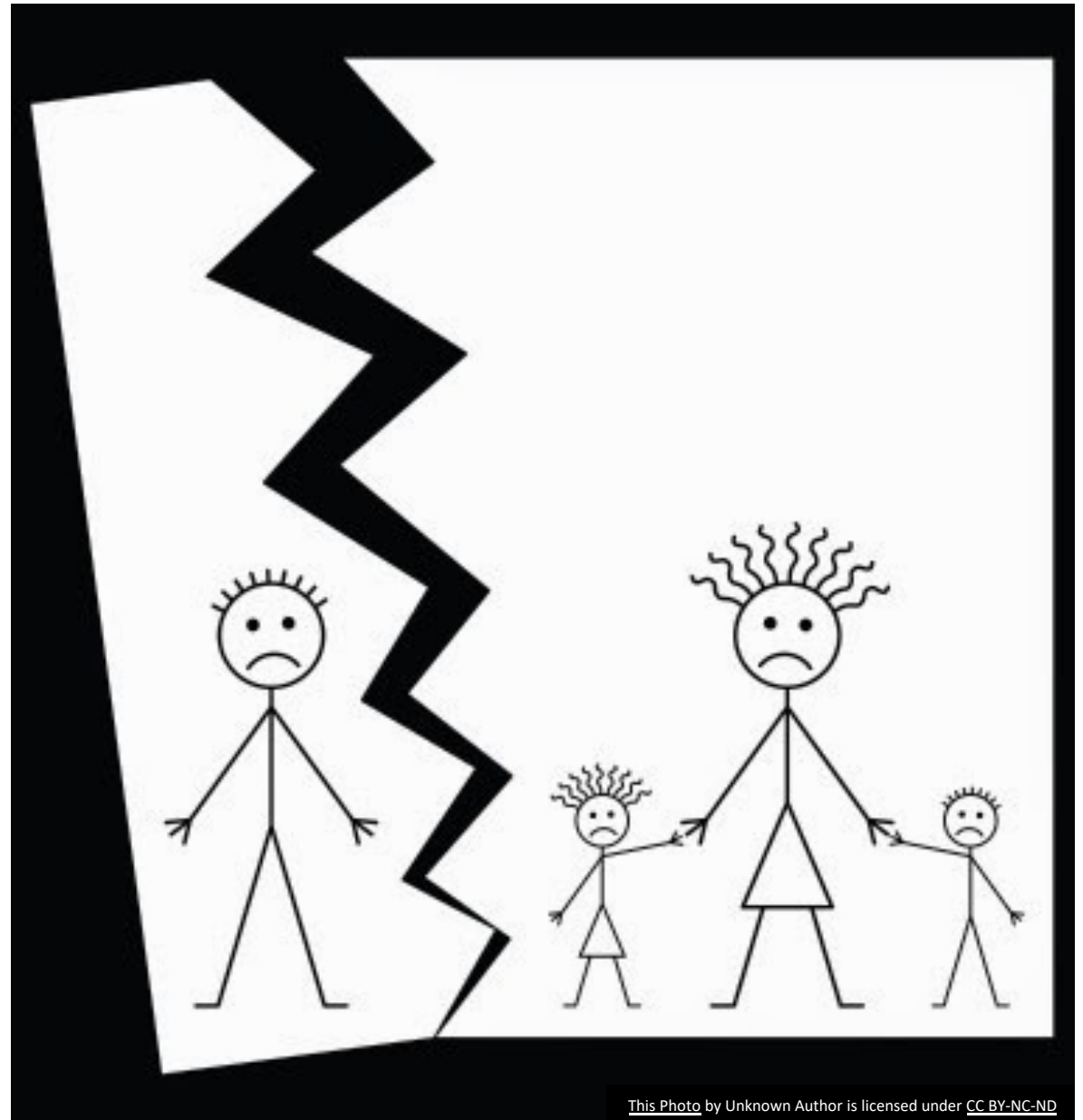


Play Therapy with Divorce & Custody Cases A Continuing Education Training Workshop

