



- Need to explain SPT to the right brain and left brain parent.
- Be Congruent!
- Be careful of placing “shoulds” onto parents! Be authentic and regulate.

#### Goal Setting

- This is the Parent’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 Parents

- Develop a sales pitch
- Provide parents 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 parent and a left brain parent?

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 1<sup>st</sup> session, set goal of helping the child trust themselves

#### If a Parent 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 parent is in the room during aggressive play and how to set boundaries with parents in the room.*

- The therapist’s role switches to that of a coach. It is extremely important that the parent 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!
- Parent is only in room if they need to be in room.
- The therapist regulates the parent, so that the parent can regulate the child.
- **Translating the Play:**
- Link what’s happening in the playroom back to the parent’s goal.
- It is important to stay away from “set up” language with parents.



## Quiz Review:

1. Parents are going through a grief process when they bring their child to therapy.
2. We often get annoyed with parents and want them to stop what they are doing instead of recognizing that they are in a grief process.
3. Parents 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 parents we work with.
5. We are trying to orient parents to their truth and their authentic selves, because at some point parents typically feel lost in the parenting journey.
6. The first point of contact with the parent is usually on an initial phone call.
7. Parents 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 parent 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 parents we are working with.
11. When working with parents, 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 parents about money right from the beginning.
13. Parents 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 parent'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 parents the way you want the parents to treat their children and it is important to model what you want the parents 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 parent discussions, it is essential that you are communicating what the child is working with regard to the agreed upon goals in order to keep parents 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 parent.

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 parent face to face either after each session or throughout the process.
24. It is important to prep the parent 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 parent 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 parent 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 parent.
28. When we talk to parents it is important to not share about the literal play and what the child did to the parents.