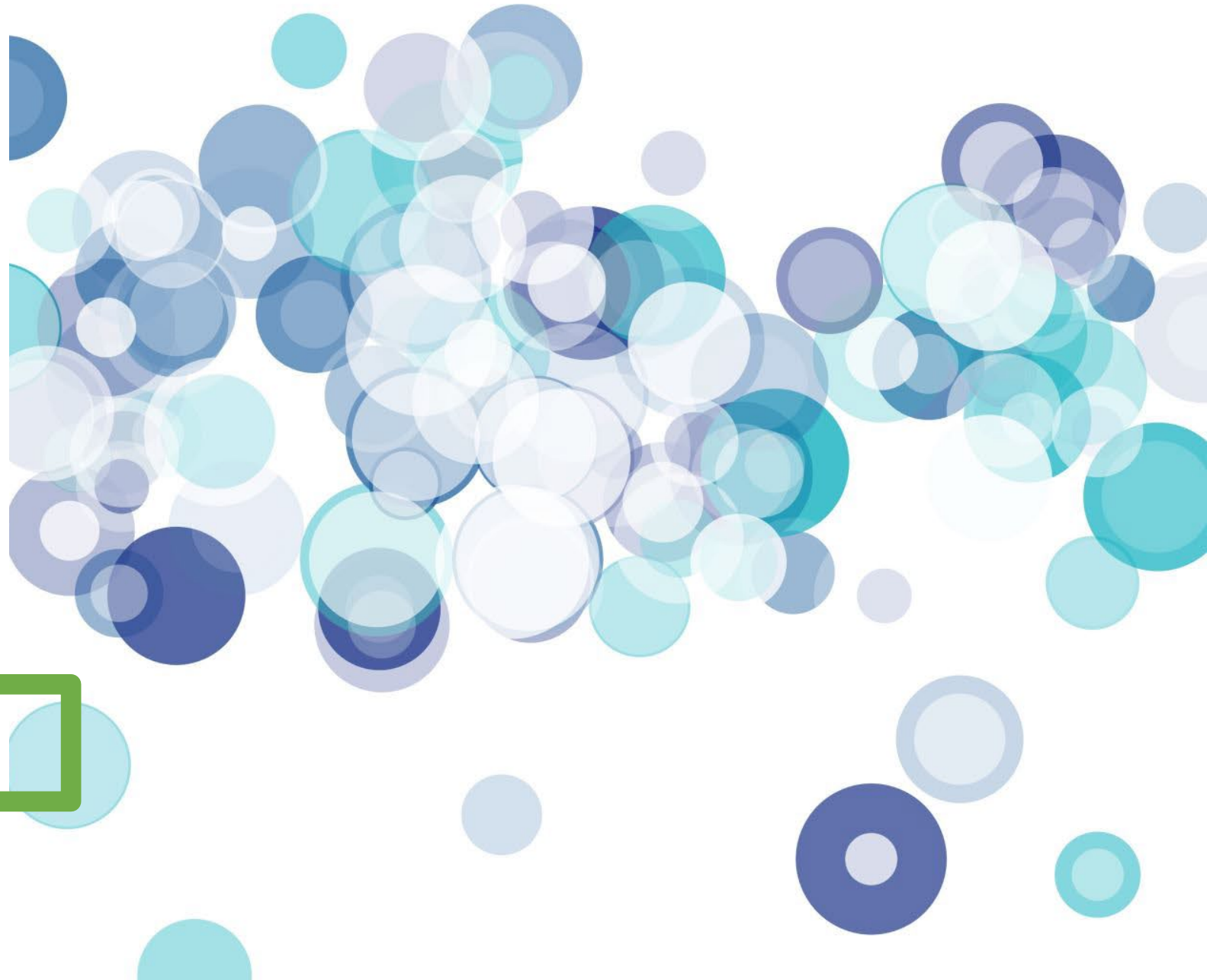


# Play Therapy Process



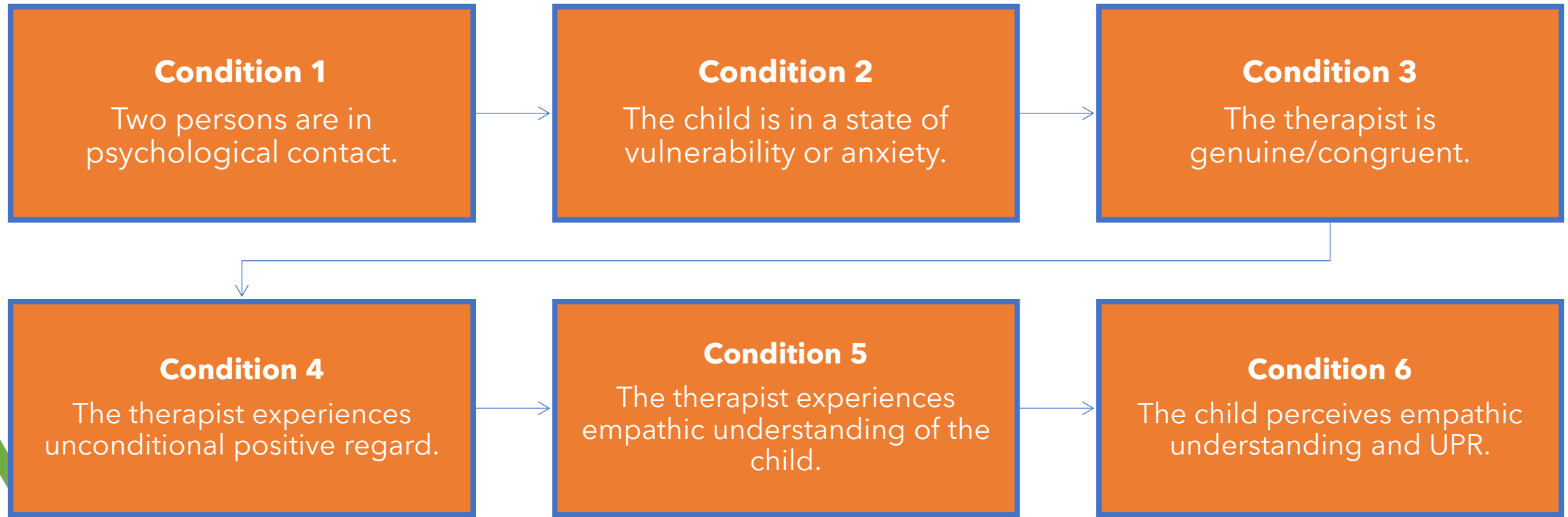


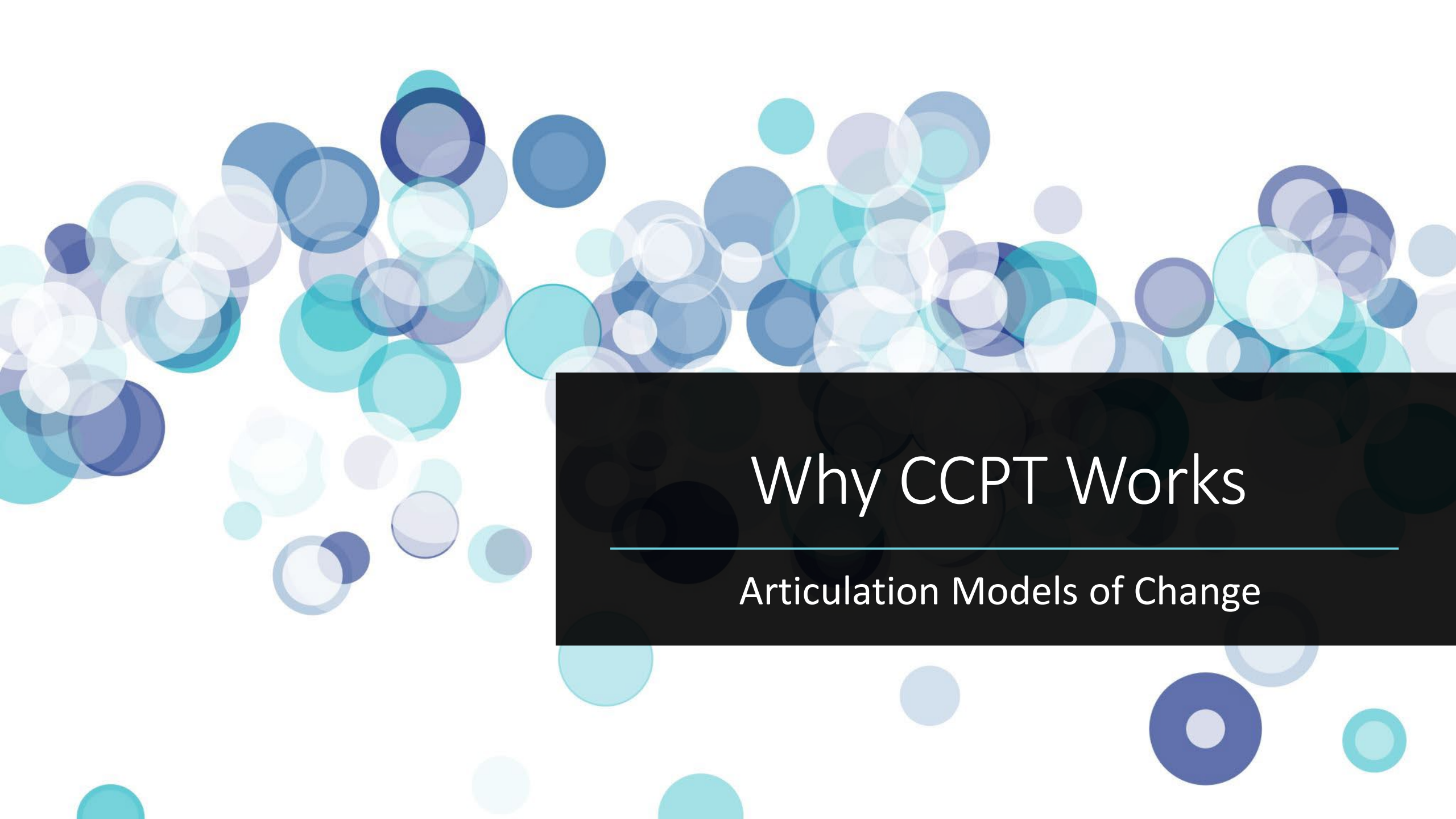
# How CCPT Works



# Six Basic Conditions for Play Therapy (Rogers, 1957)

Six necessary and sufficient conditions to work toward constructive personality change. Because the individual is perceived as holistic, feelings, thoughts, and behaviors work in alignment with each other.



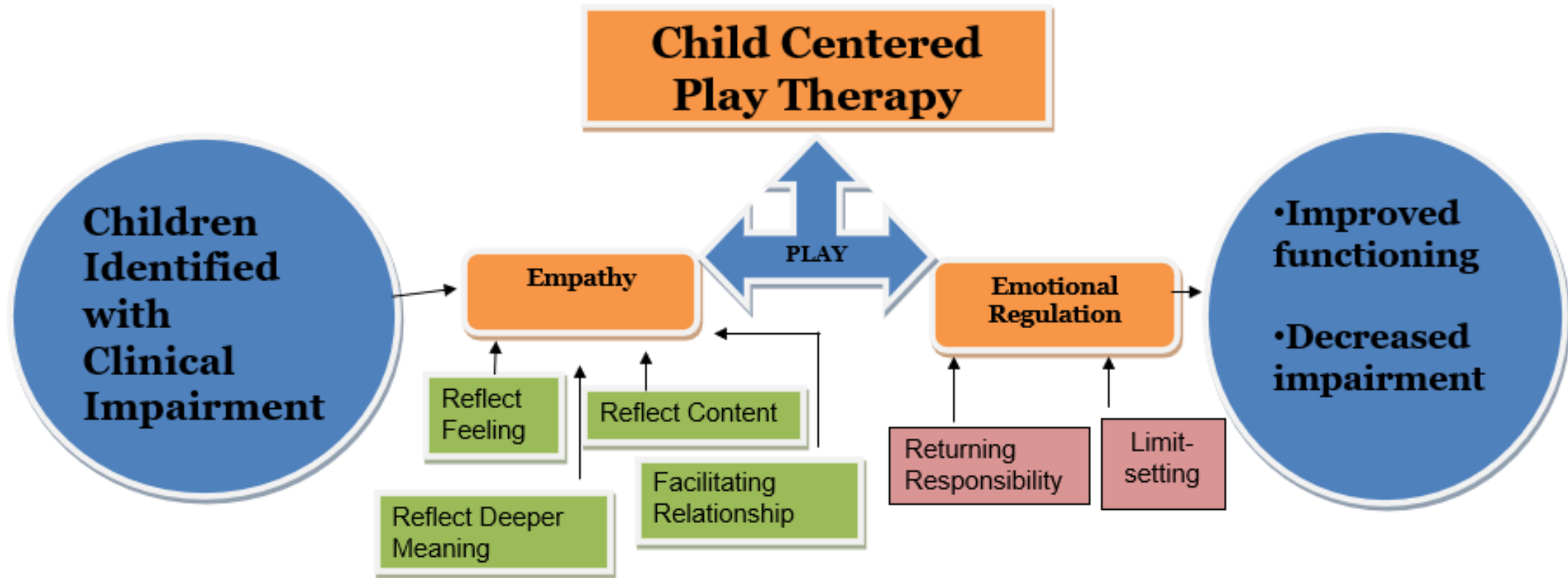


# Why CCPT Works

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Articulation Models of Change

# Theoretical Base for CCPT



Silverman, 2010



## Aggression

**Incongruence  
between self  
and  
environment**

I am unimportant. I must strike out at my environment and others to prove my worth and value. No one cares for me unless I make myself noticeable. I must have power over others to prove my worth

## CCPT Intervention

### Acceptance

Non-directive play

Therapist Congruence

UPR/Prizing

### Empathy

Verbal responses of empathic  
understanding

Non-verbal “being with”

Limit-setting

Returning Responsibility

## Outcome

### Impact on Aggression

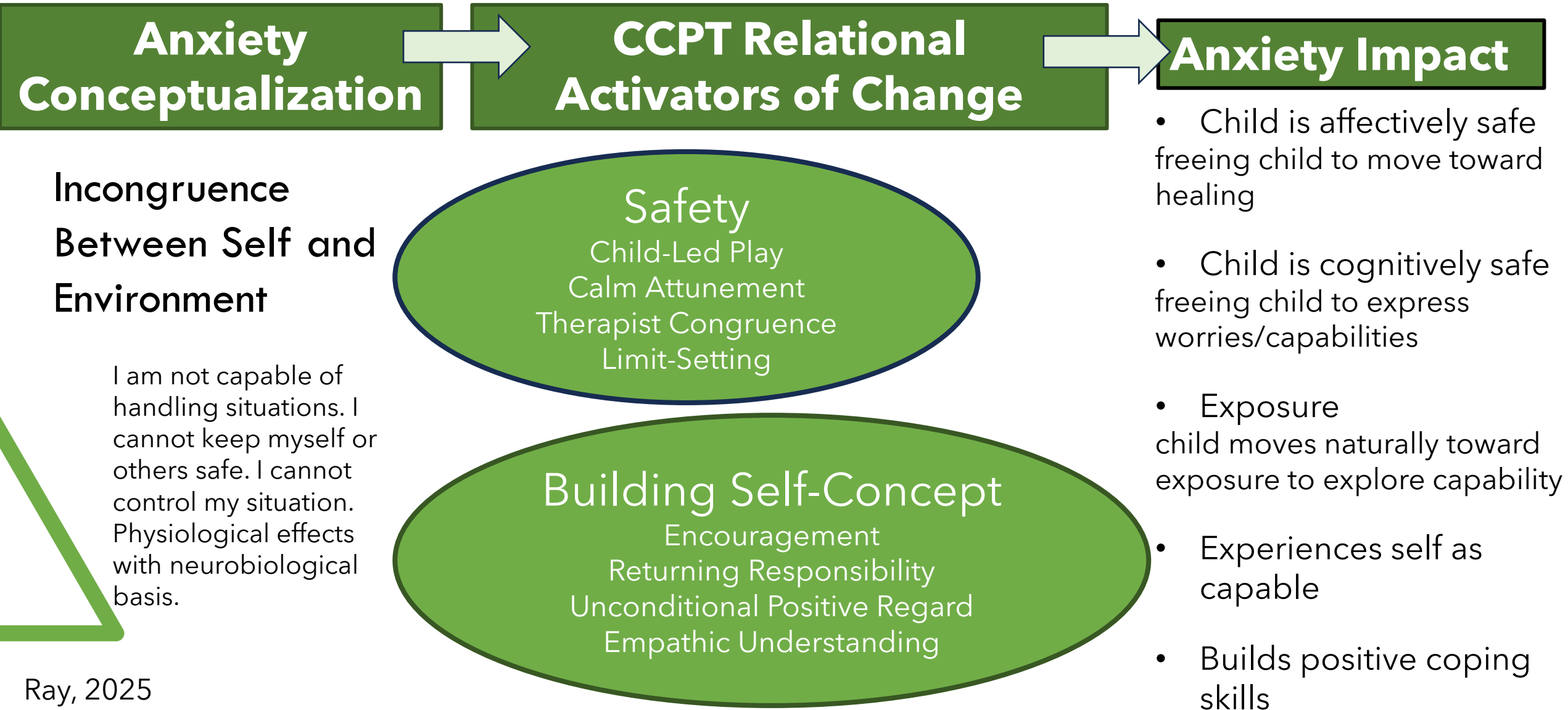
- Establishes sense of worth without aggression
- Develops trust in self and others
- Experience self as capable
- Build coping skills

Ray, 2018



# Child-Centered Play Therapy Approach to Anxiety

*How Do We Articulate What Is Happening in the Child's Play Therapy Process*



## Therapeutic Factors at Work

- Unconditional positive regard (child can bring themselves under control)
- Attuned connection in calm environment (external > internal)
- Returning responsibility
- Limit-setting (external > internal)
- Coping skills

## Attention-Deficit Hyperactivity Disorder

### Symptoms

- Attention deficit
- Hyperactivity
- Impulsivity



## Therapeutic Factors at Work

- Unconditional positive regard
- Safety
- Attuned connection
- Non-verbal matching
- Active listening
- Internal motivation for change