With Lynn Louise Wonders, LPC,
RPT-S, CPCS
www.WondersCounseling.com



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

Today's Training

- Providing play therapy for children whose parents are embroiled in a high conflict divorce and/or custody case is not for the faint of heart.
- With the proper skills set, clear policies and protocols and an understanding of the intricacies and complexities of these kinds of cases a therapist who provides play therapy services will be prepared to avoid common pitfalls and keep the focus on helping the child through this very difficult time.
- Often play therapists get in over their head because they aren't properly trained to work with these intractable family dynamics.
- This presentation will provide a very thorough and solid foundation of practical knowledge and guidance on how to use play therapy effectively while also knowing how to manage parents who are having high levels of conflict, guardians ad litem, attorneys and how to be prepared for court if necessary.

My purpose and hope for this training. . .

- It is not my intention to engender fear. I hope to help you develop greater *awareness* of what you need to know in order to be empowered and prepared so that you will know when to refer out the cases that are beyond your scope of training. I also want you to be prepared for how to develop and observe a plan for handling potentially hazardous clinical circumstances *before* you find yourself sinking in what feels like an impossible situation.



Learning Objectives

After completion of this training participants will be able to:

- 1. Describe how to efficiently screen for red and yellow flags during the initial play therapy intake for the vital information that might otherwise be withheld.
- 2. Define and differentiate the appropriate role a therapist providing play therapy observes in a case involving a custody dispute apart from other roles such as that of a custody evaluator.
- 3. Name 3 elements of the process of setting and maintaining clear boundaries with parents in order to protect the integrity of the play therapy process.
- 4. Define concepts of alienation, polarization and loyalty conflict.
- 5. Identify elements of alienation, polarization and loyalty conflict and describe how to manage the therapeutic process with the child in play therapy and the parents when these elements have been identified.
- 6. Describe how to ethically document, communicate with attorneys and guardians ad litem and be prepared for court testimony if needed throughout the play therapy process.
- 7. Name 10 play based interventions to use with children whose families are involved in a high conflict divorce or custody



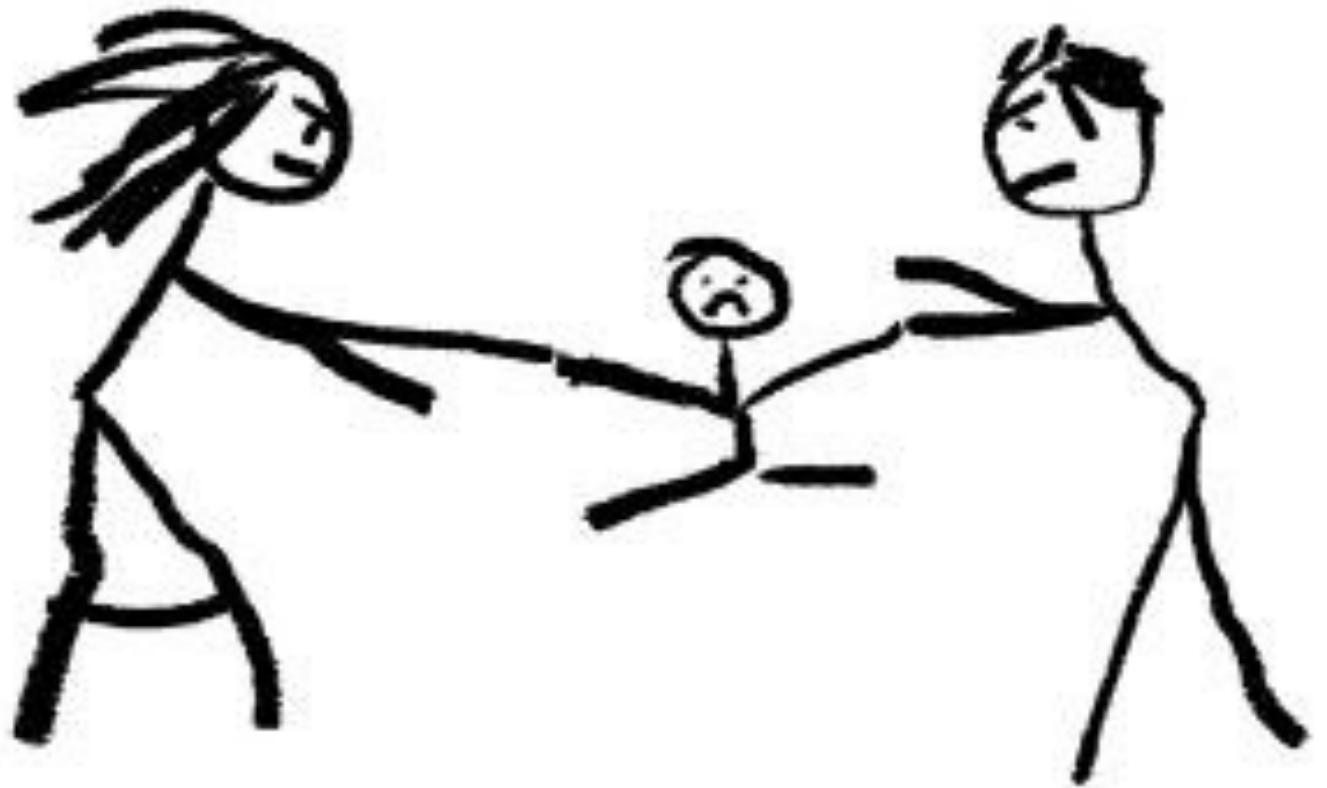
How I got here and why you need
to know this information . . .

