



Class 4: Working with Caregivers

Completion Date of this Module: _____

Class 4 focuses on working with and supporting children's most important relationships- the ones with their parents/caregivers. Without the ability to understand parents and work to create win/win experiences, we may find ourselves in a sea of resistance.

Please also read the associated handouts in this lesson titled, 1.) Tips for Talking to Parents and 2.) Good Communication

Learning Objectives:

- Discuss the implications for caregivers being in their own grief process when they bring their children to play therapy
- Describe how to have a successful play therapy intake
- 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:

"If a parent doesn't understand what we are doing then I'm not doing my job." -- Lisa Dion

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:

- Regulate 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 relationships 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!
- Caregivers are only in the room if they need to be in the 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:

Reflective Questions:

- What are two things I'm going to do differently when working with parents?
- In what ways might I be contributing to parental pressure or shoulds?
- What questions do I have for my consultant?
- Which questions did I miss on the quiz?

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 write brain caregiver.

Quiz Review: (Multiple Choice & True/False)

1. When a parent/caregiver is in the room, the therapist is now _____.
 - a. The Expert
 - b. Teammates

- c. The Coach
 - d. The Leader
2. When a child is “overcoming their challenges” more than ____% of the session, they cross into the empowerment phase.
 - a. 25
 - b. 50
 - c. 75
 - d. 100
 3. Which is *not* part of the first point of contact (the phone call)?
 - a. Feeling “The Set Up”
 - b. Discussing money/cost
 - c. Orienting parents/caregivers back to themselves
 - d. Taking a full client history and discussion of the concerns
 4. What should a therapist do if it looks like the parent/caregiver will be in the room on a regular basis?
 - a. Ask them to direct the play
 - b. Have them sit on the couch and watch the entire time, without engaging directly in the play
 - c. Schedule a training session to help prepare them
 - d. Suggest they practice at home prior to joining
 5. Parents/caregivers are going through a/an _____ process when they bring their child to therapy.
 - a. Grief
 - b. Shutdown
 - c. Unconscious
 - d. Holistic
 6. What is the *most* important part of the intake?
 - a. Gathering educational history
 - b. Establishing relationship
 - c. Gathering previous therapist’s information
 - d. Describing the “set up” to the parents
 7. Which of the following is NOT one of the SPT Therapeutic Stages “The Curve”:
 - a. Empowerment stage
 - b. Working stage
 - c. Preliminary stage
 - d. Exploratory stage
 8. True or False: During parent/caregiver discussions, it is essential that the therapist is communicating what the child is working on with regard to the agreed upon goals in order to keep parents/caregivers engaged in the process.
 9. True or False: Parents/Caregivers don’t engage the therapist in “The Set Up/Offering”, only the children do this.
 10. True or False: Parents/Caregivers are often set up to fail from all of the messaging and pressure to get it “right”.