## Autism Spectrum Disorder

### Symptoms

- Communication deficits
- Relational disruption





Relationship

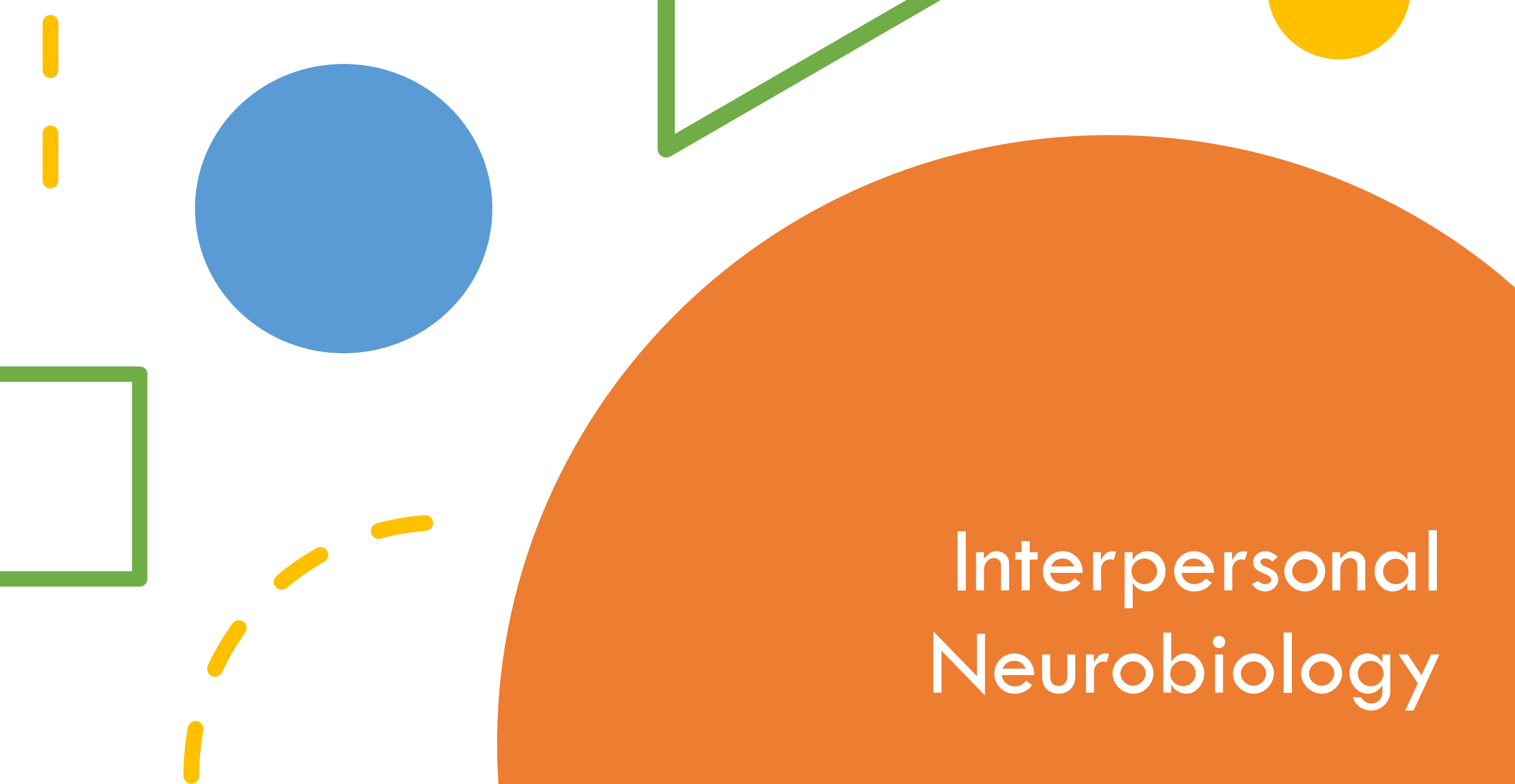
Play

Limit-Setting

Encouragement

Consistency

What's Working  
In CCPT for  
Children with  
Complex Trauma



# Interpersonal Neurobiology



# Brain Development

## Brain stem

- Develops in utero
- Function: autonomous actions (breathing; temperature control; flight, fight, freeze response)

## Limbic region

- Develops during early childhood
- Amygdala: meaning-making, emotions (especially anger and fear), implicit (non-conscious, non-verbal) memory
- Hippocampus: explicit memory

(Bergen, 2015; Santrock, 2024; Siegel & Payne, 2012)



# Brain Development

## Cerebral cortex

- Develops during childhood into 20's
- Sensory lobes: responsible for senses
- Frontal cortex
  - Voluntary muscles, motor planning
  - Organization, reasoning
  - Relational abilities
- Middle pre-frontal cortex
  - Integrative functions (e.g., body regulation)
  - Attuned communication
  - Emotion regulation

(Bergen, 2015; Santrock, 2024; Siegel & Payne, 2012)



Frontal Lobe

Parietal Lobe

Occipital Lobe

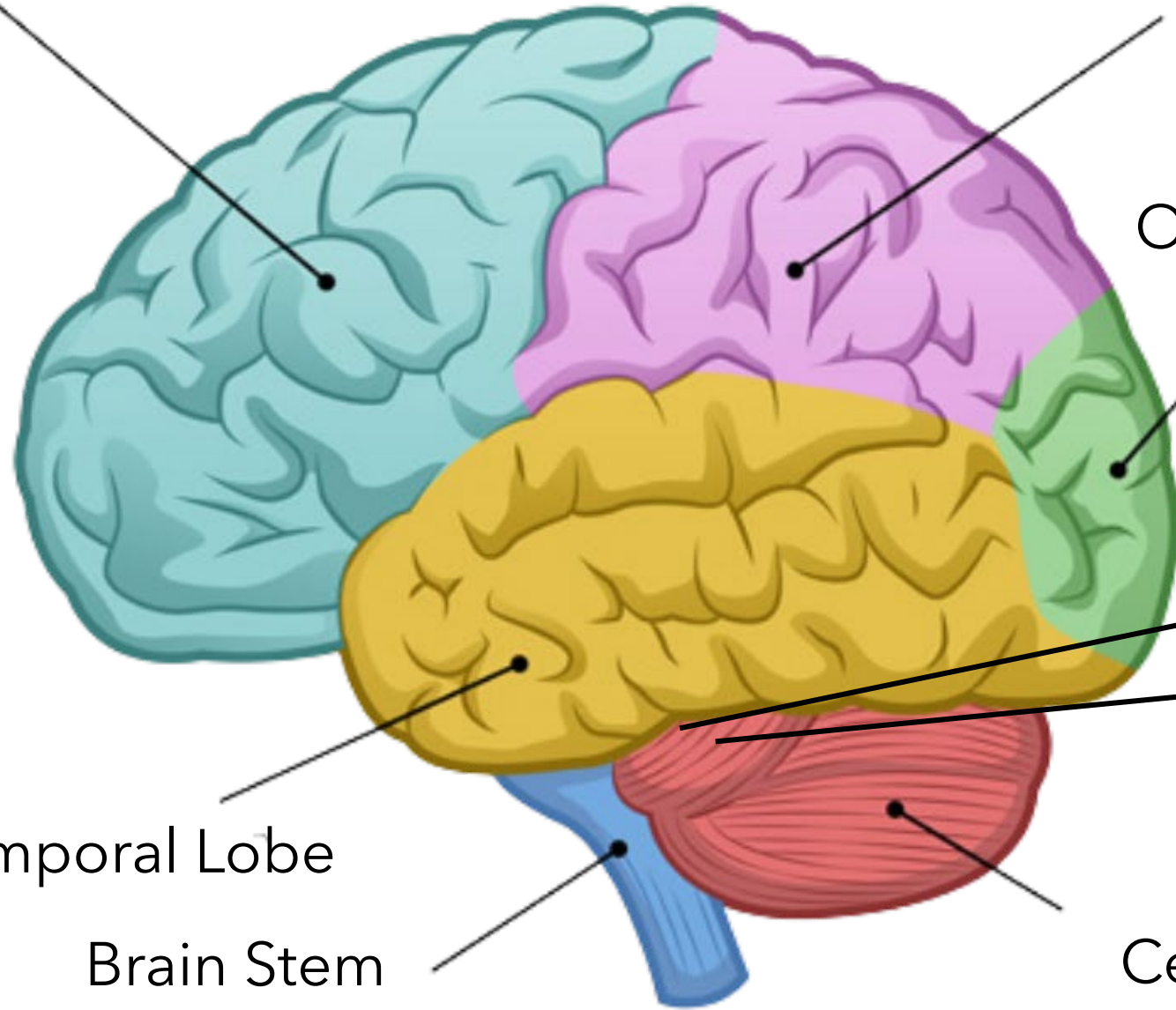
Amygdala

Hippocampus

Temporal Lobe

Brain Stem

Cerebellum



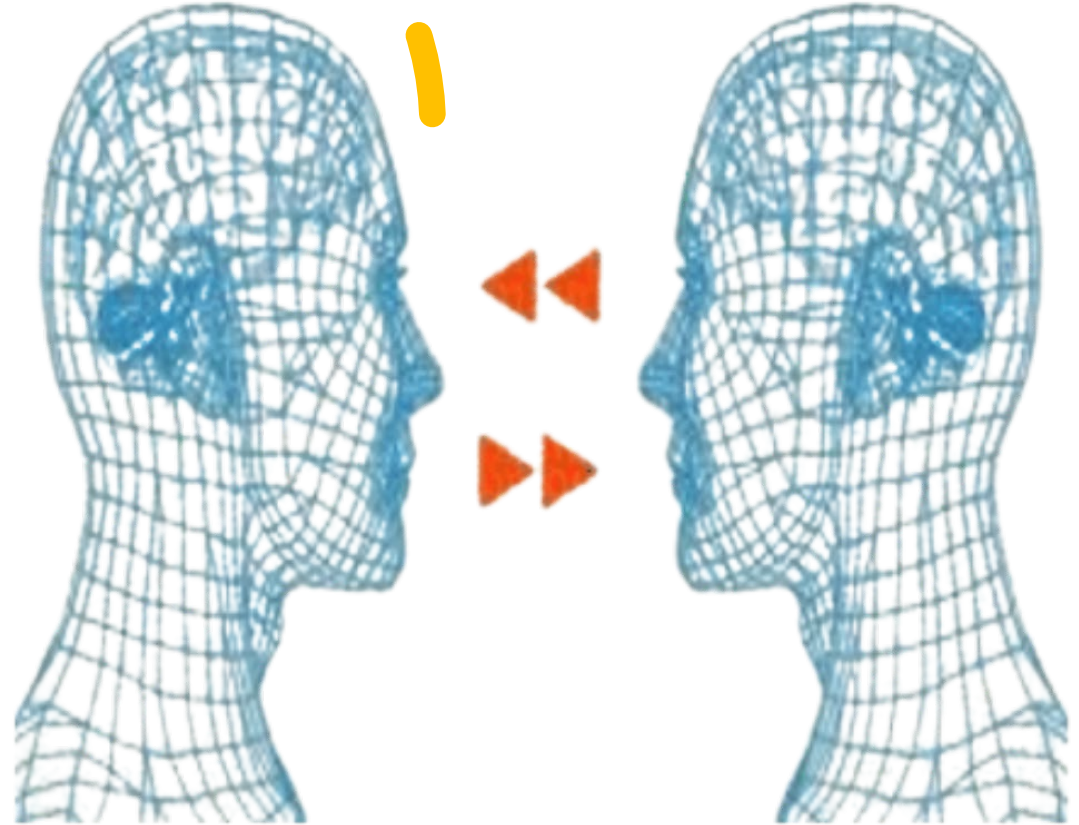
# Neural Network

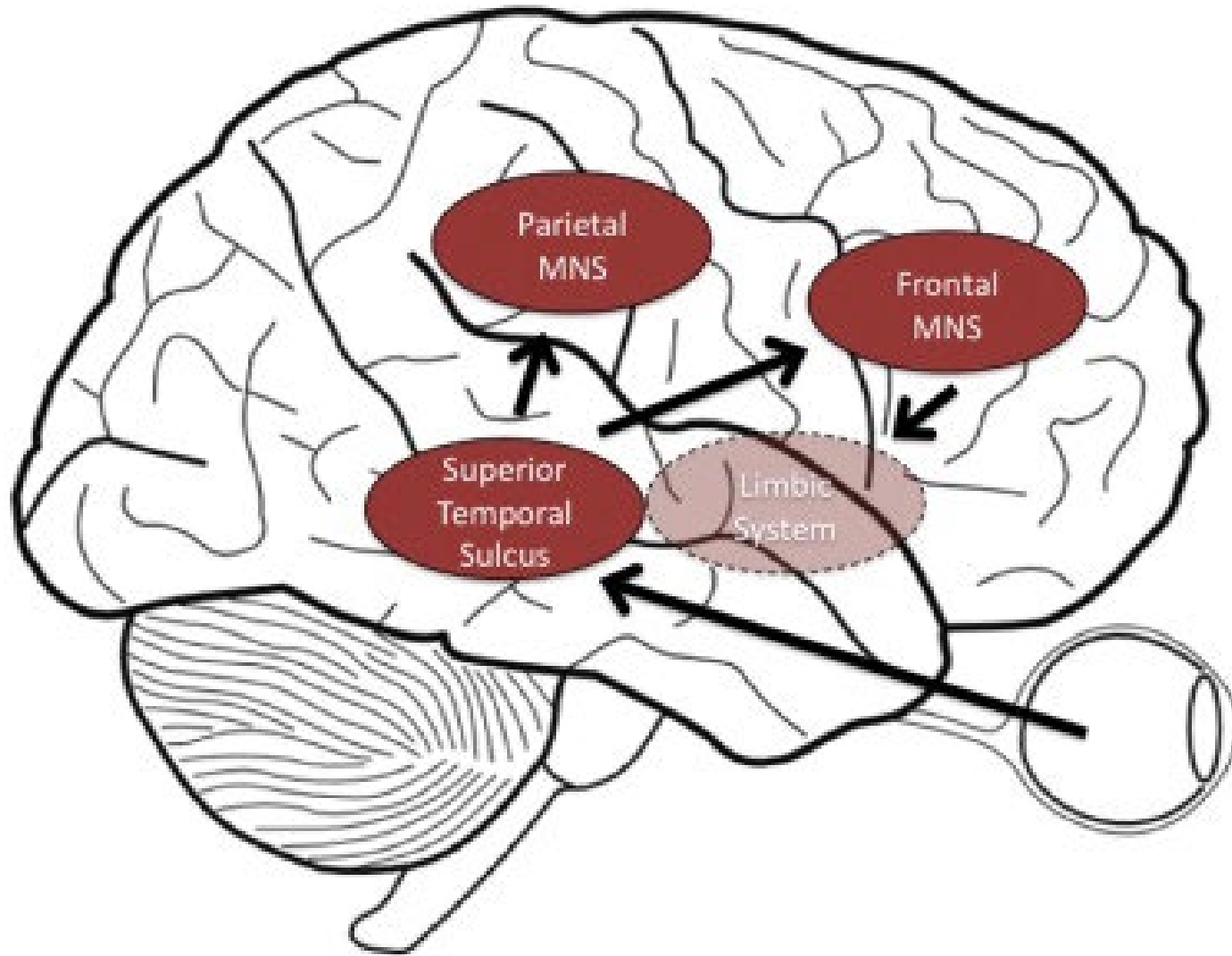
- At birth, neurons in the brain are largely disconnected, but we are genetically primed to make synaptic connections through relational experiences
- As we experience ourselves and our environment, neurons form synaptic connections and carry energy and information to other neurons
- All aspects of an experience form into a neural net that encodes a representation of that event
- Memory occurs when a neural net is activated by a current experience
- Neural net is potentially altered by the energy and information of the present moment



# Resonance Circuitry

- Firing of neurons both when observing and performing a particular action (goal directed behavior)
- How our brains are “linked together”
- Emotional attunement
- Empathy; requires visceral, emotional, and cognitive information





The human mirror-neuron system. Sensory input is relayed to the premotor cortex and parietal cortex via the superior temporal sulcus. This activity leads to greater activation in the limbic system during observation of and participation in emotional activity.

Image received from:

McGarry, L. M. & Russo, F. A. (2011). Mirroring in dance/movement therapy: Potential mechanisms behind empathy enhancement. *The Arts in Psychotherapy*, 38(3), 178-184. <https://doi.org/10.1016/j.aip.2011.04.005>



# Notes

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MNS – Mirror Neuron System

---

ACC – Anterior Cingulate Cortex

---

TP – Temporal Pole

---

mPFC – Medial Prefrontal Cortex

---

VMPFC – Ventromedial Prefrontal Cortex



# Neural Model of Empathy

(Shamay-Tsoory, 2009)

Cognitive  
Empathy

Cognitive ToM:  
mPFC, STS, TP

"I know that she is  
thinking about  
the book."

Cognitive  
Empathy

Affective ToM:  
VMPFC

"I know that he  
has been feeling  
miserable lately."

Affective  
Empathy

Simulation:  
Insula, Amygdala,  
ACC

"I feel her pain."