“The bottom line is that high conflict divorce and custody cases are complex, very challenging and can be exhausting and emotionally draining for therapists. I am on a mission to help therapists avoid the pitfalls that often come along with these kinds of cases.” - Lynn Louise Wonders, *Parents at War: A Child Therapist’s Guide to Navigating High Conflict Divorce & Custody Cases*

How I got here. . .

- 1989 – Family law paralegal – client liaison and court prep
- 1991 – Higher Education and Consultation
- 2002 – Family and Adolescent Therapy Internship & Practicum
- 2003 – 2007 – Practiced family and child therapy and worked toward my full credentials as an RPT-S
- 2007 – 2018 – Worked with a lot of divorce and court involved custody cases – testified in numerous cases; was a court- appointed therapist for reunification in parental alienation related and other high conflict matters
- 2009 – Training as Child Specialist in Collaborative Family Law
- 2018 – present – Writing, consulting and training therapists

The Nature of High Conflict Divorce & Custody Cases



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

Court is a Battleground

- The very nature of court involved divorce and custody cases and the litigation they involved are set up for what I see as *polite combat*.
- There are always two sides with two opposing agendas. A courtroom is set up with a table on one side for the plaintiff and a table on the opposite side for the defendant. One parent vs. the other parent.
- There are legal documents filed with the court including a *complaint* along with *interrogatories*. The court is asked to hear *arguments* and issue *judgment* and *awards*.
- Consider all this terminology and you can see that the court system is set up for battle.

Let's be clear to start. . .

- Not all divorce and custody disputes are high conflict.
- It is normal for parents divorcing or divorced to have a certain degree of conflict.
- Not every parent going through divorce is high conflict.
- Not every divorce case is going to be a hazard for you and your practice.
- There are many families going through divorce or who have been previously divorced who are delightful clients whom you'll easily be able to help.

But when parents are at war. . .

- When you are the therapist for a child whose parents ARE embroiled in a truly high conflict court involved or post court situation, you need to have very clear policies, protocols and strong boundaries to enforce.



