



Working with Caregivers

Learning Objectives

1. Discuss the implications for caregivers being in their own grief process when they bring their children to play therapy
2. Describe how to have a successful play therapy intake
3. Discuss the importance of setting goals and speaking in terms of what is important to the caregiver

Understanding Caregivers

- a. Grieving Process:

- b. Pressures of Caregiving:

First Point of Contact- The Phone Call

- Get Curious about the Set Up
- Set Boundaries (re: time and purpose of call)
- Don't forget to talk about Money!
- Orient caregivers back to themselves
- Getting them in the door, so that they are in front of you as quickly as possible

Joining with Parents

- Calm the anxiety! Become the prefrontal cortex for the parent.
- Take yourself off the pedestal
- Caregivers will try to regain their power
- Empower Caregivers

The Intake with the Brain in Mind

- The purpose of the intake is to establish relationship and get just enough information to create buy-in for the caregivers.
- Hopefully physical or emotional safety isn't an issue ☺
- Decrease the unknown by suggesting the format for use of the time- caregivers share what is going on with their child, set goals, explain play therapy process, and answer any questions/logistics.
- Need to explain SPT to the right brain and left brain caregiver.
- Be Congruent!

- Be careful of placing “shoulds” onto caregivers! Be authentic and regulate.

Goal Setting

- This is the Caregiver’s buy-in and Contract
- Make Sure Goals are Age Appropriate
- Not All or None. Instead word Goals in terms of Increase or Decrease
- Be Specific

Explaining the Play Therapy Process to Caregivers

- Develop a sales pitch
- Provide caregivers with experiences in order to help them understand the concepts you want them to understand
- Use words like “Teaching” and “Practicing” when sharing about your role
- Discuss how long the process takes and issues that may impact duration

Notes on how you can address both a right brain caregiver and a left brain caregiver?

The Resistant Caregiver

There is no such thing as a resistant caregiver. What is resistance?

- Speaking in terms of what is most important to a parent is the key to working with resistance
- Voids + Pain/Discomfort = Priorities
- Give Caregivers Permission to be themselves
- Is it ok for caregivers to not have the child as the highest value? Drop the child off? Won’t do homework that is asked of them?

Last 10 Minutes of Intake- logistics, child coming into room alone, what to tell child about therapy, scheduling, etc

- If child won't come in room, meet them where they are at (in the waiting room)
- If parent comes into room during 1st session, set goal of helping the child trust themselves

If a Caregiver Needs to be in Room Ongoing

Read Chapter 14 (Supporting Parents During Aggressive Play) from Aggression in Play Therapy: A Neurobiological Approach for Integrating Intensity to learn what to do when a caregiver is in the room during aggressive play and how to set boundaries with caregivers in the room.

- The therapist's role switches to that of a coach. It is extremely important that the caregiver is on the ground or next to the therapist and not watching from a distance. The therapist now has three nervous systems in the room to regulate- child's, parent's, and theirs!
- Caregiver is only in room if they need to be in room.
- The therapist regulates the caregiver, so that the caregiver can regulate the child.
- **Translating the Play:**
Link what's happening in the playroom back to the caregiver's goal.
It is important to stay away from "set up" language with caregivers.

Notes:

To Work On:

1. Set goals for your clients if you don't already have them - go back and look through your notes to see if you need to modify them in any way.
2. Practice talking to caregivers in terms of goals when you meet with them.
3. Take the time to write out your "describing the process to a caregiver" script- must address the left brain and the right brain caregiver.

Quiz Review:

1. Caregivers are going through a grief process when they bring their child to therapy.
2. We often get annoyed with caregivers and want them to stop what they are doing instead of recognizing that they are in a grief process.

3. Caregivers are often set up to fail from all of the messaging and pressure to get it “right.”
4. There is not a “right way to parent” and we need to be flexible with the caregivers we work with.
5. We are trying to orient caregivers to their truth and their authentic selves, because at some point parents typically feel lost in the caregiving journey.
6. The first point of contact with the caregiver is usually on an initial phone call.
7. Caregivers set us up/offer us information just as children do.
8. Therapists often give too much information during the initial phone call.
9. Play therapists need to learn how to market in order to keep a caregiver engaged in the play therapy process, because the child does not pay.
10. It is important to get ourselves off the pedestal in order to empower the caregivers we are working with.
11. When working with caregivers, it is important to set up expectations or let them know how much time they have to talk.
12. It is important to talk to caregivers about money right from the beginning.
13. Caregivers may put you on the pedestal when they come to see you, so it is important that we try to get ourselves off the pedestal.
14. If Lisa had her way, she would know nothing about the child and would have 3 sessions before ever hearing about the child (but she doesn’t have her way), so that she didn’t have any pre-conceived ideas or stories in her mind about the child.
15. The purpose of the intake is not about collecting information, it is about establishing relationship, getting just enough information to explain the play therapy process, and working on getting the caregiver’s “buy in” for the therapy.
16. Whatever detail you leave out during the beginning of the process will most likely become chaos later on and it is important to address the 4 threats of the brain as you consider how to do your intakes.
17. It is important to treat the caregivers the way you want the caregivers to treat their children and it is important to model what you want the caregivers to do, because they may not know how.
18. It is important that goals are age appropriate, use words like “increase” and “decrease”, and that you know how it will be measured.
19. During caregiver discussions, it is essential that you are communicating what the child is working with regard to the agreed upon goals in order to keep caregivers engaged in the process.
20. It is important that we leave out “your child sets me up to feel how they feel” during the explanation of how play therapy works.
21. It is not enough to just talk about play, the importance of play and that play is children’s language when you are trying to “sell” play therapy to a caregiver.
22. When a child is “overcoming their challenges” more than 50% of the session, they cross into the empowerment phase.
23. It is important to try and meet with the caregiver face to face either after each session or throughout the process.

24. It is important to prep the caregiver in case they may come into the playroom, so that they don't get flooded or try to shut the child's play down.

25. If it looks like the caregiver will be in the room on a regular basis, it is important to schedule a "training" session to help prepare them. Once in the room they need to be engaged in the play and not sitting on a couch or chair just watching.

26. When a caregiver is in the room, you are now the "coach."

27. If you can't name the child's goals within a few seconds, you probably aren't talking about and linking them enough with the caregiver.

28. When we talk to parents it is important to not share about the literal play and what the child did to the caregivers.

29. There is no such thing as a resistant caregiver.

30. When people don't have a high value on something or can't see how doing the task is connected to what is most meaningful to them, they will likely not do it or it will take a lot of outside motivation for the task to get done.

31. It is not important for us to look at our judgements and expectations that we put on caregivers.