# CCPT & Interpersonal Neurobiology: Putting It All Together

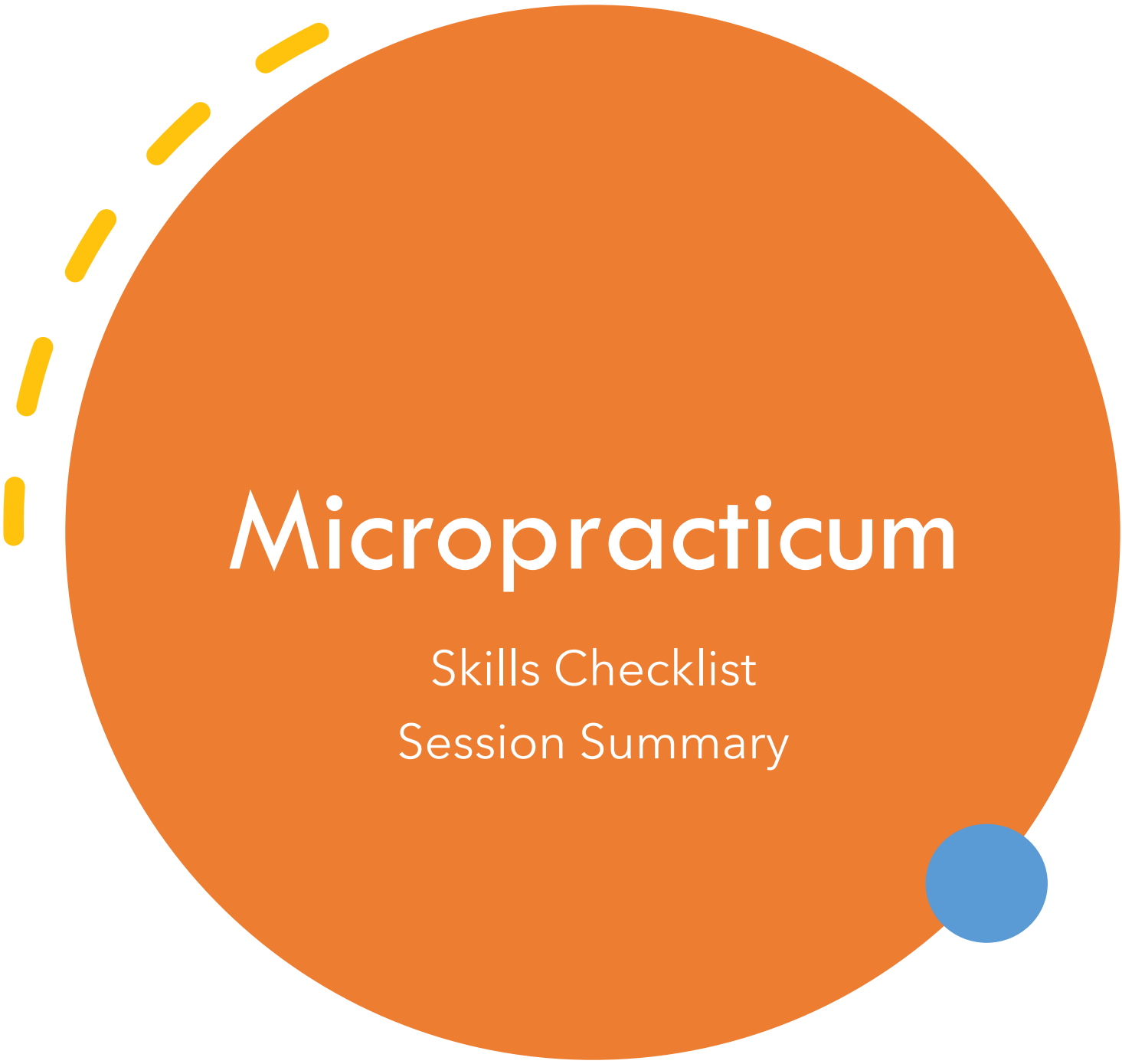
- Intervention targeted at limbic system then moving to prefrontal cortex
- Emotional attunement – mirror neurons
- Experiences of empathy > Development of affective empathy
- Development of new neural pathways
- Leading to emotional regulation



# How Would You Explain It?

---

In the first parent intake, David's parents described him as whiny, indecisive, and prone to tantrums when he does not get his way. They reported that he regularly has breakdowns when he has to do something he does not want to do, such as going to school or to other obligations. He tends to freeze and cry when he has to make decisions. They further reported that he seems unhappy, sad, and moody much of the time. They decided to bring him to therapy when he told them, "I wish I were happier." You have seen David, a 6-year-old boy, 3 times in individual CCPT. In the 3 sessions, David walked around the room, touched, and picked up toys. As he picked up toys, he verbalized, "This is bad." "This is broken." "I don't like this" repeatedly. He never talked directly to you and had mostly negative affect with no smiles. He never played with any materials for any length of time. When coming into the 4<sup>th</sup> session, the parent calls you to say that David is refusing to come to session and she cannot get him into the car. You set up a parent consultation with her. What do you tell her about why you think play therapy is working or may work?



# Micropracticum

Skills Checklist  
Session Summary



# Conditions in Action



# Therapist Experiences and Behaviors When Therapist-Provided Conditions are Present

(Jayne & Ray, 2015)

| Condition | Internal Experience of Play Therapists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sample Behaviors of Play Therapists                                                                                                                                                                                                                                                                                                              |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONG      | <ul style="list-style-type: none"><li>Feeling free, spontaneous, and natural in interactions with child</li><li>Being aware of own thoughts, feelings, and experiences in play session</li><li>Being open to own thoughts, feelings, and experiences in play session</li><li>Accepting own thoughts, feelings, and experiences in play session</li><li>Considering and balancing own needs with child's needs</li><li>Being aware of breaks or deficits in congruence, empathy, upr, or upsr</li><li>Wanting to understand child</li><li>Wanting to accept child</li><li>Wanting to be present and attentive to child</li></ul> | <ul style="list-style-type: none"><li>Talking in a natural tone and rhythm</li><li>Moving and responding in a fluid, spontaneous, and natural manner</li><li>Expressing therapeutically relevant personal feelings and experiences to child</li><li>Making "I" statements that reflect therapist's real experience in the relationship</li></ul> |



# Therapist Experiences and Behaviors When Therapist-Provided Conditions are Present

(Jayne & Ray, 2015)

| Condition | Internal Experience of Play Therapists                                                                                                                                                                                                                                                                                                                                                                                                            | Sample Behaviors of Play Therapists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UPSR      | <ul style="list-style-type: none"><li>Accepting own feelings, thoughts, and experiences in session</li><li>Accepting breaks or deficits in own congruence, upr, empathy, or upsr</li><li>Accepting own mistakes</li><li>Accepting own inaccurate responses to child</li><li>Feeling free, spontaneous, and natural in interactions with child</li><li>Feeling capable of responding to child's needs, experience, play, and/or behavior</li></ul> | <ul style="list-style-type: none"><li>Acknowledging child's feelings, experiences, and/or perception without judgment</li><li>Refocusing attention on child</li><li>Accepting correction, criticism, and/or feedback from child</li><li>Accepting child's verbal, physical, or emotional rejection of therapist</li><li>Accepting child's description and/or perception of experience, play, and/or therapist</li><li>Appreciating correction from child</li><li>Changing verbal response due to child's correction or clarification</li></ul> |



# Therapist Experiences and Behaviors When Therapist-Provided Conditions are Present

(Jayne & Ray, 2015)

| Condition | Internal Experience of Play Therapists                                                                                                                                                                                                                                                                                                                            | Sample Behaviors of Play Therapists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UPR       | <p>Valuing all aspects of child's play and self-expression</p> <p>Trusting child to direct or lead play</p> <p>Trusting child to direct or lead therapist</p> <p>Trusting child's motivation or reasons for play and/or behavior</p> <p>Accepting ambiguity of child's play and/or process</p> <p>Understanding how child perceives and experiences therapist</p> | <p>Responding verbally to child's positive and negative feelings and behavior</p> <p>Following child's directions</p> <p>Asking for direction or guidance from child</p> <p>Moving in closer physical proximity to child</p> <p>Openly receiving toys and/or objects from the child</p> <p>Being physically open to child</p> <p>Accepting criticism and/or correction from child</p> <p>Accepting disruptions or changes in child's play</p> <p>Accepting child's verbal, physical, or emotional rejection of therapist</p> <p>Accepting child's negative and/or positive perception of therapist</p> <p>Reflecting or avoiding concrete answers to child's questions</p> <p>Allowing child to struggle with a task or experience</p> <p>Leaning towards child</p> <p>Tilting head to see child and/or child's play</p> <p>Avoiding teaching or correcting child</p> <p>Avoiding setting nonessential limits</p> <p>Changing verbal response due to child's correction or clarification</p> |



# Therapist Experiences and Behaviors When Therapist-Provided Conditions are Present (Jayne & Ray, 2015)

| Condition | Internal Experience of Play Therapists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sample Behaviors of Play Therapists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| EU        | <p>Wanting to be present and attentive to child</p> <p>Wanting to understand child's experiences</p> <p>Understanding meaning and/or significance of child's play</p> <p>Being open to child's negative or painful experiences</p> <p>Wanting to avoid disrupting child's play and/or process</p> <p>Understanding child's intentions</p> <p>Understanding child's needs</p> <p>Understanding child's behavior is motivated by child's needs</p> <p>Understanding the impact of the child's external (home, school, etc.) environment on the child</p> <p>Wanting to help child when child is struggling</p> <p>Being more concerned with process of child's play than the outcome</p> <p>Knowing what child needs from therapist in the moment</p> <p>Understanding how child perceives therapist verbal responses and/or behaviors</p> <p>Understanding how child experiences therapist setting limits</p> | <p>Matching child's physical movements</p> <p>Matching child's facial expression</p> <p>Matching child's affect with tone, inflection, and volume</p> <p>Matching child's paraverbal expressions</p> <p>Matching child's energy and/or activity level</p> <p>Reflecting child's feelings that matches child's experience</p> <p>Reflecting child's feelings to better understand child's experience</p> <p>Leaning towards child</p> <p>Making eye contact with child</p> <p>Answering child's questions honestly and openly</p> <p>Helping child when they ask for assistance</p> <p>Staying in child's metaphor and/or symbolic play</p> <p>Responding to objects and character's actions</p> <p>Responding to objects and character's feelings</p> <p>Adapting quickly to change or movement in child's play</p> <p>Seeking clarification or direction from child</p> <p>Accepting child's description and/or perception of experience</p> <p>Appreciating correction from child</p> <p>Avoiding setting nonessential limits</p> <p>Changing verbal response due to child's correction or clarification</p> <p>Turning towards child</p> <p>Using previous experience with child to respond in the moment</p> <p>Attending to child's face and body during play</p> |



# Therapist Experiences and Behaviors When Therapist-Provided Conditions are *Absent*

(Jayne & Ray, 2015)

| Conditions | Internal Experience of Play Therapists                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Sample Behaviors of Play Therapists                                                                                                                                                                                                                                                                                                          |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONG       | Questioning self<br>Criticizing self<br>Doubting self<br>Being dismissive or avoidant of own experience/feelings<br>Feeling distracted by external environment and/or factors<br>Feeling distracted by own thoughts                                                                                                                                                                                                                                                                                                                          | Setting limits that are nonessential<br>Avoiding setting limits that are essential<br>Responding to child in a rote, robotic, or flat manner<br>Responding automatically to child with prepared or practiced responses<br>Moving in a stiff, inflexible manner<br>Fidgeting or shifting body position frequently                             |
| UPSR       | Expecting self to provide conditions perfectly for duration of play session<br>Expecting self to meet all of child's needs<br>Expecting self to always respond effectively to child<br>Expecting self to always make accurate verbal reflections to child<br>Expecting self to always understand child's experience, play, and/or behavior<br>Comparing self to external authority or prior instruction<br>Questioning own competence or abilities<br>Being self-critical<br>Being self-focused<br>Rejecting own experiences and/or feelings | Becoming less verbally responsive to child<br>Paying less attention to the child in the moment<br>Thinking excessively about responses to child<br>Making less eye contact with child<br>Not responding verbally or nonverbally to certain aspects of child's experience<br>Tensing body<br>Responding more slowly or out-of-sync with child |



# Therapist Experiences and Behaviors When Therapist-Provided Conditions are *Absent*

(Jayne & Ray, 2015)

| Conditions | Internal Experience of Play Therapists                                                                                                                                                                                                                                                                                                                            | Sample Behaviors of Play Therapists                                                                                                                                                                                                                                                                                                        |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UPR        | Valuing some aspects of child's play, behavior, and/or experience more than others<br>Wishing child would behave or play differently<br>Wishing child would be or feel differently<br>Feeling reluctant to follow child's lead<br>Feeling threatened emotionally or physically by child or child's play<br>Feeling bored or disengaged from child or child's play | Responding exclusively or primarily to child's positive or negative feelings<br>Responding exclusively or primarily to child's positive or negative behavior<br>Dismissing or ignoring child's play and/or behavior<br>Dismissing or ignoring child's experience<br>Moving away from child physically<br>Setting arbitrary or rigid limits |
| EU         | Needing to understand meaning of child's play<br>Expecting child to play or behave in certain ways based on own values or prior experiences with child<br>Being confused or distracted by differences in child's play or behavior                                                                                                                                 | Thinking about child's background or external environment during session<br>Returning responsibility automatically when child asks for help<br>Conceptualizing child during session<br>Interpreting child's play during session<br>Over or under-responding verbally to child<br>Responding to child in a rote, robotic, or flat manner    |



Recognizing break in relationship due to self-awareness and/or feedback from the child (CONG)

Acknowledging and accepting break in relationship (USPR)

Wanting to experience and communicate conditions (CONG)

Responding verbally/nonverbally to child to promote therapist's attunement (EU)

Valuing child's experience, feelings, behavior, play (UPR)

Being attuned to child and accepting of child's total experience (EU+UPR)

Responding more authentically, openly, and accurately to child's experience (CONG)

## Responding to Breaks in the Relationship

(Jayne & Ray, 2015)





# Theories of Change



| <b>Rogers (1942)</b><br><b>(Conceptualized for adult therapy)</b>                    | <b>Guerney (2001)</b>                                                                                                                                                                                                                                                 | <b>Moustakas, C. (1973)</b>                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Individual comes for help                                                            | <b>Warm-Up</b> <ul style="list-style-type: none"> <li>• Child orients to playroom, therapist and structure</li> <li>• Child builds relationship with therapist</li> <li>• Play may be unfocused</li> </ul>                                                            | <b>Diffused Emotions</b> <ul style="list-style-type: none"> <li>• Emotions are undifferentiated and mostly negative</li> <li>• Emotions are magnified, generalized, and easily stimulated and evoked.</li> </ul>                                                                                                                                                                                                     |
| The helping situation is defined                                                     |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Counselor encourages free expression of feelings in regard to the problem            |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Counselor accepts, recognizes, and clarifies negative feelings                       | <b>Aggressive</b> <ul style="list-style-type: none"> <li>• Child deals with issues underlying symptoms</li> <li>• Aggressive behavior at its peak, relevant to baseline</li> </ul>                                                                                    | <b>Direct Hostility</b> <ul style="list-style-type: none"> <li>• Attitude of hostility becomes gradually sharpened and more specific as relationship with therapist is clarified and strengthened</li> <li>• Anger is expressed more directly and related to particular persons.</li> <li>• As expressions are accepted, the feelings become less intense and affect the child less in total experiences.</li> </ul> |
| Full expression of negative feelings leads to tentative expressions of positive ones |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Counselor accepts and recognizes positive feelings                                   | <b>Regressive</b> <ul style="list-style-type: none"> <li>• Aggressive behaviors decrease or disappear</li> <li>• Regressive behaviors appear</li> <li>• Nurturance or dependency may be themes</li> </ul>                                                             | <b>Anger &amp; Ambivalence</b> <ul style="list-style-type: none"> <li>• Anger is still specific but a variety of ambivalences appear.</li> <li>• Fluctuate play between aggression and more positive forms of expression</li> </ul>                                                                                                                                                                                  |
| Client experiences understanding and acceptance of self                              |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Clarification of possible decisions and actions                                      |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Emergence of small positive actions                                                  | <b>Mastery</b> <ul style="list-style-type: none"> <li>• Regressive behaviors decrease or disappear</li> <li>• Mastery play becomes predominant</li> <li>• Child may show leniency or care for therapist</li> <li>• Child demonstrates competency behaviors</li> </ul> | <b>Positive Feelings</b> <ul style="list-style-type: none"> <li>• Play is more realistic.</li> <li>• Positive and negative attitudes are more separated.</li> </ul>                                                                                                                                                                                                                                                  |
| Development of further insight                                                       |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Increasing positive action by client                                                 |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Client experiences decreasing need for help                                          |                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                      |



## An abstract composition of various geometric shapes. In the top left, a green-outlined triangle points right. To its right is a solid blue circle. Below the triangle is a blue-outlined circle. In the center is a large orange semi-circle. To the right of the semi-circle are two vertical yellow bars. At the bottom left is a large orange semi-circle. Above it are three yellow curved lines. At the bottom right is a green-outlined square.

An abstract composition of various geometric shapes. In the top left, a green-outlined triangle points right. To its right is a solid blue circle. Below the triangle is a blue-outlined circle. In the center is a large orange semi-circle. To the right of the semi-circle are two vertical yellow bars. At the bottom left is a large orange semi-circle. Above it are three yellow curved lines. At the bottom right is a green-outlined square.