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)



A Video

High Conflict Divorce

An interview with Dr. Richard Warshak

Janet Johnston's 1994 Article: High Conflict Divorce



This Photo by Unknown Author is licensed under [CC BY-SA](#)

The Divorce Conflict Continuum

- Business-like Divorce
- Friendly Divorce
- Dedicated but irritated Divorce
- Normal conflicted divorce
- Habitual fight-mode divorce
- High conflict divorce

Businesslike Divorce

- Parents accept that the marriage needs to come to an end.
- Parties are amicable and the divorce process is handled respectfully.
- There is some normal conflict, but the couple manages to negotiate, navigate, and work through any such conflicts with a focus on solution.
- After the divorce, the parties no longer communicate except brief, business-like exchanges only as needed.
- As a therapist you will find that the parents communicate with you separately, taking turns bringing the child to therapy, and typically are compliant, non-emotional and cooperative with the therapy process.
- This couple probably won't seek co-parenting counseling because they generally adopt a parallel, respectful parenting plan with very little contact after the divorce is finalized.
- They simply have gone separate ways and remain civil and polite.

Friendly divorce. . .

- This kind of divorce happens when a couple agrees that the relationship has changed form and they can no longer have a happy or healthy marital relationship, but they both wish to remain friends.
- In a friendly divorce, the terms are typically agreed to with relative ease and those agreements are made without much conflict.
- This couple likely comes to divorce and parenting agreement on their own without the need of attorneys. They continue having a friendly relationship
- Children able to adjust to the change in the structure of the family and are more easily able to maintain healthy, positive relationships with both parents.
- ideal kind of case for you as a therapist because you can work with the entire family system easily as needed and the child typically adjusts to the changes more easily than in other kinds of divorce.
- The parents are usually both supportive of the therapy process. This couple would be very willing to attend co-parenting counseling, but they probably won't need to as they get along on their own just fine.

Dedicated but Irritated Divorce

- The couple has the best of intentions to put the children first.
- Both committed to maintaining focus on what is in the best interest of children.
- Different parenting styles, different opinions about what is best, they no longer like each other, and they both become easily irritated by the other.
- parents can be redirected and are willing to compromise for the best interest of the child.
- They are willing and able to hear from the therapist what they can and should be doing differently as parents.
- They want to improve.
- They have solid ego-strength, and they typically go to their own therapy and are each working on their own individual challenges and issues.
- This couple is willing to attend co-parenting counseling and can benefit.

Normal conflicted divorce

- This couple's conflict is considered normal during a divorce
- may experience normal levels of mild conflict after the divorce is finalized.
- These parents will have some moderate emotional flare-ups with one another from time to time and sometimes in front of the children.
- These parents are able to return to calm and rational minds and reach resolution through compromise and negotiation.
- typically compliant with the protocols and boundaries you set forth in the process of providing therapy to the child.
- This is a couple who will greatly benefit from co-parenting counseling services with another professional, and they are open and willing to go.

Habitual Fight Mode

- Often come from family history where fighting and yelling was simply part of the reality.
- Likely always argued and fought as a habitual part of their relationship dynamic and communication style.
- The child has grown up hearing the parents fighting since birth. In a way, fighting in this family feels normal for them.
- Maybe culturally acceptable for these families to argue aloud a lot.
- you will be working a lot to help the child develop healthy assertiveness skills, non-violent communication, skills, and you'll be setting boundaries with the parents so they do not pull you into their fights.
- differentiated from a high conflict divorce because through the fighting they often come to agreements and compromise even if they arrive at this through blustery and heated exchanges.

Truly High Conflict

- incapable of finding resolution to subjects of disagreement without high levels of hostility, anger and often full-blown hatred.
- The level of anger toward one another can consume one or both parties.
- Damages the children, other family members and sometimes spills over into the community as the warring parents drag friends, neighbors, other professionals and extended family into their battles.
- can deplete a therapist's energy-stores and drain a therapist's time if policies and protocols are not consistently observed.
- you may find it wise to observe limited communication with the parents beyond the requisite intake procedure, updates on progress and parenting recommendations made equally to both parents.
- If you allow for open and frequent interaction with these parents, the intractable dynamics and high levels of emotion these parents exhibit will likely interfere with your ability to provide effective therapy for the child.
- You will refer this couple out for co-parenting counseling, but they may never actually go. If they do go to co-parenting counseling, it's unlikely it will be helpful due to the intractable dynamics.
- With these parents it can feel impossible to provide any direct help for the parents, and it can feel at times hopeless in terms of assisting the child.
- A parent coordinator is often necessary for these families and parallel parenting plans are often observed

Research shows...

