# YOU CAN BE YOUR CHILD’S THERAPIST

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Would you like your child to be more cooperative, happy, confident, socially adept, independent, and able to adjust to change? Would you like to increase your understanding and empathy for your child? If your answer is yes, then you may want to learn more about Play Therapy. Research supports Play Therapy in producing positive changes for both parents and their children.

Let me first define what Play Therapy is and what it is not. Play Therapy is not just playing with kids. Play Therapy uses a specific set of skills to help children prevent or resolve psychosocial difficulties. Play Therapy is usually conducted by professionals trained in this discipline, but parents can help by learning Play Therapy techniques. Research actually shows that children improve the most when their parents use these skills. Filial Play Therapy and Child Parent Relationship Training (CPRT) is a process in which a professional trains parents to respond therapeutically to their child’s play. Parents become partners in the healing process. Filial Therapy emphasizes strengthening the parent-child relationship by training, supervising, and supporting parents as they learn to conduct a special type of play session with their child at home.

Before Filial Therapy starts, the therapist models the skills for the parent. Then the parent practices the skills on the therapist. Subsequently, the therapist coaches the parent in responding to their child in a therapeutic manner. The therapist will focus on things the parents are doing well and give suggestions for improvement. After a few coaching sessions, parents are ready to plan their special play sessions at home. The therapist will provide direction until the home sessions are going well and the child’s initial problems improve.

Play Therapy is ideal for children 3-11 years of age. Children at this age have difficulty using language to describe how they feel. Although children may not be able to tell you what is troubling them, they can show you. If something is bothering an adult, they often talk to an understanding person to relieve their distress. Children, on the other hand, use the modality of play to communicate their feelings, thoughts, needs, and struggles. Toys are their words and play is their language. Filial Therapy at home for 30 minutes once a week or 10 minutes several times a week can help parents understand what their children need to communicate and help them see their value.

If the toys in the child’s playroom provide different levels of structure, interactive play, and emotional expression, the therapeutic process will be enhanced. Since kids sometimes regress to an earlier stage of development during play, it is important to provide toys used by children at different developmental levels, such as baby bottles, blocks, dolls, finger paint, legos, nerf games, board games, and so on. The toys and play a child engages in will probably fall into one or more of these four categories. First, **Real-life** toys such as miniature people and a doll- house may have a direct relationship to interpersonal situations the child observes. Second, **Expressive Media** such as sand, Play-Doh, puppets, paint, and building toys provide less structured ways for children to express and discharge emotion. Third, **Acting-Out** toys such as guns, army men, and action figures are used to play out situations of protection or conflict. Finally, **Rule-Oriented** toys, such as board games and sports, are useful in helping children improve their frustration tolerance to losing, learn to follow social rules, and increase their goal directed thinking.

All behavior has a purpose, and the child’s play is no different. Children often are communicating messages in what they do. It may be accurate to say that you can learn more about a child by watching his or her play for one hour that by talking to the child for an entire year. It is important for the parent to be sensitive and aware that their child may be working through emotions when they play. Even though a child may express an idea, no conclusions should be made until we see the pattern of the child’s play. A child’s play, which is often repetitive, will generally express common ideas and themes. Some common themes seen in their play are power/control, anger/sadness, good/evil, winning/losing, family relationships, school relationships, trauma, trust/abandonment, nurturing/rejection, rescue, happy memories, fear/anxiety, loss/death, self-esteem, adjustment/change, loyalty/betrayal, and loneliness. Because children have difficulty verbalizing their emotions, they will often project their feelings onto miniature people. If they want to distance themselves even further, they may use animals, cars, or other symbols to represent how they feel. For example, a child who is having difficulty separating from his mother may express the theme of his anxiety by repeatedly placing a baby monkey on top of a large tree in the sand box. I may ask the child, “Where would you be in this scene?” The child responds, “On top the tree.” I may then ask, “How does the monkey feel? The child responds, “He feels safe.”

Parents validate their child’s feelings and convey empathy when they respond therapeutically to their child’s play. Responding therapeutically is the most important aspect of Play Therapy. Research suggests that verbal interaction with children is most effective when each interaction is no more than 8-12 words and no more than 3-5 seconds in length. After 7 seconds, children stop listening. There are five types of therapeutic responding. Here is a good way to remember. If you don’t do this, the child will say, “I **Think** I **Feel** **S**-**A**-**D**. **1) Think** and **2) Feel** are the first two and **S**-**A**-**D** stands for **3)** **Say**, **4) Accomplish**, and **5) Do**. The first is reflecting what the child **Thinks**-“You picked the red truck.” “You decided to play with the cars.” The second is reflecting how the child **Feels**-“That truck looks like he is angry at that car. He keeps crashing into him.” The third is reflecting what the child **Says**-“The car mad the truck mad.” The parent responds, “The car made the truck mad.” The fourth is reflecting what the child **Accomplishes-**When a child is struggling and asks for your help, you can say, “I don’t know if I can do it. Will you help me? We want the child to accomplish the task and feel competent. “You’re trying to hook that car with the crane but it keeps falling. You loaded it in the dump truck. You did it.” The last reflection is what the child **Does**-“You’re driving the dump truck to the junk yard where all the cars are piled up. You’re dumping it with the other cars.” By using these skills, we are holing up a mirror so that the child can see himself. We are validating by showing that we see and understand the child’s experience.