# Themes in Play Therapy



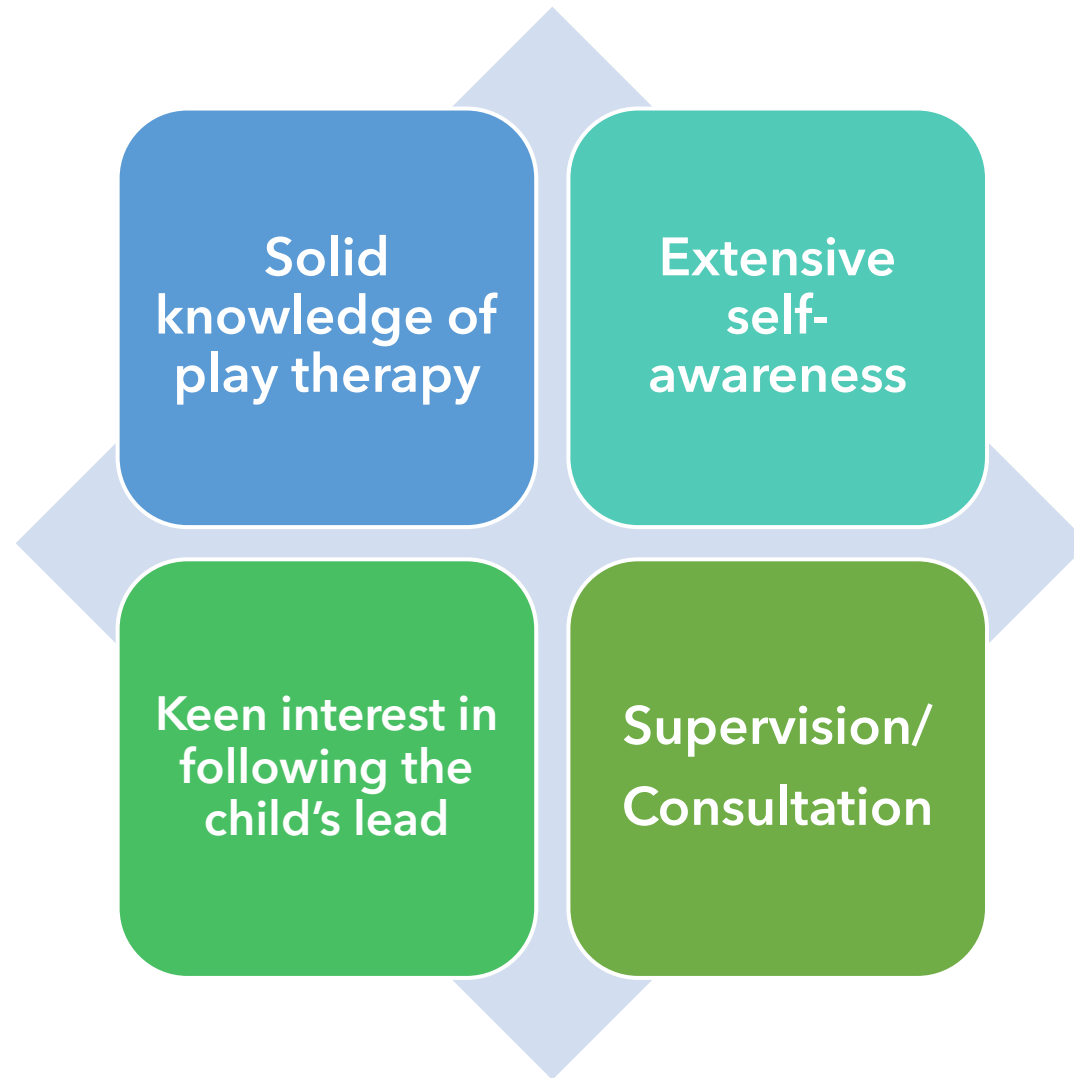


## Before We Start...

- The healing therapeutic factor in CCPT is the **relationship** between the therapist and the child.
- Play is the communication medium.
- Understanding themes is not essential to the effectiveness of play therapy.  
Understanding the child is.



# Precursors to Working with Themes



## Play Themes

In symbolic play, a play theme is a coherent metaphor from which the child communicates the meaning he or she attributes to the experience or worldview.

## Play Behaviors

A play behavior is a behavior that is acted out in the playroom to which a variation of meanings can be attributed.

Ray, 2011



# Examples of Play Behaviors

- Exploratory
- Death
- Burning
- Messiness
- Rescue
- Organizing
- Conflict
- Gift-giving
- Creating
- Physical Contact
- Aggression
- Caretaking
- Attainment
- Burying
- Breaking/Fixing
- Destruction
- Escape
- Sexualized
- Failure
- Stealing
- Competition
- Good/Bad
- Drowning
- Cleaning
- Containment
- Hoarding





Play Behaviors  
Do **Not** Have  
Singular or  
Universal  
Meanings



# How To Identify Themes

## Repetition

- Play behaviors that occur multiple times in session or across sessions.

## Intensity

- Energy and focus applied to play behaviors.
- May be signified by silence or increased emotion

## Context

- The child's context, including early development, personality, and significant life events.



# Play Behavior

Case Study





# Repetition & Intensity

Case Study - Session 1



# Repetition & Intensity

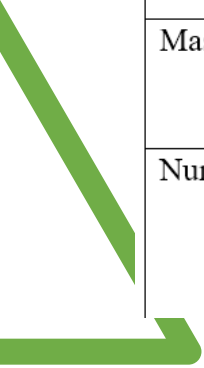
Case Study - Session 2



# Play Themes

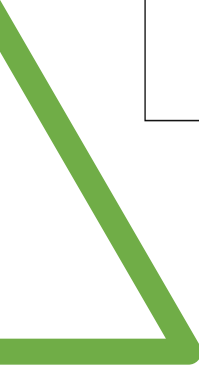
See Ray, 2011, p. 115-116



| Theme           | Internal Statement                                                                                                                                                       |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Relationship    | It's important to me that we are connected<br>I want to connect with you or others.                                                                                      |
| Power/Control   | I must be in control of my environment to feel safe.<br>I must have power over you or others to be worthy.                                                               |
| Dependency      | I can't do things on my own.<br>I am not capable. Others must help me.                                                                                                   |
| Revenge         | I need to hurt others to feel that I am worthy.<br>I must get back at others for hurting me.                                                                             |
| Safety/Security | I must figure out ways to stay safe.<br>It's up to me to make things secure.                                                                                             |
| Mastery         | I must accomplish things to feel competent.<br>I must do things right to feel worthy.                                                                                    |
| Nurturing       | I want to give to others to help them.<br>I want to take care of others to <u>be connected with them</u> .<br>Giving to others helps me feel that I am giving to myself. |

|                   |                                                                                                            |
|-------------------|------------------------------------------------------------------------------------------------------------|
| Reparation        | I can figure out how to make things better.<br><u>I am capable of building</u> ways to make things better. |
| Chaos/Instability | I am confused by my world.<br>I don't know how to bring order to my world. It's out of my control.         |
| Perfectionism     | I must do everything right to be worthy.<br><u>I am</u> a complete failure if I make any mistakes.         |
| Integration       | I see how good and bad fit together.<br>I can make sense of different parts of my world coming together.   |
| Hopelessness      | I have given up. Nothing will get better for me or others.<br>There is no one who can help me.             |
| Helplessness      | I am incapable of taking care of myself.<br>Others must take care of me.                                   |
| Anxiety           | I am fearful of the world/my world.<br>I am fearful of not being worthy.                                   |



|             |                                                                                                                                                                                                                                   |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Grief/Loss  | <p>I am <u>hurting</u> because I have lost someone or something that was important to me.</p> <p>I am trying to figure out why I lost someone or something that was important to me.</p>                                          |
| Abandonment | <p>I have been left alone.</p> <p>I am alone.</p>                                                                                                                                                                                 |
| Protection  | <p>I must protect myself from someone or something.</p> <p>I must protect others from someone or something.</p>                                                                                                                   |
| Separation  | <p>I am hurting because I have experienced being separated from someone or something that was important to me.</p> <p>I am trying to figure out why I have been separated from someone or something that was important to me.</p> |

|                  |                                                                            |
|------------------|----------------------------------------------------------------------------|
| Self-sufficiency | I don't need anyone. I can make it on my own.                              |
| Resiliency       | <p>I can make things better.</p> <p>I can make it through tough times.</p> |

Themes  
May  
Emerge  
From

Symbolic Play

Interactions with  
Therapist/Caregiver

Way of Being in Play  
Therapy Room

Several short, thick yellow lines are scattered in the bottom right corner of the slide, adding a decorative touch.

# Themes Emerging From Symbolic Play

What is the content of the play scene? What is the storyline?  
What are the characteristics of the characters?  
What are the outcomes of the storyline?



Example: Child chooses 2 identified puppies. He identifies one puppy as the guard dog and one puppy can't do anything. Child creates a pool for the puppies. Child plays out the guard dog rescuing the other puppy in multiple scenes in the pool. The puppy who can't do anything fights the guard dog when the guard dog is trying to help.

# Themes Emerging From Interactions with Therapist/ Caregiver

How does child set up play with the therapist? How does child interact with therapist? How does child interact with parent/caregiver? What role does child take with therapist? Does child interact with therapist in a consistent way or in a pattern?



Example: Child goes to craft table. Child picks up the tape and hands to therapist, "You do this," indicating the child wants the therapist to tear a piece of tape. Child then goes to glue and says to therapist, "You do this," indicating that the child wants the therapist to open the glue. When therapist responds with "That looks like something you can do," child begins to cry, "no, you do it."

# Themes Emerging From Way of Being in Play Therapy Room

Does the child have a certain way of being in the play therapy room, such as impulsive, organized, quiet, etc? Does the child want the play therapy room to be a certain way? Does the child present differently in and out of the play therapy room?



Example: Over the course of 6 sessions, child organizes the kitchen materials as soon as he enters the room, often taking 10-15 minutes to do so. Once the child has all the kitchen materials organized, the child begins to make dinner for the therapist.



# Therapeutic Verbal Responses



| Category                  | Description                                                                                                                                                           | Example                                                                                                 |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Tracking Behavior         | Therapist verbally responds to behavior of the child by stating what is observed.                                                                                     | "You're picking that up."                                                                               |
| Reflecting Content        | Therapist paraphrases the verbal interaction of the child.                                                                                                            | "You went to see the pirate movie and there was a lot of action in it."                                 |
| Reflecting Feeling        | Therapist verbally responds to emotions expressed by child.                                                                                                           | "You're angry about being here and want to go home."                                                    |
| Returning Responsibility  | Therapist verbalizes statements to help children experience their own capability and take responsibility for it.                                                      | "You decided you would be the boss and take charge."<br><br>"That looks like something you can do."     |
| Facilitating Creativity   | Therapist verbalizes statements that help a child experience a sense of freedom and creativity.                                                                       | "In here, it can be whatever you want it be."                                                           |
| Esteem-Building           | Therapist verbalizes statements to help children experience a stronger and capable sense of self.                                                                     | "You did it. You tried hard and figured it out."                                                        |
| Facilitating Relationship | Therapist reflects statements that build the relationship between therapist and child.                                                                                | "You wanted to be close to me."<br>"You wanted to do something to help me."                             |
| Reflecting Deeper Meaning | Therapist notices and verbalizes patterns in the child's play.                                                                                                        | "When you come into the playroom, you want to be the one in charge."                                    |
| Limit-Setting             | Limits are set according to a 3-step procedure of reflecting the child's intention of feeling, setting a definitive limit, and providing an appropriate alternative . | "You are really angry with me but I'm not for throwing sand at. You can throw the sand in the sandbox." |



# Examples of Thematic Responses

|                                                       |                                                                                      |
|-------------------------------------------------------|--------------------------------------------------------------------------------------|
| Reflecting Content                                    | "He came out but his mom is gone."                                                   |
| Reflecting Feeling                                    | "He is scared about where his mom went."                                             |
| Facilitating Decision-Making/Returning Responsibility | "You decided she would go away with them."                                           |
| Facilitating Creativity/Spontaneity                   | "You're finding different ways that they can take her away."                         |
| Esteem Building                                       | "You found a way for him to survive without his mom."                                |
| Relational                                            | "You wanted me to know how he lost his mom."                                         |
| Reflecting Larger Meaning                             | "Those two always seem to find a way to get mom and then the dolphin is left alone." |



# Multicultural Considerations in Themes

- Children may play out themes related to their racial development, cultural identities, or gender identity.
  - Themes that reflect how a child is internalizing societal messages about his/her race or ethnic identity.
  - Themes that reflect the child's internal process of making sense of cultural identities (e.g., religion, language differences between school and home).
  - Themes related to a child's expression of gender roles.



# Steps to Identification

## Intensity

- Child's affect
- Child's tone
- Child's energy
- Therapist felt presence

## Repetition

- Occurrence in previous sessions
- Occurrence in current session
- Repeated same play/verbal with same material
- Repeated theme with different materials

## Context

- Previous knowledge of child and child's background
- Need to interview for more information





# Steps to Tracking Theme Progress

Identify possible themes

Narrow identification to theme most present for child

Note initial verbalization associated with theme

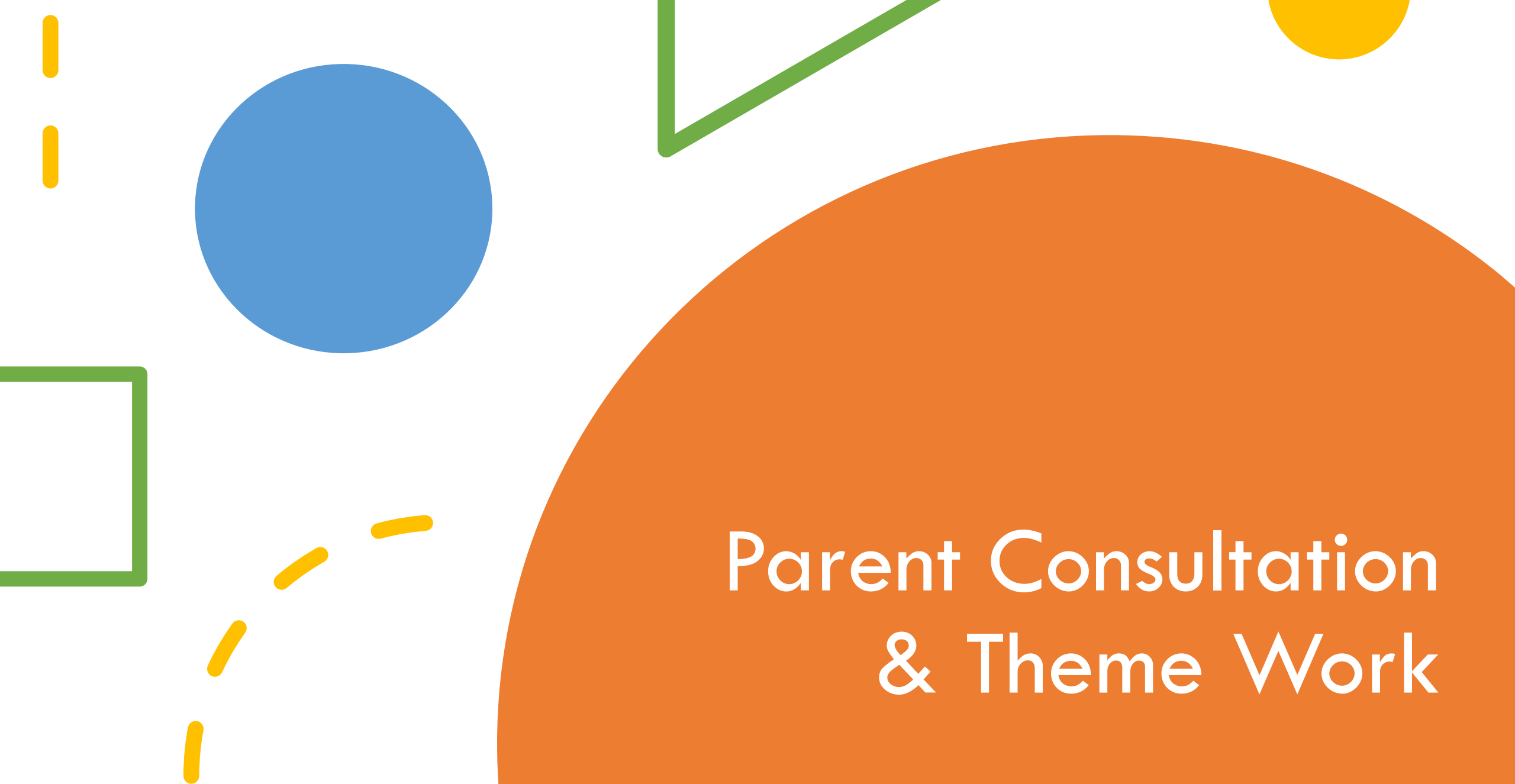
Note initial play scene associated with theme

Track all changes to theme

- Does verbalization increase/decrease?
- Does time for play scene increase/decrease?
- Does intensity when engaged in theme play increase/decrease?
- Do component of play scene/verbalization change?
- Does the child engage in disruptions of play?

Note discontinuation of play/verbalization





# Parent Consultation & Theme Work



# Parent Consultation with Themes

Allows parents to have a better understanding of their child

Allows therapist to share information regarding the child without breaking confidentiality

Allows a base to discuss progress at both home and in therapy



# Parent Consultation Example

"Ricky has displayed the aggressive behaviors that you were concerned about in his play therapy. However, he also expressed play related to feeling alone and isolated from you [abandonment theme]. He seems to feel lonely regarding the amount of energy and focus that you place on the younger two children. His aggression seems related to trying to gain you back for himself."



# Case Note Examples

**Session 3:** Child displayed intensity when engaged in play regarding feeling abandoned by his mother. He appeared to relate feeling abandoned with his younger siblings. Child demonstrated little hope of feeling connected.

**Session 7:** Child displayed similar fears of abandonment from previous sessions but attempted to find protection so that he would not be abandoned. He appeared to demonstrate an understanding of his mother's emotional state.

**Session 5:** Child continued to display fear of being left alone and abandoned by his mother figure. He appears to blame his younger siblings for being left alone.

**Session 9:** Child is exploring multiple ways to help protect his relationship with his mother. He is spending a greater amount of time providing protective sources instead of destructive forces.



# Caution When Working With Themes

- Identification of themes is a cognitive process
  - Has no place in the playroom
- Effective play therapy involves “being with” the child in the moment
- Conceptualization occurs outside the playroom
- Demonstrate flexibility in identification
- If therapist lacks self-awareness, the use of themes can be dangerous



**SETTING LIMITS**

**The Basics**

Without limits there could be no therapy

Moustakas, 1959



# Therapeutic Limit-Setting: Purposes

- Protect the child, therapist, and materials
- Help child feel secure – consistent > predictable > secure
- Promote therapist acceptance
- Facilitate development of child's decision-making, self-control, self-responsibility
- Protect child from guilt
- Anchor session to reality  
(Landreth, 2012)



# When to Set Limits?

Is a child's behavior physically hurting self, therapist, or others?

Will the behavior interfere with the provision of play therapy?

Will the behavior harm the continued use of the playroom for other clients?

How will the child's behavior affect the relationship between therapist and child or between children?

- 

(Sweeney, Baggerly, & Ray, 2014)





# Accurate and Attuned Reflection

Are you understanding and are you  
attuned to the child's worldview?

# Limit-Setting: ACT 3-Step



Acknowledge child's feelings or wants

"You are really angry at me..."



Communicate the limit definitively

"...but I am not for hitting."



Target the alternative

"You can hit the BoBo."



# What Helps for ACT to be Successful?

Therapist  
Attitude

Accuracy of  
Reflection of  
Feeling

Tone of  
Voice

Self-Regulation

Letting Go of  
Expectations



## An abstract composition of various geometric shapes. In the top left, a green-outlined triangle points towards the top right. To its right is a solid blue circle. Below the triangle is a blue-outlined ring. In the center is a large orange semi-circle. To the right of the semi-circle are two vertical yellow dashes. In the bottom left is a large orange semi-circle. Above it are three yellow dashes of varying lengths and orientations. In the bottom right is a green-outlined square.