- The research shows that when there is a high level of intense and hostile conflict between parents focused on the child and witnessed by the child, it is a reliable predictor that the child will suffer mental and emotional adjustment problems (Amato, Loomis, & Booth, 1995; Buchanan, Maccoby, & Dornbusch, 1991; Buehler et al., 1998; Cummings & Davies, 1994; Grych & Fincham, 1993; Kelly, 2000; Kline, Johnston, & Tschann, 1990; Vandewater & Lansford, 1998).



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

Therapy for the child

- If a child is fortunate enough to receive quality therapy support in a high conflict situation, it is essential for the therapist to preserve that therapeutic relationship.
- You have an opportunity to provide one place where the child is able to feel heard, seen and encouraged to safely explore, experience and express all and any emotions.
- The therapy helps the child to develop coping skills for living in the tough circumstances of having parents who are at war with one another.

Johnston's 3 Dimensions of Conflict



THE SUBJECT



THE MANNER OF
EXPRESSION



THE DEGREE OF
HOSTILITY

Dimensions of Conflict

- THE SUBJECT of the conflict (i.e. where the child will spend holidays, where the child attends school, who will pay for child-care, who keeps the dog after divorce).
- THE WAY the couple expresses and demonstrates conflict (i.e. yelling, angry emails, polite disagreeing discussion, through attorneys).
- THE DEGREE of negativity and/or hostility (i.e. subtle such as body language or eye rolls, moderate such as bad-mouthing one another to others or extreme such as cursing at one another in front of the children, threats, stalking).

From normal to pathological...

- normal for a couple going through the process of divorce to have conflicts about finances, household items and decisions about the children up until the final divorce decree is signed.
- But when the conflict chronically persists at high levels after the divorce is finalized, causing problems for the family's healthy functioning, or when there is an extreme variance in the manner and the degree of hostility, it is quite possible that there are elements of pathology (Johnston, 1994).

A word about awareness without assumption

- When identifying possible pathology, we need to shift the way we go about conducting the process of therapy
- Important for therapists to remember that we are not diagnosing parents.
- We are using our skills of clinical **discernment** to note when there are traits and behavioral elements that may inform how to go about doing our job as the child's therapist with the goal of maintaining our proper role and preserving the integrity of the therapeutic process.
- I caution therapists not to go down the diagnostic path when noting potential pathology in parents.
- Important to only use these indicators to inform and assist in the process of shaping an effective treatment plan.

The Presence of Pathology

Parents experiencing NORMAL levels of conflict typically are receptive to guidance, feedback and redirection from the therapist.

Parents with potential pathology when provided guidance, feedback or redirection may turn their rage toward the therapist and the child's experience with that parent may grow even worse.



Learn from MY Error . . .

A Story

My story

- I resisted seeing clients/parents thru lens of pathology wanting to believe if I worked hard enough to see and believe in the good that my therapeutic skills would be effective with all clients.
- I failed to spot the signs of pathology and I ran into a cluster of malignant personality types in parents on 3 different cases all around the same time.
- impact on my wellbeing and I suffered symptoms of PTSD as a result.
- I was stalked, had my life threatened, the life of my children threatened.
- Hind-sight has taught me to not jump in blindly, look both ways before crossing that street and taking that case, screen carefully, have very strict policies and protocols and stick to them. Know when to refer out or pass on a case.