If you follow these next rules, you will please the child. An acronym to help you remember is **U-PLEAS-UM**. **U** is for **1) Use second person when you are interacting with the child or the child is interacting with someone or something else.** “You build the marble maze taller than your own head. You captured me. You are defeating dad by hugging him.” The **P** is for don’t **2) Praise**. If you do, the child may base his value on the appraisal of others. If you use the 5 therapeutic attending skills, the child will praise himself. We are describing, not evaluating. If a child chooses to play baseball, you don’t have to say, “Good job.” Describe---“I felt the wind from that swing. You got a piece of that one. You hit the ball. That’s a base hit. You hit the ball over my head. That’s a home run.” After about 5 minutes, the child is often smiling and may exclaim, “I’m good at baseball.”

**L** is for let the child **3) Lead.** If you don’t, you will communicate to the child your lack of faith in her decision to make her own decisions. If your child asks, “What’s this?” Simply respond, “It’s whatever you want it to be.” If they ask, “What do you want to play?” Simply say, “It’s up to you.” Do not worry, children will tell you what they want once they know you are listening. If the child asks, “What’s this? Simply say, “It’s whatever you want it to be.” By allowing the child to lead, we are increasing their independence, confidence, and helping them work through emotions they are suppressing.

**E** is for show **4) Enthusiasm**. Calibrate your emotion and behavior to that of your child. If he’s bouncing around the room, mimic him by doing it also. This also communicates that we are enjoying our time with the child.

**A** is for don’t **5) Ask** questions. It distracts the child from working through emotions and conveys to the child your lack of interest in what she’s doing. The child may say as he is holding a Spider Man character, “He doesn’t know how to get on the roof? You may be tempted to ask, “Are you trying to get on the roof?” Instead, you can make your question a statement, “You are figuring out how to get on the roof.”

**S** is for **6) Stay** within the metaphor. The child’s face looks sad as she places a little dog on a bridge in the middle of the sand box. The parent reflects, “The dog looks lonely.”

**U** is for **7) Use** the child’s language. If the child is having Spiderman slide down what you think looks like a tube, but the child is calling it a slide. Then call it a slide.

**M** is for **8) Mimic** or imitate what the child is doing. In sword play, if the child say, “When we are practicing, we don’t hurt each other. We just swing the sword over the other person’s head.” Then you do the same thing.

It is also helpful to let children know when there is five minutes and then one minute left for their play session. Children have an idea of what they want to work through during the session. If time is almost up, they will sometimes speed up that process.

Establishing limits in the playroom provides structure and predictability. Children need to know that it is okay to be angry in the playroom but not okay to hit or be destructive. When I take a child into my Play Therapy room for the first time, I usually say, “This is a very special room. You can say anything you want. You can do almost anything you want in this room. If you cannot do something, I will let you know.” External boundaries help a child to establish them internally. One procedure for limit setting is Gary Landreth’s **A-C-T model**. If a child who is finger painting begins to smear paint on the wall, **(A)**cknowledge the child’s feelings or need, “I know you want to paint the wall.” **(C)**ommunicate the limit, “The wall is not for painting.” **(T)**arget acceptable alternative behaviors, “If you don’t want to paint the paper, what else would be acceptable for you to paint?” If a child doesn’t come up with options on her own, you can give her a few. It is important to give the child opportunities to exercise self-control and then reflect their choice. “I see you were able to calm yourself and choose to paint the birdhouse.” If the behavior persists after a few redirections, you can state matter-of-factly, “I guess you have chosen to put the paints away for today.” Putting the responsibility back on the child helps him to establish an internal locus of control and learn to self-regulate. Consistent limits help children feel secure and teaches them responsibility for their behavior by allowing them to experience the consequences for their decisions.

Children need to feel connected. If not, they will often act out to get attention. As adults, most of us have known the frustration of trying to communicate to a loved one when he or she wasn’t giving their full attention. Children feel the same way when they want caregivers to attend to their play. “Look at me. Look what I made.” Children need the same attending from caregivers that they received when they were infants. Just as infants need to be physically held, children need to be held in their parent’s attention. A child who is validated will be able to validate others and is more likely to cooperate when given direction. The reciprocal interaction of play and attunement with parents is the foundation for empathy. Filial Therapy promotes healthy attachment which is critical for helping children to develop psychologically, socially, and emotionally. Allowing children to lead the play process increases self-esteem and their independence will carry over into other areas of their life. All children have struggles, but it is by having an attentive adult that enables them to work through their emotions instead of having a negative experience become frozen in trauma. Through the healing relationship of play, children can learn the skills necessary to become successful adults. Parents can use these therapeutic skills long after therapy ends thereby preventing many future problems. Learning to implement Play Therapy skills at home is not an easy task. Parents need to remember to give themselves credit for trying these skills and for putting energy into helping create a healthy child and home.

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