- 
- An abstract composition of various geometric shapes. In the top left, a green triangle points towards the top right. To its right is a solid blue circle. Below the green triangle is a blue ring. In the center is a large orange semi-circle. To the right of the semi-circle is a vertical yellow dashed line. In the bottom left is a large orange semi-circle. To its right are several short, curved yellow dashed lines. In the bottom right is a green square.

An abstract composition of various geometric shapes. In the top left, a green-outlined triangle points towards the top right. To its right is a solid blue circle. Below the triangle is a blue-outlined ring. In the center is a large orange semi-circle. To the right of the semi-circle are two vertical yellow dashes. In the bottom left is a large orange semi-circle. Above it are three yellow dashes of varying lengths and orientations. In the bottom right is a green-outlined square.



## Should You Drop The T?

- Is the child motivated by power and control?
- Is the child working on building creativity?
- Is the child working on autonomy?
- Can you think of an alternative?



# What's the Learning Process of Limit-Setting?

Children learning  
to regulate

Child and therapist  
attuning in the  
midst of conflict

Child learning to  
take responsibility

Child practicing  
coping skills in a  
new context

Child developing  
new coping skills

Therapist modeling  
appropriate ways  
to approach  
conflict

Child moving from  
externalized to  
internalized  
evaluation

# Common Limits

## Structuring Are The Most Frequent Limits Set and Broken

- Going to the play therapy room
- Staying in the play therapy room
- Leaving the play therapy room

## Other Common Limits

- Messiness
- Destructiveness
- Aggression

## Not So Common But May Be a Concern

- Touching - e.g., kissing, hugging, holding
- Cursing - e.g., name-calling
- Others?





Going  
Beyond

**ACT**

# Limits and Therapeutic Relationship

"When the child rejects or breaks the limit, it is not a reality of a relationship. It is a boundary held by the therapist alone which no longer has an alive meaning in a particular relationship. It is a pattern the therapist has established which is not confirmed, not completed. No bond is formed. No structure exists. The therapist literally does not know who he is in *this* relationship. He can withdraw, end the contact, and refuse to participate in an unknown process. Or he can perceive the situation, the issue, the dispute, and the conflict as an opportunity to face the child freshly and to participate in a new dimension of experience."

(Moustakas, 1959, p. 13)

A limit that is set by the therapist and accepted by the child becomes a reality in the relationship.



The Attitude of  
Encouragement

Being the quiet  
cheerleader



# Advanced Limit-Setting

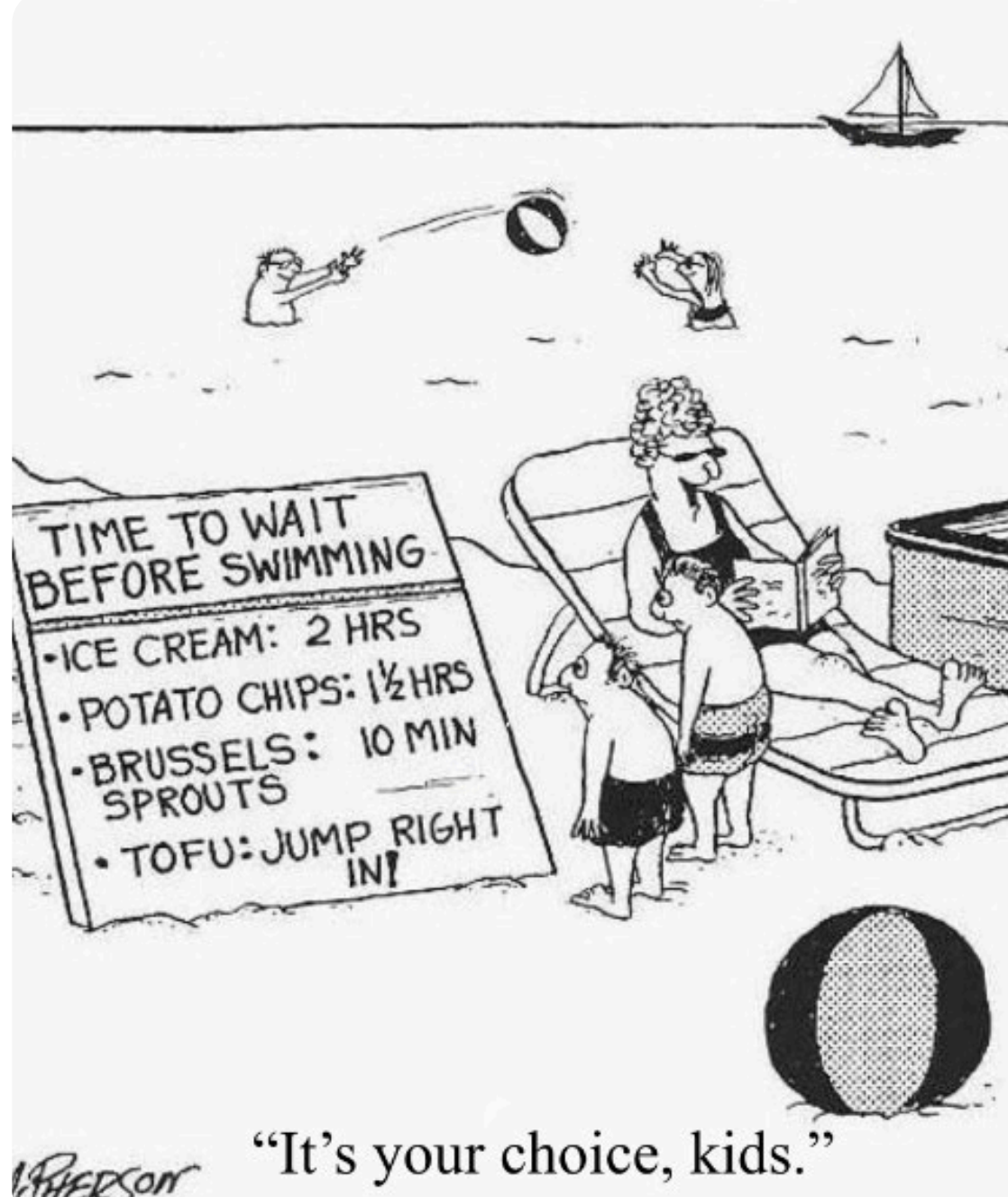
Repetition of  
ACT

Introduction of  
Choices

Consequences  
of Choices

“If you choose to shoot me with the dart gun, you choose not to play with it for today.”

“I see you have chosen not to play with the gun today. You can choose to put it on the shelf there or you can choose to give it to me.”



"It's your choice, kids."



# Advanced Limit-Setting

- Ultimate Limit – Ending the Session
  - Last tool in limit-setting
  - Reserved for harm to self or therapist
  - Presented as a choice
- Represents a break in the relationship – rarely used
- Intense review required when used



# Additional Issues in Limit-Setting

- Look for child's intent and respond
- Contain! Contain! Contain!
- Continuing to patiently set limit
  - Check beliefs
  - Check voice (usually lowering voice is helpful)
- Recognize child's ability to choose
- Consistently follow consequences of choices
- Do not approach the child physically unless absolutely necessary
- Do not restrain a child unless absolutely forced by circumstances
- If child is older and behavior is on-going, move into problem-solving (Faber & Mazlish, 1999)



# Supervision/ Consultation

The child's limit-breaking behaviors may stir negative feelings in a play therapist, such as feeling ineffective, helpless, and unlikable. Those feelings, as a result, may produce doubt or anger in a therapist which often becomes a major struggle for a therapist to deal with.



Therefore, supervision is critical to process those feelings.



## Working with Parents on Limit-Setting

“Okay, young man, that does it! When we get home, you are having a time-out!”



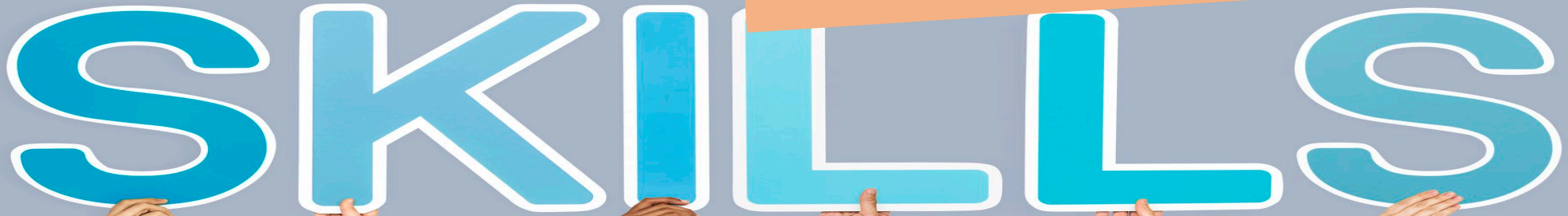
# Build Parent Skills

- Help parent identify situations that provoke child resistance
- Role-play helpful responses to child. Teach...
  - Reflection of content/reflection of feeling to help attunement
  - Encouragement responses to build self-esteem
  - Effective limit-setting to encourage building coping skills

Initiate role-play between parent and child

Discuss and plan for limit-setting

- Consult with parent about upcoming weekly events that cause resistance, defiance, tantruming
- Walk parent through those events: what will happen, expectations for how child will react, how can parent react
- Help parent decide on times what type of limit-setting they should use



SKILLS



# Limit-Setting

Discussion & Practice



# Documentation



# Session Summary

**PLAY THERAPY SESSION SUMMARY**

Date: 04/14/18 Session # 5

Child/Age: Joseph Morales/7

Diagnosis/Presenting Problem: V62.82 Uncomplicated Bereavement/ Death of sister

Time started: 4:30 pm Time finished: 5:20 pm Duration: 50 min

Counselor: Dee Ray

**I. Data**

Intervention: CCPT Current Concerns: Mother reported she stopped J. from banging head three times last week when he was upset

**SIGNIFICANT VERBALIZATION:** J. casually related story of sister's death "She fell in swimming pool and couldn't get out. She's in heaven now. She makes sure that I don't die."

Did not respond to pt's reflection.

**LIMITS SET:**

Protect Child (Physical & Emotional Safety):

Protect Therapist and/or Maintain Therapist Acceptance/Relationship:

Protect Room/Toys:

**TOYS/PLAY BEHAVIOR:**

☒ hammer/log/woodworking

☒ sand/box/water/sink

☐ theater/puppets

☐ kitchen/cooking/food

☒ easel/paint/chalkboard

☐ bean bag/pillows/sheet/blanket

☐ bop bag/foam bats/etc

☐ dress up: clothes/fabrics/shoes/jewelry/hats/masks/wand

☐ crafts/clay/markers/etc.

☐ doll house/doll family/bottle/pacifier/baby

☐ cash register/money/phone

**DESCRIPTION OF PLAY:** Describe the play behavior, sequence of play and child's affect during play.

J. played in sandbox. Built walls and buried horse. Different animals would come to bite the horse. The horse had a broken tail and broken legs. Fire truck and ambulance both came but could not help the horse. J. told story of sister while playing out the scene. Affect was light throughout

**PLAY:** J. hammered log and seemed really happy. At 5 minute warning, J. seemed anxious and quickly wanted to make a picture for his dad.

**II. ASSESSMENT**

**PLAY THEMES:** Circle predominate theme(s).

|                 |              |
|-----------------|--------------|
| EXPLORATORY     | RELATIONSHIP |
| POWER/CONTROL   | NURTURING    |
| DEPENDENCY      | GRIEF & LOSS |
| REVENGE         | ABANDONMENT  |
| SAFETY/SECURITY | PROTECTION   |
| MASTERY         | SEPARATION   |

**CONCEPTUALIZATION AND PROGRESS:**

J.'s play continues to be very relational. He seems to be working through his grief by verbalizing the death story repetitively. His play indicates a sense of helplessness with outside factors coming to hurt but no one is able to help. He appears to be struggling with a developing sense of capable self apart from his sister and other events. He also continues to display a high need for pleasing his father, a possible condition of self worth.

**III. PLAN/RECOMMENDATIONS:** Circle recommendations

Play Therapy Next Appointment Date/Time: 04/21/18 4:30 pm

Parent Consultation Next Appointment Date/Time: 04/21/18 4:00 pm

Sibling Session

Family Play Therapy

Group Play Therapy

Filial Therapy

Parent Counseling

Parent Resources

Medical Evaluation

Psychological Assessment

School Consultation

Professional Consultation

Request Records

**Structuring**

Heavily reflecting:

J. would not leave session at end. He wanted to make a picture for dad. Limit set 5x. Finally left when finished picture.

**HELPLESS**

REPARATION

RESILIENCY

CHAOS/INSTABILITY

PERFECTIONISM

INTEGRATION

**POWERLESS**

HOPELESS

ANXIETY

OTHER:





# **The Five Tools For Treatment Planning**

**(Ray, 2026)**

- **Intake Information**
- **Formal Assessment**
- **Initial Play Therapy Sessions**
- **Child-Centered Play Therapy Objectives and Learning Experiences**
- **CCPT Verbal Protocol**

# Tool 1 Intake Information

## Developmental History

- Consider developmental milestones, events, and descriptions in the context of typical development
- Discern between developmental concerns that need to be addressed in treatment plan and those that need to be better explained to the parent/caregiver that are not a cause of concern

## Parent/Caregiver Concerns

- Develop list of concerns that are a priority for the parent/caregiver
- Use this list to inform treatment plan goals and objectives

## Parent Expectations

- Align parent expectations with treatment goals or address how these expectations will not be met by the treatment plan

# Tool 2 Formal Assessment

## **Serves to develop a working relationship with parent/caregiver**

- CCPT therapist cares about the parent/caregiver's perception
- CCPT therapist takes time to consider data when conceptualizing child
- CCPT therapist communicates back to parent/caregiver what the parent reports as most concerning thereby aligning therapist with parent/caregiver
- Moves treatment planning discussion to a more objective place (how does your report of your child compare to other parents/caregivers' report of their children?)

## **Serves as a starting place for treatment progress monitoring**

## **Only used as ONE point of data to help with holistic conceptualization**

| Caregiver/Teacher Report Scales                           |                                                                                                                                                                                              | Observations                                     |                                              | Self-Report                                                                                                                                                                                                      |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Parenting Stress Index                                    | Conners' Rating Scale                                                                                                                                                                        | Play Therapy Progress Worksheet*                 | Developmental Assessment of Young Children   | Children's Depression Inventory                                                                                                                                                                                  |
| Child Interpersonal Relationship and Attitude Assessment* | Behavioral Assessment System for Children                                                                                                                                                    | Children's Play Therapy Instrument               | Marschak Interaction Method                  | Revised Children's Manifest Anxiety Scale                                                                                                                                                                        |
| Attention Deficit Disorders Evaluation Scale              | Social Emotional Assets and Resilience Scales                                                                                                                                                | Carmichael's Therapist/Client Interaction Matrix | Functional Emotional Assessment Scale        | Trauma Symptom Checklist                                                                                                                                                                                         |
| Child Behavior Checklist/Caregiver Teacher Report Form    | Strengths and Difficulties Questionnaire*<br><a href="https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(USA)">https://www.sdqinfo.org/py/sdqinfo/b3.py?language=Englishqz(USA)</a> | Measure of Empathy in Adult Child Interactions*  | Extended Play-Based Developmental Assessment | Piers-Harris Children's Self Concept Scale                                                                                                                                                                       |
| Ages and Stages Questionnaire                             | Student Teacher Relationship Scale                                                                                                                                                           | Gesell Developmental Observation                 | Trauma Play Scale*                           | Harter Self-Concept Scales                                                                                                                                                                                       |
| Index of Teaching Stress                                  | Y-OQ 2.01<br><a href="http://www.oqmeasures.com/">http://www.oqmeasures.com/</a>                                                                                                             | Direct Observation Form                          |                                              | Moods and Feelings Questionnaire*<br><a href="https://devepi.duhs.duke.edu/measures/the-mood-and-feelings-questionnaire-mfq/">https://devepi.duhs.duke.edu/measures/the-mood-and-feelings-questionnaire-mfq/</a> |
| Behavior Rating Inventory of Executive Function®          | Vineland-3 Adaptive Behavior Scales                                                                                                                                                          |                                                  |                                              | <b>*available for free</b><br>D                                                                                                                                                                                  |

# Tool 3 Initial Play Therapy Sessions

- **Conceptualizing the whole person of the child in context is most essential in CCPT treatment planning**
- **Initial play sessions provide opportunity for informal assessment**
  - **Don't forget building the therapeutic relationship is MOST important even if therapist is engaging in informal assessment**
- **Initial play therapy sessions allow therapist to see**
  - **Perceptions of self and their abilities**
  - **Perceptions of the world and their place in it**
  - **How the child manages their environment**
  - **Interpersonal ways of being**
  - **Behavioral coping skills**



# 16 Questions for The Therapist To Consider for Conceptualizing Treatment Plan

How does the child interact with the parent/caregiver in the waiting area prior to session?

How does the child respond to the therapist during introduction?

How does the child separate (or refuse to separate) from the parent/caregiver?

How does the child respond at first sight of play therapy room?

How does the child respond to the therapist's early nondirectivity? (e.g., is child excited, shocked, anxious, etc about self-direction?)

How, if at all, does the child explore the play therapy room?

Does the child engage in play during session?  
What kinds of play? (e.g., looking for sustained play, symbolic play, interactional play, no play, etc)

How does the child present developmentally related to cognitive, behavioral, emotional, and physical development?

How, if at all, does the child verbalize throughout the session?

How does the child interact with the therapist? Does the child directly interact with therapist? Does child ignore the therapist? Does the child speak or act aggressively toward therapist?

Does child reveal perceptions of self and/or others during play and/or verbalization?

How does the child physically respond while in session? (e.g. looking for body tension, facial expressions, physical tics, body fluidity, etc)

How does the child respond to limits, if given?

How does child respond to the 5-minute notice?

How does child respond to end of session?

How does child return to parent/caregiver/classroom etc?