Initial Screening: Your Golden Opportunity



Gain and gather vital info for discerning whether good fit



Look for the yellow and red flags



Establish important boundaries, protocols and polices from GO



Explain what your role is and what it is not from GO



Begin rapport building



Yellow Flags and What to Do

©2020 Copyright Lynn Louise Wonders. All Rights Reserved

Yellow Flags

Dig deeper for more information & clarification

- When the parent is vague about the child's family and living situation
- When the parent casually mentions the other parent is not part of the child's life
- When the parent hints that the child isn't getting along with the other parent
- When the parent mentions casually that she is divorced from the child's father:
This is a good time to introduce your policies and protocols.
- When the parent seems to want to rush to make the appointment and get the child in right away
- When the parent seems highly emotional on the phone
- When the parent is overly familiar and too friendly with you as if they've known you as a close friend for years in the first conversation



Red Flags

©2020 Copyright Lynn Louise Wonders. All Rights Reserved

Red Flags

Set clear boundaries, establish policies, take precautions or refer out to another professional if needed

- When the parent presents as overtly bitter and hostile.
- When the parent discloses they are in the midst of a custody battle.
- When a parent is blatantly rude and dismissive of your professional boundaries during the first call.
- When the parent is so highly emotional they seem unable to self-regulate.
- When a parent discloses they've been diagnosed with a personality disorder.

Conducting the Parent Intake: Things to Do When You Know There is a Divorce

Explain your role

Obtain copy of most current standing court order if applicable

Get signed informed consent from both parents BEFORE seeing child

Explain your plan for communication with both parents equally

Explain possibility of family dyad sessions if determined to be needed

Your policy about going to court

Go over fee collection process and fees for reading emails and phone calls.

No recording of sessions.

Regularity of child's sessions scheduled

Keeping focus on best interest of child, not on conflict between parents.

Parents are Important in Play Therapy

- Legal client as guardian of the child
- Major influence and factor for your child client's mental and emotional well-being
- Parents are physically bringing the child to therapy
- If rapport can be established and maintained it is important
- The context of the family system is very important to understand and work with IF you are able

Parents' Behavior Traits: Personalities and Potential Pathology



Don't diagnose or vilify parents but be strategic

- No diagnosing or vilifying parents, even in your own mind.
- Be aware of any tendency you may have to jump to conclusions, assign labels, or categorize a parent too hastily.
- Watch out for countertransference that can be problematic for the therapeutic process.
- Seek supervision or consultation.
- Do utilize your clinical knowledge to **strategize** how you might ensure rapport, trust, and appropriate boundaries are in place so the child and family can best be helped and supported.



An 11 Minute Overview of Personality Disorders

[10 Types of Personality Disorder Video](#)

Potential Pathology Signs

Splitting

Poor Boundaries

Rigidity

Mood Swings

Extreme Swings in Energy Levels

Hyperbolic/Grandiosity

Lying/Deception

Explosive Behavior

High Hostility/Rage

Extreme, Persistent Anxiety

Depressed Mood

Inappropriate Social Behavior

Obsessive/Compulsive

Histrionis/Dramatic Display

Challenging Parent Personalities



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

©2020 Copyright Lynn Louise Wonders. All Rights Reserved

Helicopter Parent



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

Helicopter

- Overly protective/hovering
Doesn't want child to go to play room without parent Enmeshment
- Frequently bringing child to therapy due to child anxiety which is due to their own anxiety
- Highly anxious
- Parent lacks awareness that his/her high anxiety is contributing to enmeshment and anxiety in child

Drama Mama/Papa

- Dramatic behavior and extreme emotional expressions
- Often looking for a diagnosis for the child
- Often assumes the worst case is true
- Poor ability to regulate emotions
- Often highly anxious, may even present as panicked
- Poor boundaries
- Sends you frequent, lengthy voice-mails and emails.
- Seems to thrive on chaos or drama





Drill Sergeant

- Overly controlling
- Operates from anger
- Yells often
- Quick to criticize, find fault
- Threatens and punishes regularly
- Resists therapy and resists “modern day parenting”
- Might say things to you such as, “*My parents hit me with a belt and I turned out just fine.*”