# Tool 4 Child-Centered Play Therapy Objectives and Learning Experiences (Landreth, 2024)

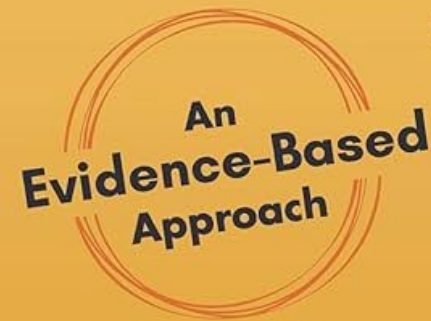
- Landreth (2024) cautions against setting specific goals or objectives for an individual child in a prescriptive manner
- Landreth states that specific goals may be evaluative and may lead the therapist to intentionally (or unintentionally) push the child toward what the therapist wants for the child
- The objectives are not prescribed for particular “problems” exhibited by the child.
- The CCPT therapist knows the identified objectives are typical outcomes when engaged in the theoretically-aligned process of CCPT

# PLAY Therapy

FOURTH EDITION

## The Art of the Relationship

Theory and Application  
of Child-Centered  
Play Therapy



Garry L. Landreth  
Ray, 2026

# Landreth's (2024) Objectives and Learning Experiences

## Play Therapy Objectives

- Develop a more positive self-concept
- Assume greater self-responsibility
- Become more self-directing
- Become more self-accepting
- Become more self-reliant
- Engage in self-determined decision-making
- Experience a feeling of control
- Become sensitive to the process of coping
- Develop an internal sense of evaluation
- Become more trusting of self

## Eight Basic Learning Experiences About Self

- To respect themselves
- Their feelings are acceptable
- How to express their feelings responsibly
- To assume responsibility for themselves
- To be creative and resourceful in confronting problems
- Self-control and self-direction
- To accept themselves at a feeling level
- To make choices and to be responsible for those choices

# Tool 5 CCPT Verbal Protocol (Ray, 2026)

- CCPT Verbal Protocol provides specific verbal response categories aligned with targeted CCPT objectives
- Should be noted that CCPT verbal protocol does not encompass the significance of interpersonal nonverbal communication between therapist and child
- Verbal response categories allow for deconstructing CCPT at a granular and concrete level often necessary for treatment planning
- Verbal response categories can be used as interventions in the CCPT treatment plan

| Response Category         | Target Objective                                                                                                                                                                                           | Description                                                                                                                                                         | Example                                                                                                 |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Tracking Behavior         | Set tone for relationship – sending message child is in lead                                                                                                                                               | Therapist verbally responds to behavior of the child by stating what is observed.                                                                                   | "You're picking that up."                                                                               |
| Reflecting Content        | Build empathy<br>Improve social skills<br>Develop self-concept                                                                                                                                             | Therapist paraphrases the verbal interaction of the child.                                                                                                          | "You went to see the pirate movie and there was a lot of action in it."                                 |
| Reflecting Feeling        | Build empathy<br>Improve social skills<br>Develop self-concept                                                                                                                                             | Therapist verbally responds to emotions expressed by child.                                                                                                         | "You're angry about being here and want to go home."                                                    |
| Returning Responsibility  | Improve decision-making<br>Increase emotional regulation<br>Increase sense of capability<br>Build self-responsibility                                                                                      | Therapist verbalizes statements to help children experience their own capability and take responsibility for it.                                                    | "You decided you would be the boss and take charge."                                                    |
| Facilitating Creativity   | Encourage emotional expression<br>Expand coping skills                                                                                                                                                     | Therapist verbalizes statements that help a child experience a sense of freedom and creativity.                                                                     | "That looks like something you want it be."                                                             |
| Esteem-Building           | Develop self-concept<br>Increase sense of capability                                                                                                                                                       | Therapist verbalizes statements to help children experience a stronger and capable sense of self.                                                                   | "You did it. You tried hard and figured it out."                                                        |
| Facilitating Relationship | Build empathy<br>Improve interpersonal awareness<br>Deepen relationship<br>Improve social skills                                                                                                           | Therapist reflects statements that build the relationship between therapist and child.                                                                              | "You wanted to be close to me."<br>"You wanted to do something to help me."                             |
| Reflecting Deeper Meaning | Build empathy<br>Deepen relationship<br>Develop self-awareness<br>Increase self-regulation<br>Increase emotional regulation<br>Improve decision-making<br>Build self-responsibility<br>Build coping skills | Therapist notices and verbalizes patterns in the child's play.                                                                                                      | "When you come into the playroom, you want to be the one in charge."                                    |
| Limit-Setting             |                                                                                                                                                                                                            | Limits are set according to a 3-step procedure of reflecting the child's intention of feeling, setting a definitive limit, and providing an appropriate alternative | "You are really angry with me but I'm not for throwing sand at. You can throw the sand in the sandbox." |

| Response Category         | Target Objective                                                                                                      | Description                                                                                                                                                         | Example                                                                                                 |
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| Returning Responsibility  | Increase emotional regulation<br>Improve decision-making<br>Increase sense of capability<br>Build self-responsibility | Therapist verbalizes statements to help children experience their own capability and take responsibility for it.                                                    | "You decided you would be the boss and take charge."<br><br>"That looks like something you can do."     |
| Facilitating Creativity   | Encourage emotional expression<br>Expand coping skills                                                                | Therapist verbalizes statements that help a child experience a sense of freedom and creativity.                                                                     | "In here, it can be whatever you want it be."                                                           |
| Esteem-Building           | Develop self-concept<br>Increase sense of capability                                                                  | Therapist verbalizes statements to help children experience a stronger and capable sense of self.                                                                   | "You did it. You tried hard and figured it out."                                                        |
| Facilitating Relationship | Build empathy<br>Improve interpersonal awareness<br>Deepen relationship<br>Improve social skills                      | Therapist reflects statements that build the relationship between therapist and child.                                                                              | "You wanted to be close to me."<br>"You wanted to do something to help me."                             |
| Reflecting Deeper Meaning | Build empathy<br>Deepen relationship<br>Develop self-concept<br>Increase self-awareness                               | Therapist notices and verbalizes patterns in the child's play.                                                                                                      | "When you come into the playroom, you want to be the one in charge."                                    |
| Limit-Setting             | Increase emotional regulation<br>Improve decision-making<br>Build self-responsibility<br>Build coping skills          | Limits are set according to a 3-step procedure of reflecting the child's intention of feeling, setting a definitive limit, and providing an appropriate alternative | "You are really angry with me but I'm not for throwing sand at. You can throw the sand in the sandbox." |



Putting It  
All  
Together

# Treatment Planning the CCPT Way

- **Diagnosis** – as holistic and least restrictive as possible
- **Goal** – align with CCPT objectives and learning experiences
- **Measurable Objectives** – align with CCPT objectives and learning experiences – add concrete measure for accountability
- **Intervention** – align with CCPT verbal protocol



## Considerations:

- Define constructs as aligned with CCPT – ex. Coping skills can be any coping skills that a child uses to address their perception of the world. In CCPT, we don't define coping skills as "good" or "bad"
- Measurable objectives are identified as "givens" in CCPT, outcomes that research supports as typical outcomes of CCPT. They are not goals that we are trying to make happen.
- The CCPT verbal protocol can be deconstructed in matching a therapist skill with a particular outcome aligned with CCPT.
- Although CCPT is child-centered and the child drives the content of the intervention, the CCPT therapist uses particular skills to facilitate a therapeutic environment that provides the conditions for change. These skills are useful to articulate on a treatment plan.



## Treatment Plan

Child's Name: Noah Noble DOB: 04/16/2020

Today's Date: 11/22/2025 Clinician: Dee Ray

### **Diagnosis:** F43.22 Adjustment disorder with anxiety

Per conversation with previous therapist and insurance records, client was diagnosed with F41.1 Generalized Anxiety Disorder. Current presentation includes emotional reactivity and aggression related to adjusting to medical treatment for his wheezing-associated respiratory illness. Based on current presentation and assessment, client does not appear to meet criteria for Generalized Anxiety Disorder at this time. Symptoms are more consistent with adjustment disorder with anxiety as a response to his adjustment to his medical procedures.

**Presenting Problem:** emotional dysregulation and distress; aggression toward caregivers; impairment in home functioning

**Medical Necessity:** The client presents with clinically significant anxiety symptoms that interfere with age-appropriate emotional, social, and behavioral functioning, as well as medical routines. Without ongoing outpatient mental health treatment, symptoms are expected to persist or worsen, resulting in further impairment and negatively impacting developmental functioning. Treatment is medically necessary to improve functioning and prevent regression.

### **Treatment Modality:**

90791 – Psychiatric Diagnostic Evaluation (initial assessment)

90834 – Individual Psychotherapy, 45 minutes

90846 – Family Psychotherapy without Patient Present

90887 – Caregiver Psychoeducation and Training (when applicable)

### **Frequency:**

Individual Psychotherapy: 1x weekly, 45 minutes

Family Therapy / Caregiver Sessions: As clinically indicated

### **Long-Term Goal:**

Client will demonstrate age-appropriate coping skills and emotional regulation, resulting in a clinically significant reduction in anxiety symptoms and improved functioning across settings. Expected outcomes include appropriate expression of feelings, reduced emotional dysregulation, increased sense of personal safety, increased positive coping skills, and increased sense of competence.

### **Goal #1:** Emotional Awareness & Expression

Allow client to fully experience and express his perceptions and experiences in a safe and permissive environment in which he feels cared for and understood, while learning to express his emotions responsibly.

**Objective 1.1:** Client will express anxiety-related feelings through play and interaction with therapist in 75% of sessions.

**Objective 1.2:** Client will explore and express self-concept related to anxiety symptoms in 75% of sessions.



*Interventions:*

- Utilize child-centered play therapy to facilitate emotional expression
- Reflect child's perception and feelings about self and experiences to provide empathic understanding
- Reinforce emotional expression through reflection of feeling and content

**Goal #2: Increase Self-Regulation**

**Objective 2.1:** Engage in increased appropriate expression of anger or need for control at least one time in session by 5<sup>th</sup> session and three times by 12<sup>th</sup> session

**Objective 2.2:** Aggressive emotional outbursts will decrease by at least 50% within 16 weeks, per caregiver report.

*Interventions:*

- Facilitate personal responsibility through returning responsibility responses when child demonstrates need for control in session
- Reflect child's frustrations and anger regarding child's need for expression
- Facilitate self-regulation through 3-step limit-setting in session

**Goal #3: Reduction of Anxiety Symptoms**

**Objective 3.1:** Client will demonstrate at least 2 coping skills during session in 4 out of 5 consecutive sessions.

**Objective 3.2:** Caregivers will report decreased anxiety-related behaviors within 16 weeks.

*Interventions:*

- Facilitate coping skills through facilitating creativity responses that expand client's willingness to engage in alternate coping strategies
- Use esteem-building responses to increase client's sense of capability in using coping skills
- Provide choice-giving to client to increase executive function decision-making

**Goal #4: Caregiver Involvement**

**Objective 4.1:** Caregivers will verbalize understanding of childhood anxiety and treatment strategies within 10 weeks.

**Objective 4.2:** Caregivers will implement at least 2 therapist-recommended strategies consistently within 10 weeks.

*Interventions:*

- Teach parents patterns of childhood anxiety and aggression-related behaviors
- Coach parents in skills of reflection, self-esteem building, returning responsibility, and limit-setting
- Work with parents on creating an autonomy plan to increase client's sense of capability
- Assign parent to conduct 30-minute play time with client once per week and provide feedback on skills

**Discharge Criteria:**

Anxiety symptoms no longer significantly impair functioning; Caregivers demonstrate confidence in supporting the client; Treatment goals are met or maximum benefit achieved.

Parent/Guardian Signature:  
Clinician Signature: Dee Ray, Ph.D., LPC-S, NCC, RPT-S

Date:  
Date: 11/22/2025

### Treatment Plan

Child's Name: *Joseph Morales* DOB: *08/22/2014*

Today's Date: *09/08/2021* Therapist: *Dee Ray*

Presenting Problem: *Excessive anxiety; engages in regressed tensional outlets such as thumb-sucking and crying; refuses to sleep alone; often engages in helpless and dependent behavior*

Diagnosis: *300.02/F41.1 Generalized Anxiety Disorder*

#### Services Needed:

#### Anticipated Number of Sessions

| Intervention          | 1-2 | 3-7 | 8-10 | 11-20 | 21-40 | 41+ |
|-----------------------|-----|-----|------|-------|-------|-----|
| X Assessment          | X   |     |      |       |       |     |
| X Individual          |     |     |      |       | X     |     |
| X Parent Consultation |     |     | X    |       |       |     |
| Filial Therapy        |     |     |      |       |       |     |
| X Family              |     | X   |      |       |       |     |
| Group                 |     |     |      |       |       |     |
| Other                 |     |     |      |       |       |     |

**Goal:** *Reduce intensity of anxiety to improve daily functioning; Increase independent behaviors*

| Objectives                                                                                                                                                                                                                                                                                                                              | Interventions                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Express perception of current and past experiences that are <u>connected with</u> anxiety symptoms and worries.</li> </ul>                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Actively build relationship with child through permissiveness of expression in individual child centered play therapy</li> <li>Assess the level of anxiety experienced by child through administration and interpretation of RCMAS &amp; MFQ</li> </ul>                         |
| <ul style="list-style-type: none"> <li>Increase ability to engage in autonomous behaviors                             <ul style="list-style-type: none"> <li>Engage in at least 2 autonomous behaviors during session</li> <li>Respond to therapist prompts to return responsibility at least 2 times in session</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Facilitate autonomy through returning responsibility responses when child demonstrates dependence</li> <li>Reflect child's frustrations and sadness regarding feelings of incompetence</li> <li>Facilitate autonomy through multiple self-concept building responses</li> </ul> |

|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Increase ability to engage in autonomous behaviors                             <ul style="list-style-type: none"> <li>Engage in at least 2 autonomous behaviors during session</li> <li>Respond to therapist prompts to return responsibility at least 2 times in session</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>Facilitate autonomy through returning responsibility responses when child demonstrates dependence</li> <li>Reflect child's frustrations and sadness regarding feelings of incompetence</li> <li>Facilitate autonomy through multiple self-concept building responses</li> </ul> |
| <ul style="list-style-type: none"> <li>Decrease incidents of thumb-sucking and crying                             <ul style="list-style-type: none"> <li>Current Level – 3 times per day</li> <li><u>3 month</u> objective – 3 per week</li> <li><u>6 month</u> objective – 0 incidents</li> </ul> </li> </ul>                          | <ul style="list-style-type: none"> <li>Teach parents skills of reflection, self-esteem building, and limit-setting.</li> <li>Assign parents to conduct 30-minute play sessions with</li> </ul>                                                                                                                         |

|  |                                                                                                                                                                   |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | child once per week <ul style="list-style-type: none"> <li>Family activity sessions to provide alternate forms of communication between family members</li> </ul> |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I have discussed the intervention plan above with my therapist, understand the recommended strategies, and agree to participate as an active member in my child's intervention plan.

Parent/Guardian Signature: *Jessica Morales*

Date: *09/08/2021*

Therapist Signature: *Dee Ray, Ph.D., LPC-S, NCC, RPT-S*

Date: *09/08/2021*

### Treatment Plan (Humanistic Example)

Child's Name: *Anton Johnson* DOB: *03/09/15*

Today's Date: *09/08/2021* Therapist: *Dee Ray*

Presenting Problem: *Anton's parents are concerned about his low self-esteem, lack of confidence, and frequent bursts of anger which often result in destructive behaviors. Anton was adopted at age 4 after living in foster care from ages 2 to 4 years old.*

Diagnosis: *Anton's background and demonstrated behaviors are consistent with developmental trauma disorder and seem best understood in the context of trauma-informed care.*

#### Services Needed:

#### Anticipated Number of Sessions

| Intervention          | 1-2 | 3-7 | 8-10 | 11-20 | 21-40 | 41+ |
|-----------------------|-----|-----|------|-------|-------|-----|
| X Assessment          | X   |     |      |       |       |     |
| X Individual          |     |     |      |       | X     |     |
| X Parent Consultation |     |     | X    |       |       |     |
| Filial Therapy        |     |     |      |       |       |     |
| X Family              |     | X   |      |       |       |     |
| Group                 |     |     |      |       |       |     |
| Other                 |     |     |      |       |       |     |

**Goal:** *Allow Anton to fully experience and express his perceptions and experiences in a safe and permissive environment in which he feels cared for and understood. Expected outcomes include appropriate expression, increased self-esteem, and increased sense of competence.*

| Objectives                                                                                                          | Interventions                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Complete evaluation of background factors and resulting behaviors</li> </ul> | <ul style="list-style-type: none"> <li>Conduct thorough developmental background with parents</li> <li>Assess traumatic experiences using the Adverse Childhood Experiences checklist</li> <li>Complete a full conceptualization of Anton's case including patterns of behavior that are influenced by past experiences.</li> </ul> |

- Work through perceptions of past experiences, addressing contributions to current perceptions of self

- Actively build relationship with child through permissiveness of expression in individual child centered play therapy
- Reflect child's perception and feelings about self to provide empathic understanding

- Increase self-regulation

- Facilitate building of self-concept through encouraging/self-esteem building responses
- Engage in returning responsibility and limit-setting responses during sessions.
- Reflect child's feelings of frustration when unable to express himself
- Teach parents skills of reflection, self-esteem building, and limit-setting.
- Assign parents to conduct 30-minute play sessions with child once per week
- Family activity sessions to provide alternate forms of communication between family members

I have discussed the intervention plan above with my therapist, understand the recommended strategies, and agree to participate as an active member in my child's intervention plan.