Over-Sharer

- Wants to tell you every detail beyond what you need to know
- Sends long emails, leaves long voicemails, texts you with overly-detailed updates
- Poor boundaries
- Socially inappropriate, may be too personal in commentary



Lackadaisical Parent

- Drops child off at therapy
- Doesn't show up on time or no-shows frequently
- Won't schedule parent sessions
- Unmotivated
- Doesn't follow through
- Unresponsive to your direction
- Doesn't do any of the suggested homework activities between sessions
- Maybe seems depressed, anxious



Sneaky Parent

- They have an agenda
Pretending/False behavior/
Disingenuous
- Lying, deceptive
- Litigious, court-involved
- Have underlying motivation
for bringing child to therapy
to get help



Splitting Parent

- Vacillates between telling you “You’re the BEST....You’re the WORST”
- Overly charismatic
- Overly complimentary
- Overly critical
- May swing between euphoric about you and therapy to disdainful
- Talk to you about things that have nothing to do with the child and the therapy
- Easily “injured,” feeling snubbed or rejected for no reason
- Often there is an agenda/underlying motivation for bringing child to therapy



Strategies for Dealing with Challenging Parents

Screen for flags – know when to refer out

Seek to understand

Clear policies and protocols – follow them!

Know and establish your role – repeat as needed

Build trust and rapport from go

Keep focus child's therapy

Neutral gear is your friend

Treatment plan is your anchor

Document, document, document

Termination talk from start

Be strength based in the way you talk about the child to parents

in·trac·ta·ble | \ (,)in-'trak-tə-bəl \

Definition of *intractable*

1: not easily governed, managed, or directed
intractable problems

2: not easily relieved or cured
intractable pain

3: not easily manipulated or shaped
intractable metal



On Intractable Dynamics

- When intractability is identified solely within the relationship between parents, Friedlander & Walters (2016) determined that **mental health challenges are frequently at the root of these dynamics**, as the parent with pathology projects the entirety of the conflict onto the other parent, *incapable of owning any part of the problem. (BIG RED FLAG)*
- Often these cases are a result of something Friedlander & Walter identify as ***encapsulated delusion***, during which one parent is fixated on an irrational and unsubstantiated belief that the other parent has somehow harmed or abused the child (2016).

- stuck in a rigid and accusatory view of the other parent
- often interference with the healthy therapeutic process by one or both parents
- Often, in these cases, you will note the child is rejecting and refusing contact or connection one parent.
- Anchor into your role as the child's therapist and use the treatment plan as your life-line to keep the therapy well structured
- protect and preserve your therapeutic relationship with the child while creating some distance between that process and the parental involvement in therapy

When there
are
intractable
dynamics

At the same
time –
awareness of
parent child
relationships
is important

- At the same time, it is important to know that if one parent is being rejected by the child and time is going by without that parent and child talking or seeing one another, this can damage to the parent-child relationship in ways that may be irreparable.
- In these severely intractable dynamics, your treatment plan may need to be adjusted to include other professionals added to create a team to support this family.

Create and adjust
the treatment
plan as needed



This Photo by Unknown Author is licensed under [CC BY-SA](#)



Definitions

Alienation, Rejection, Loyalty Conflict

©2020 Copyright Lynn Louise Wonders. All Rights Reserved

[This Photo](#) by Unknown Author is licensed under [CC BY](#)

Alienation

- **The original concept** of *parental alienation syndrome* proposed by Richard Gardner in 1984 was focused on the efforts of one parent to program or brainwash a child against the other parent to the point the child would experience a pathological rejection of the alienated parent.
- **Further studies that came out in the early 1990's showed that there can actually be many reasons a child will exhibit alienating behavior.**
- An *alienated child* shows ongoing signs of unwavering rejection of a parent without any guilt or hesitation. Johnston carefully distinguishes the **alienated child** from a child who has been neglected or abused by a rejected parent (1994).