Parent/Guardian Signature: *Mary Johnson*

Date: *09/08/2021*

Therapist Signature: *Dee Ray, Ph.D., LPC-S, NCC, RPT-S*

Date: *09/08/2021*

# Play Therapy Progress Worksheet

**Play Therapy Progress Worksheet**

Child/Age: Jack/7 Play Therapist: Don 1<sup>st</sup> Session Date: 3-16-19 Today's Date: 6-30-19 # of Sessions: 10

### ASSESSMENT OF IN-SESSION PROGRESS

Continuum of Play Therapy Session Progress (Place session number under the corresponding rating of category for that session)

| Rating                                   | 1        | 2     | 3      | 4   | 5     | 6   | 7     |                                         |
|------------------------------------------|----------|-------|--------|-----|-------|-----|-------|-----------------------------------------|
| No Aggressive Behaviors                  |          | 9,10  | 8      | 6   | 4,5,7 | 3   | 1,2   | Aggressive                              |
| Constructive                             | 7,8,9,10 |       | 6      | 5   | 2     | 3,4 | 1     | Destructive                             |
| Responds to limits appropriately         | 9,10     | 7,8   | 6      | 5   | 3,4   |     | 1,2   | Breaks limits                           |
| Positive affect (laugh, smiles, content) |          |       | 8,9,10 | 6,7 | 5     | 3   | 1,2,4 | Negative affect (anger, cries, sadness) |
| Inability to tolerate frustration        | 1,2,4    | 3,5,6 | 7,8    |     | 9     | 10  |       | High level of frustration tolerance     |

### Progress Graph

| Session    | Aggression | Destructive | Limits |
|------------|------------|-------------|--------|
| Session 1  | 7          | 7           | 7      |
| Session 2  | 5.5        | 5.5         | 5.5    |
| Session 3  | 7          | 7           | 7      |
| Session 4  | 6          | 5           | 5      |
| Session 5  | 6          | 4           | 4      |
| Session 6  | 5.5        | 4           | 4      |
| Session 7  | 6.5        | 3           | 3.5    |
| Session 8  | 4.5        | 3           | 3.5    |
| Session 9  | 4          | 3           | 3.5    |
| Session 10 | 4          | 3           | 3.5    |

### Theme Progress

| Theme         | Progress Notes                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Power/Control | Jack began play therapy by expressing his need for power and control through substantial amount of aggression. Power and control needs focused mostly on need to control therapist through aggressive acts. Jack was responsive to limit-setting that focused on recognizing his feelings and intentions first, then setting definitive limits. As Jack picked up more expressive feeling language, his need for power and control through aggression lessened. |
| Abandonment   | Jack's need for power and control seemed related to a theme of abandonment in which he played out and verbally expressed scenes where he was abandoned and left to survive alone. Aggression toward others in scenes usually accompanied being abandoned. As verbal expression of feelings increased, Jack's play scenes of abandonment decreased.                                                                                                              |



# Continuum of Play Therapy Progress Characteristics and Descriptions

## Continuum of Play Therapy Progress Characteristics and Descriptions

Ray, 2011, pp. 130-131

| Category                               | High                                                                  | Low                                                                                                  |
|----------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <i>Aggressive</i>                      | Child exhibits high number of aggressive behaviors.                   | Child exhibits no aggressive behaviors.                                                              |
| <i>Self-Directed Play</i>              | Child initiates play with confidence and thoughtful planning.         | Child does not play at all or completely dependent on therapist to direct play.                      |
| <i>Energy</i>                          | Child exhibits high level of energy throughout session.               | Child exhibits no energy for play or verbalization.                                                  |
| <i>Sustained Play Behaviors</i>        | Child is focused in play and carries out full play scenes.            | Child is easily distracted and unable to play in any one behavior for more than seconds or a minute. |
| <i>Destructive</i>                     | Child is highly destructive toward playroom, materials and therapist. | Child is constructive in play, building and creating throughout session.                             |
| <i>Messy</i>                           | Child is very messy.                                                  | Child is very clean.                                                                                 |
| <i>Verbalization</i>                   | Child frequently talks throughout session.                            | Child says nothing.                                                                                  |
| <i>Response to Limits</i>              | Child immediately complies with any limits set.                       | Child breaks all limits set by therapist.                                                            |
| <i>Play involvement of therapist</i>   | Child involves therapist in all play.                                 | Child plays alone.                                                                                   |
| <i>Verbal involvement of therapist</i> | Child verbally interacts with therapist throughout entire session.    | Child says nothing directly to the therapist.                                                        |

|                             |                                                                                                                                         |                                                                                        |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <i>Meaningful Play</i>      | Child demonstrates focus and concentration in play. Child plays out at least one consistent theme played out with toys or verbalization | Child shows no interest in play scenes.                                                |
| <i>Affect</i>               | Child expresses intense emotions throughout session.                                                                                    | Child demonstrates no observable emotions.                                             |
| <i>Positive Affect</i>      | Child demonstrates positive affect throughout session, such as smiling, laughing, or appearing content.                                 | Child demonstrates negative affect throughout session, such as anger, crying, sadness. |
| <i>Age-Appropriate Play</i> | Child exhibits play behavior expected of a child his or her age.                                                                        | Child engages in regressed play behaviors, below the expected age level.               |

|                              |                                                                                                                |                                                                                   |
|------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <i>Mastery</i>               | Child engages in play behaviors that demonstrate competency.                                                   | Child demonstrates no mastery play and even set self up for failing in behaviors. |
| <i>Frustration Tolerance</i> | Child is able to tolerate a high level of frustration, continuing to try or staying calm when things get hard. | Child cannot tolerate any level of frustration or failure.                        |
| <i>Effort</i>                | Child keeps trying behaviors after they become challenging.                                                    | Child gives up immediately when play becomes difficult.                           |



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# Let's Take Some Time...

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LET'S TALK



# Integrating Feedback into Parent/Caregiver Consultations

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**Address treatment plan goals as part of the typical parent consultation session**

**Integrate movement toward treatment goals in conceptualization of child and discussion of parent/caregiver involvement**

**Make sure to include measurements that were listed in treatment plan – not all but enough to let parent/caregiver know that you are tracking progress laid out in treatment plan**





## Parent/Caregiver Consultations: Providing Ongoing Feedback on the Treatment Plan for Progress

### Goal 1: Emotional Awareness & Expression

How has client expressed anxiety-related feelings in play and/or interactions? Frequency?

How has client explored and expressed self-concept related to anxiety symptoms? Frequency?

In the past 4 sessions, Noah has expressed that he needs to be protected and the only way he can be protected is if others are defeated. Noah seems to feel that he is unsafe when not defeating others which explains much of how his anxiety drives his aggression. This has occurred in all 4 sessions (100%). I have focused on supporting his emotional expression through attempting to empathically understand his perspective reflecting his verbalization of his need for power and control through aggression.

### Goal #2 Increase Self-Regulation

How has client engaged in increased appropriate expression of anger or need for control? Frequency?

What is frequency of aggressive outbursts at home?

In the past 4 sessions, Noah has expressed his anger and frustration through aggression within appropriate limits (100%). We will continue to work on emotional expression and creation of coping skills to decrease his need for aggression through returning responsibility and limit-setting. You reported that Noah's outbursts have decreased. In our first meeting, you said he had an outburst every day. This week you reported that he had 2 this week (greater than 50% reduction).



## Parent/Caregiver Consultations: Providing Ongoing Feedback on the Treatment Plan for Progress

### Goal #3 Reduction of Anxiety Symptoms

How has client demonstrated coping skills in session?

What is frequency of anxiety-related behaviors at home?

In the past 4 sessions, Noah has demonstrated that his primary coping skills when feeling anxious (unsafe) is to act aggressively and move toward gaining power. Through choice-giving such as "you can choose to come back to the room in one minute or five minutes" and through facilitating his creativity in play sessions, Noah's aggression has become less intense. Additionally, I have focused on building his self-esteem in order to help him feel more capable in situations where he is feeling threatened. He is clearly using the play therapy session to demonstrate and explore his coping skills. You are reporting that he is still breaking down and crying at unexplainable times and seems to get frustrated easily. These appear related to his anxiety and we will keep working on how to respond to him to increase his sense of capability and empowerment in situations when he holds little power (i.e., his shots).

### Goal #4 Caregiver Involvement

Are caregivers engaged in listening during parent consultations and working toward empathic understanding of their child?

Are caregivers reporting that they have used therapist-taught skills at home?

Since we've talked about Noah feeling anxious, especially around his medical treatment which extends into other situations for him, and using aggression to gain power, thereby reducing his anxiety, it seems like you have been more understanding and feel better about your interactions with him. I know it's been hard but have you been able to use the limit-setting, choice-giving, reflecting, returning responsibility skills we talked about? How has that gone? Let's go over the autonomy plan. I think it might help.



# Reporting Progress to Parents and Others



# Tips for Articulating Progress to Others



- ❖ Align goals with parents/caretakers
- ❖ Identify 3 main “areas of focus” for child or child/parent relationship
- ❖ Share goals/focus areas with parents/caretakers
- ❖ Meet with parents regularly to share progress (every 3-5 sessions)
- ❖ Assess progress through data collection (quantitative or qualitative) every 10 sessions
- ❖ Share data with parents
- ❖ Be open and honest about lack of progress
- ❖ Give examples of progress, even just small steps
- ❖ Brainstorm with parent regarding thoughts about progress
- ❖ Be accepting of parent’s frustration or criticisms

## Identified Goals

- Increase play and verbal expression of anxiety
- Increase autonomy and self-confidence
- Decrease negative tensional outlets

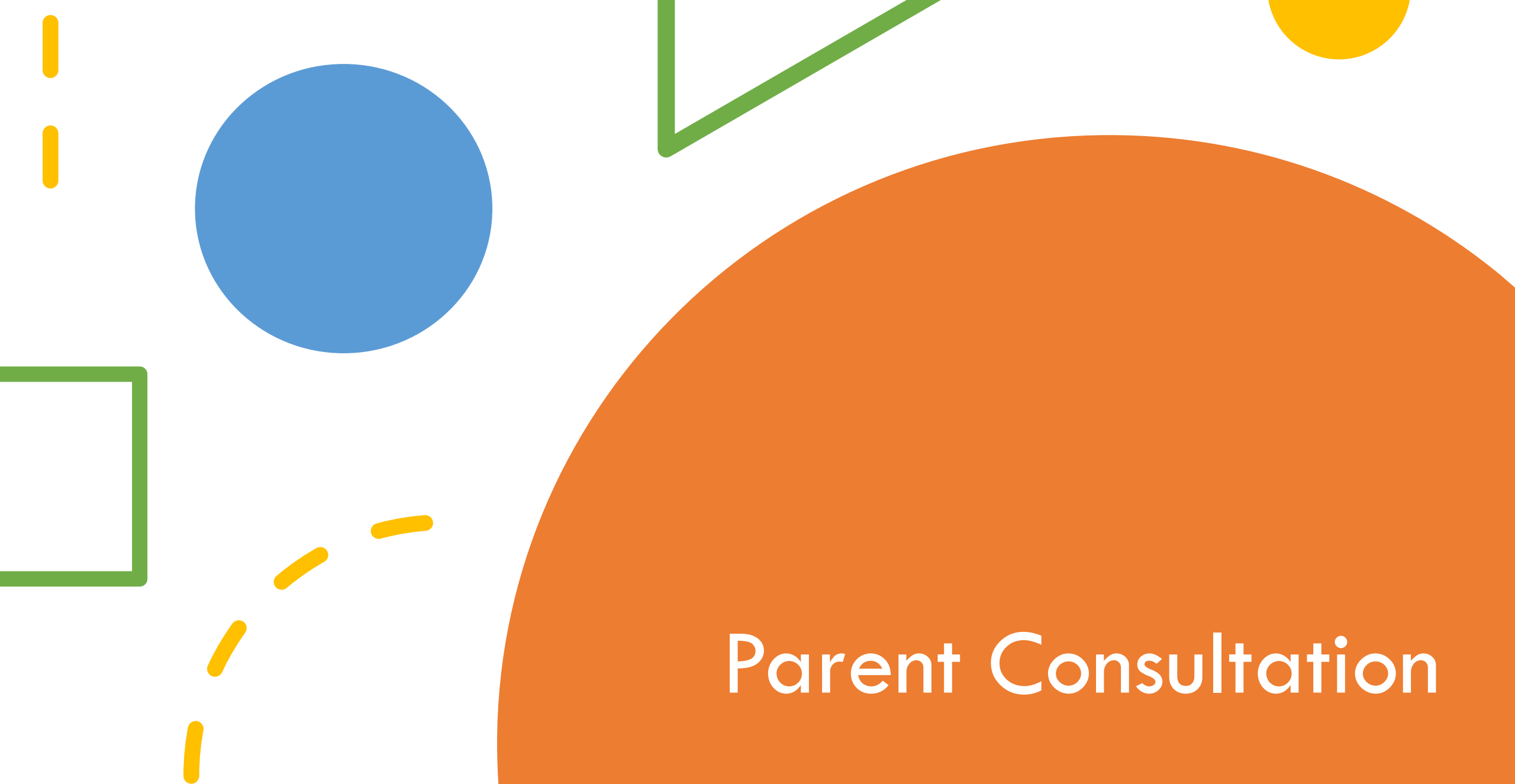
## Areas of Focus

- Joseph's need to develop autonomy and resiliency
- Building parent support for autonomy
- Building parent skills of encouragement and limit-setting

## Measuring Progress

- CBCL and PSI every 10 sessions
- Track Joseph's interaction with therapist, sustained play, and thematic play with worksheet
- Identify theme and track progress





# Parent Consultation





# Working with Parents

- Recognize the parent's legal rights
- Ethical guidelines
- Therapeutic value
- Ultimate goal: Relationship as the curative factor
- Cultural humility and cultural opportunities
  - Maintain openness to learn from clients about their own cultural experience and knowledge



# Structure for Parent Consultations

- Initial parent consultation *without* child present
- On-going consultations every 3-5 play therapy sessions
- 30-50 minutes in length
- Involvement of child
- Involvement of others



# First Parent Consultation

Background  
Information and  
Informed  
Consent

Gather  
Developmental  
History

Listen to and  
Conceptualize  
Concerns

Define Play  
Therapy and  
Explain Process

Address  
Termination

# Gathering Developmental History

- Developmental milestones
  - Labor & birth
  - Walking
  - Talking
  - Motor skills
  - Potty training
  - Reading
  - Writing
  - Social development

- Familial context for development
  - Configuration of family during development
  - Setting/mobility of family during development



# Parent Concerns

- Identify concerns if not already addressed in developmental history
- Prioritize parental concerns in collaboration with parent
- Clarify parent expectations of play therapy



# Multicultural Considerations in Parent Consultation

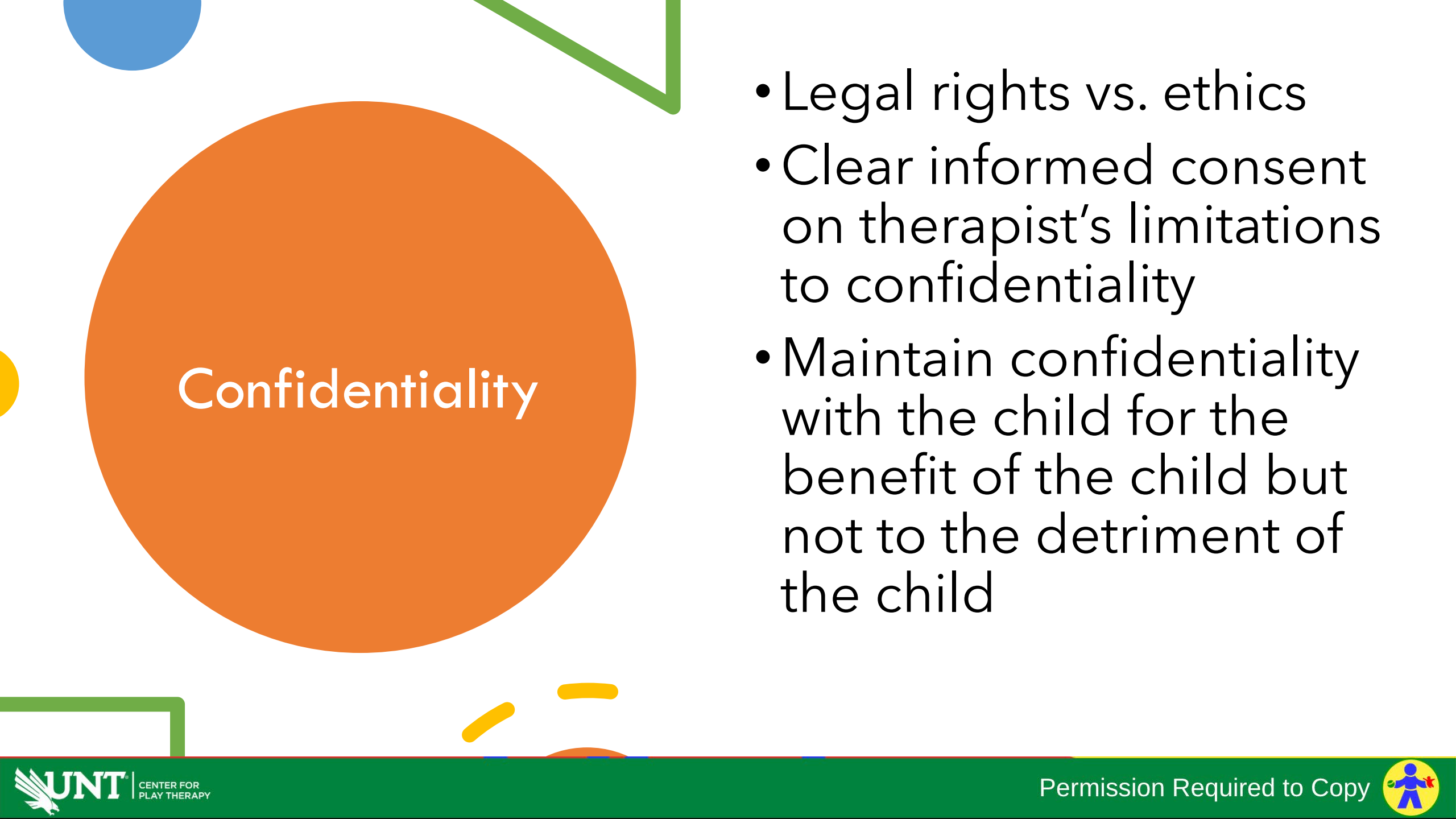
- Cultural humility and cultural opportunities
- Maintain openness to learn from clients about their own cultural experience and knowledge
- In parent consultation, be comfortable exploring cultural themes and issues important for the child and/or caregiver
- “What would you like for me to know about you, your child, and your family values that is important for our work together?”



# Defining and Explaining Play Therapy Modality: How You Work

- Therapist should have clear definition of play therapy modality
- Therapist should be confident in play therapy modality
- Therapist should integrate parental concerns into explanation of play therapy
- Address role of play therapy in change
- Consider vocabulary





# Confidentiality

- Legal rights vs. ethics
- Clear informed consent on therapist's limitations to confidentiality
- Maintain confidentiality with the child for the benefit of the child but not to the detriment of the child





# Session Consistency



Need to impress upon  
parents how consistency  
encourages progress and  
inconsistency leads to lack  
of progress



# Termination

- Address in first parent consultation
- Talk of termination instills hope
- Address how termination takes place
  - Parent & therapist agree upon termination based on child progress
  - Parent decides to withdraw child from counseling
- If withdrawn, need to address proper termination for child
  - Inform therapist
  - Therapist respectfully accepts, even if not in agreement
  - Child participates in at least two termination sessions





## Ending the First Parent Consultation

- Not the time for education
- Discuss how concerns will be addressed in future consultations
- Instill encouragement by being optimistic
- Set up time for next parent consultation based on current knowledge



# On-going Parent Consultations

Check  
in

Check in with parent

Inform

Inform parent of progress

Teach

Teach one skill concept

Role-  
play

Role-play skill



# List of Concerns

- List begins at first parent consultation
- Therapist and parent collaborate on adding concerns and prioritizing concerns
- Therapist adds concerns that become apparent through play therapy
- Be flexible with list
- *But* not so flexible as to move into a weekly crisis mode
- Use the list to guide what progress information is given and to decide upon what skill concepts should be taught



## Step 1: Check-In With Parent

- Introduce check-in: "How have things been going with [child's name] since we last met?"
- *Not* "How are you doing?"  
Remember the focus is on the child.
- Use reflection and clarification
- Integrate new concerns with on-going list of concerns
- Decide whether to move to Step 2



# Should You Move on to Step 2?

- At times, play therapist's role needs to be one of support
- Consider
  - Significance of events shared (was parent/child traumatized by event? Need for clarification)
  - Emotionality of parent in moment (is parent emotionally stable?)
  - Solidity of the therapist-parent relationship (would listening and supporting parent be more effective for the relationship than moving to other steps?)
- Caution: If parent is in frequent need of support, parent is probably in need of individual counseling. Need to refer.



## Step 2: Inform Parent of Progress in Play Therapy

- Transition from parent concerns to therapist information by integrating the two  
“When you talked about David yelling and throwing the chair, I was thinking that I’ve seen some of this type of impulsive aggressive behavior in his play sessions.”
- Share observations, experiences, conceptualizations, or other client information that will be helpful to the parent in understanding the child
- Keep it short and do not overwhelm the parent
- Importance of this step to keep parent involved in counseling. Do not skip due to time or lack of therapist confidence in conceptualization



## Step 3: Teach One Skill-Based Concept

- Teach only one skill per consultation
- Each skill should be a building block for the next. For example, reflective listening is the cornerstone for all communication skills; it should be taught first.
- Concept should be taught within 5-10 minutes, no longer
- Decide on order of concepts through building a foundation for skills and addressing specific concerns of the parent and child

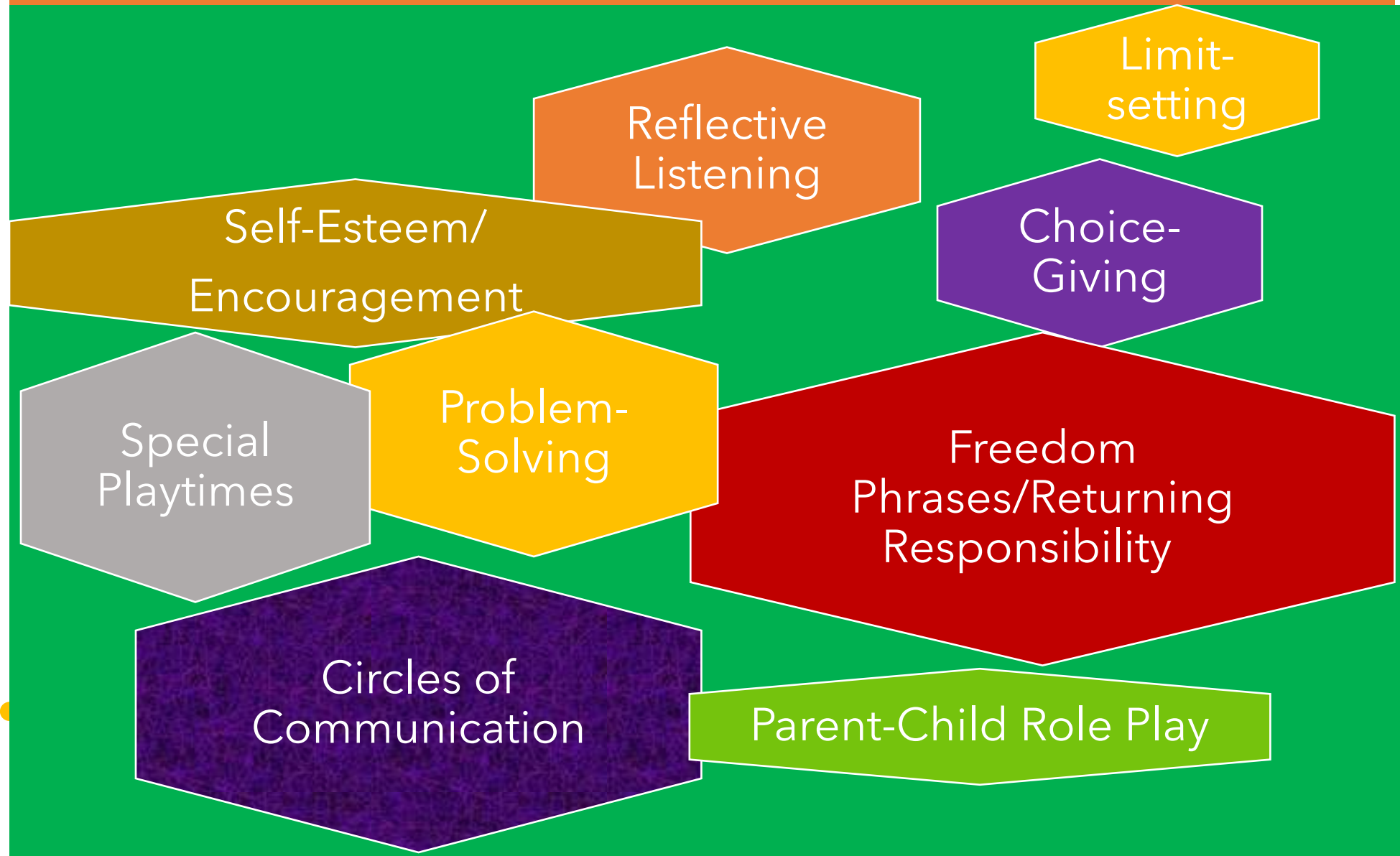


## Step 4: Role Play Skill-Based Concept

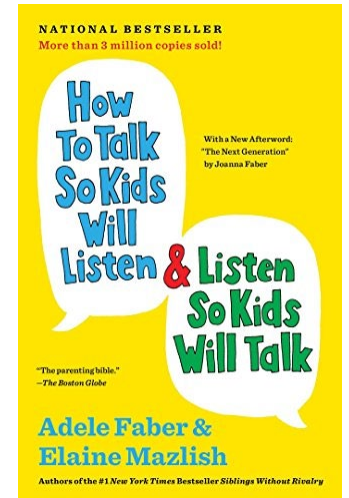
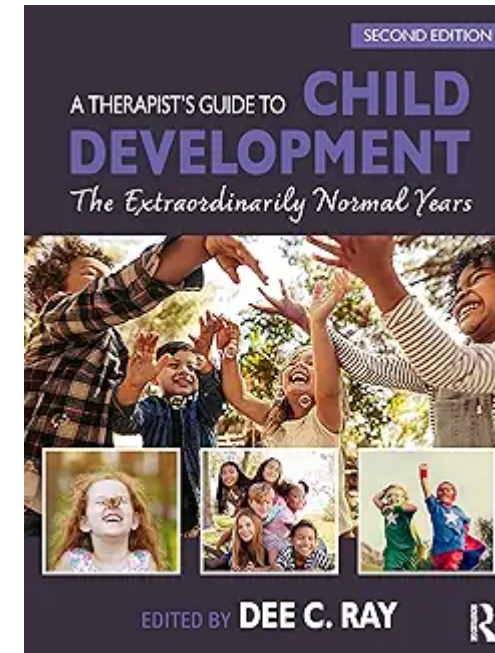
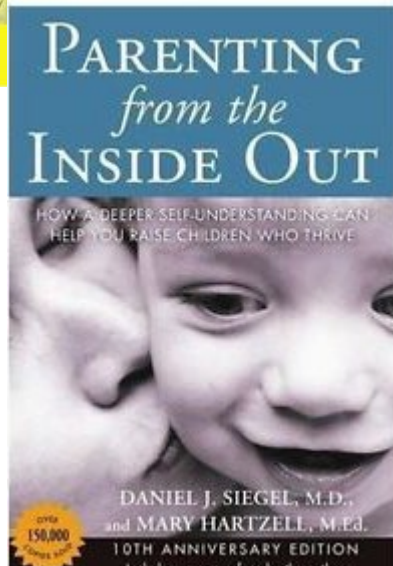
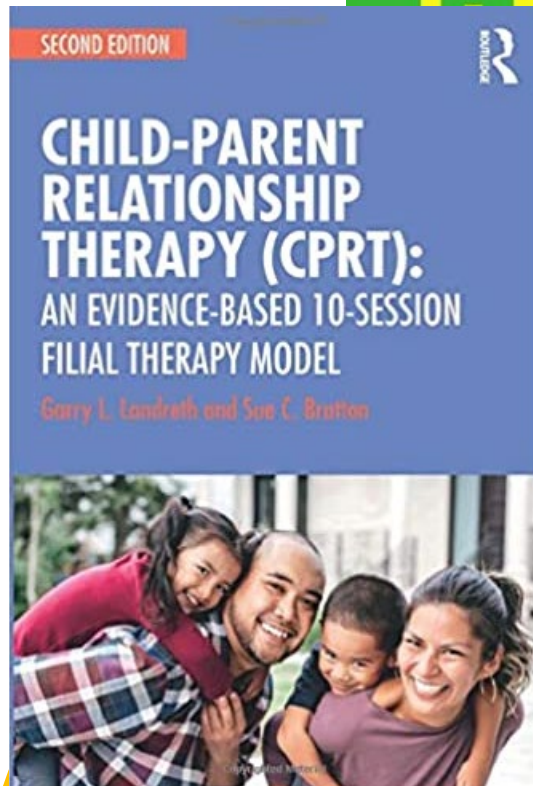
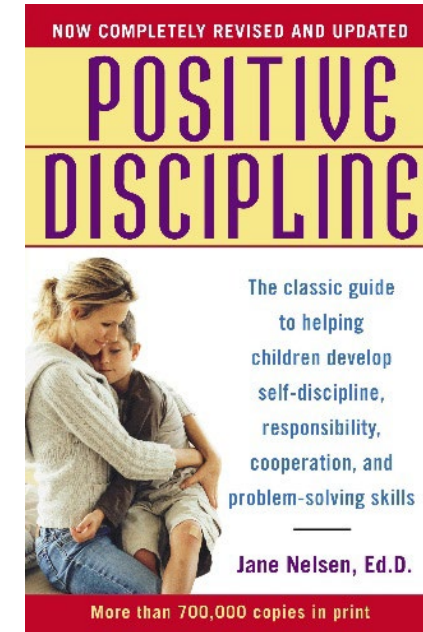
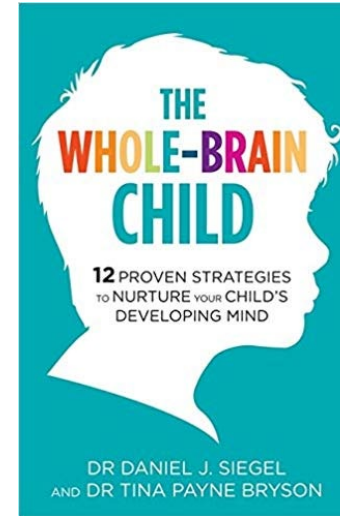
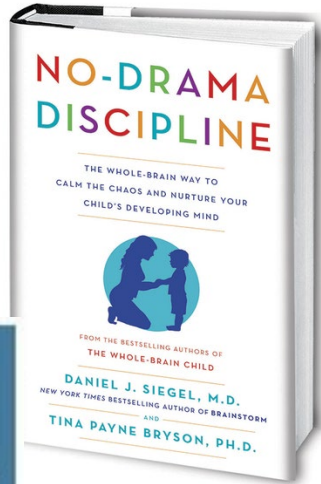
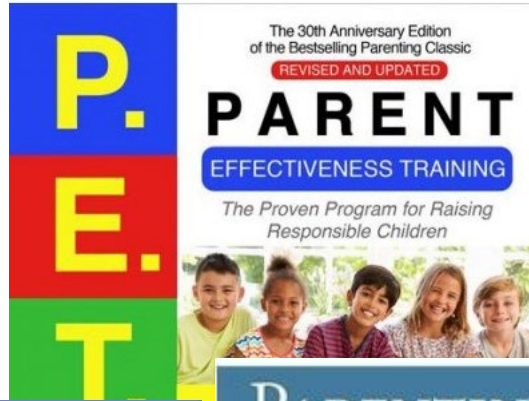
- Once skill has been taught, present example scenarios acted by therapist taking both parent and child roles
- Present a new scenario in which you ask the parent to act as child and therapist acts as parent
- Trade roles and have therapist act as child and parent act as parent. Do this a couple of times.
- Ask parent to present a scenario that typically occurs at home. Role play with therapist and parent switching roles
- Ask parent to try skill at least once a week until next parent consultation
- Set up a time for next parent consultation



# Skill Concepts



# Parenting Models/Resources



**Circle of Security**  
INTERNATIONAL™  
Early Intervention Program for Parents & Children

**NATIONAL BESTSELLER**

**More than 3 million copies sold!**

**How  
To Talk  
So Kids  
Will  
Listen**

With a New Afterword  
by Joanna Faber

**& Listen  
So Kids  
Will Talk**

"The parenting bible."  
—*The Boston Globe*

**Adele Faber &  
Elaine Mazlish**

Authors of the #1 New York Times Bestseller *Siblings Without Rivalry*

THE INTERNATIONAL BESTSELLING SERIES

**HOW TO TALK**

**SO LITTLE  
KIDS WILL  
LISTEN**

**A SURVIVAL GUIDE TO LIFE  
WITH CHILDREN AGES 2-7**

**Joanna Faber & Julie King**

**Joanna Faber & Julie King**

Bestselling Authors of  
*How to Talk So Little Kids Will Listen*

**HOW TO TALK  
WHEN KIDS  
WON'T LISTEN**



# How To TALK

the companion app to the  
book, How To Talk So LITTLE  
Kids Will Listen

I want to help my child with  
difficult feelings

I want my child to do  
something (or stop doing  
something)

I need some alternatives to  
punishment

I want to encourage my child

Help! My kids are fighting!

Reminder  
pages

Credits

HELP! MY KIDS ARE FIGHTING!

How desperate is the situation?

They are physically attacking  
each other right now!

They aren't physically  
hurting each other.

THEY ARE PHYSICALLY ATTACKING EACH OTHER  
RIGHT NOW!

Jump in and separate them!

I can see how angry you are. I  
can't let anybody get hurt. You  
... to the couch, and you ... to the  
bean-bag chair.

Okay, I've got them  
separated. Now what?

Read more: page 247



OKAY, I'VE GOT THEM SEPARATED. NOW WHAT?

Problem-solving Step 1: Reflect each child's feelings in turn.

You really didn't like it when...

And you weren't in the mood for...

And you got mad when...

And to you it wasn't fair that...

Oh, so both of you wanted to use the same....

It hurt a lot when he....

Keep going until each child feels fully heard.

**!!! AVOID !!!**  
taking sides.

You need to have more patience with your sister.

use the same....

It hurt a lot when he....

Keep going until each child feels fully heard.

**!!! AVOID !!!**  
taking sides.

You need to have more patience with your sister.

That wasn't nice, grabbing his things.

Okay, we're good

Yikes, now they're calling each other names!

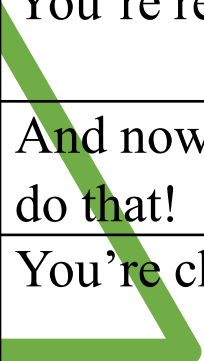
Everyone's calmed down, but we still haven't resolved the conflict. Take me to Step 2.

Read more: pages 114-117 and 247-248



# Encouragement Phrases for Parents

|                                               |                                                                      |                                               |
|-----------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------|
| You did it!                                   | You figured it out!                                                  | You keep trying even when it's hard!          |
| It's tough but you're not giving up!          | You're proud of what you did!                                        | You're figuring it out!                       |
| You're trying hard!                           | You just keep working hard!                                          | That was hard one but you did it!             |
| You're trying again!                          | You're sticking with it!                                             | You figured out a whole other way to do that! |
| You want to make sure you're doing your best! | You're not sure if you can do it, but you're going to take a chance! | You're going to try even if it's new to you!  |
| You're really thinking hard about that!       | You are using all your focus to do that!                             | That was hard but you stuck with it!          |
| And now you're trying another way to do that! | You're really proud of yourself!                                     | You like to figure things out!                |
| You're choosing to try again!                 | You want to keep going until you figure it out!                      | That didn't work but you're trying again!     |
| You are determined to figure this out!        | You are really thinking about how to do that!                        |                                               |



# Build Parent Skills in Limit-Setting

- Help parent identify situations that provoke child resistance
- Role-play helpful responses to child. Teach...
  - Reflection of content/reflection of feeling to help attunement
  - Encouragement responses to build self-esteem
  - Effective limit-setting to encourage building coping skills

Initiate role-play between parent and child

Discuss and plan for limit-setting

- Consult with parent about upcoming weekly events that cause resistance, defiance, tantruming
- Walk parent through those events: what will happen, expectations for how child will react, how can parent react
- Help parent decide on times what type of limit-setting they should use



SKILLS

# Play Practice for Parent-Child Limit-Setting Situations

Role-play follows a specific incident where parent considers the child aggressive, disrespectful, etc.

Pick a calm time period when both parent and child are relaxed.

Play out the specific incident from beginning to end.

Remain empathic by reflecting feelings but firm by continuing to role-play until desired result.

Parent must remain calm for experience to be success and it can even be fun.



# Resources

Cpt.unt.edu

Ccptinternational.org

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