Alienation

- There are numerous normal developmental reasons a child might show preference for one parent over the other, and there is a continuum to be considered.
- That continuum ranges from a child having a positive relationship with both parents to the other extreme of being alienated from one parent.
- In between those two extremes, a child may simply have affinity for one parent over the other or may be allied with one parent while still loving the other parent (Kelly & Johnston, 2001).

Estranged vs. Alienated

- Children who are estranged from one parent are differentiated from alienated children in that estranged children have witnessed or experienced abuse or neglect from the rejected parent.
- In these cases it is considered an expected and self-preserving response for a child to refuse contact with the parent.

Don't jump to conclusions...

- In divorce process, lots of change happening for the child and it is **normal** for the child to demonstrate resistance to those changes.
- **It's important for therapists not to jump to conclusions or automatically buy into one parent's accusations that the other parent is intentionally attempting to influence or brainwash a child to hate the other parent.**
- **Listen with caution** and pause on judgments until you have had time to meet with both parents ongoing and work with the child directly.
- **Remain as neutral as you can**
- **Remember your role** as the child's therapist. Your job as a therapist for a child is to help and support that child through the challenges of a changing family and to be able to learn skills for respectful assertion,

Observe and listen to the child...

- If a child presents with **persistent** hostility and authentic expression of hatred toward one parent ***without true reason*** and without regret, rejecting and refusing contact, this meets the criteria for an alienated child.
- Sometimes this IS the result from a favored parent's campaign of degradation against the other parent. Sometimes the favored parent has intentionally indoctrinated a child into believing the rejected parent deserves to be hated and rejected.
- It is important, however, to remember that it is not always because the favored parent has been the direct cause of the alienation.

- Often occurs for a child internally when parents are experiencing ongoing high levels of conflict externally and the child is working to feel assured of love and acceptance from both parents (Lorandos et al., 2013).
- Often this *loyalty conflict* creates so much internal pressure that the child experiences cognitive dissonance, resulting in anxiety.
- Sometimes the child will align with one parent and reject the other in order to find relief.
- Beach ball example
- Parents may unwittingly be pressing their child to choose sides.
- In some cases, one parent very well may be intentionally pressuring a child to electively align with them.

Loyalty Conflict

Vulnerability factor...

- It is my view that children are more vulnerable to alienation when they are lacking adult support outside of their warring parents.



This Photo by Unknown Author is licensed under [CC BY-ND](#)

The play therapy and therapeutic alliance...

- The therapy space with a qualified children's therapist who is trained in providing both child centered and more directive play based interventions rooted in effective theory can be a critical source of support to that child who otherwise cannot find relief from the unwitting or intentional pressurized home environment when the parents are going through divorce.

Resistance to therapy...


- Once children are alienated, engaged in that refusing and resisting behavior toward one parent, the child may be resistant to receiving therapeutic intervention.
- Reason? process of therapy can trigger the underlying loyalty anxiety and can threaten the equilibrium they have managed to create through the rejecting and refusing behavior (Friedlander & Walters, 2016).
- It's important that the therapist develop authentic rapport with the child and allow for time to develop trust and comfort in the relationship before introducing directive therapy techniques.

Authentic rapport and trust is a MUST

- Therapist MUST develop authentic rapport with the child and allow for time to develop trust and comfort in the relationship before introducing directive therapy techniques.



This Photo by Unknown Author is licensed under [CC BY-SA-NC](#)



Build a team ideally...

- Normally – family systems approach
- In truly high conflict with intractable dynamics... I advise building a therapeutic team of professionals and recent literature supports this.
- The child in these cases needs a therapist who is there to provide an emotionally safe distance from the war zone experienced at home.
- The child's therapist needs to be able to focus on maintaining that therapeutic experience without distraction and interference.
- This changing family's needs are beyond what ONE child therapist can handle.

What's a
team look
like?


Guardian ad litem

Co-parenting counselor

Parent coordinator

Individual therapists for each parent

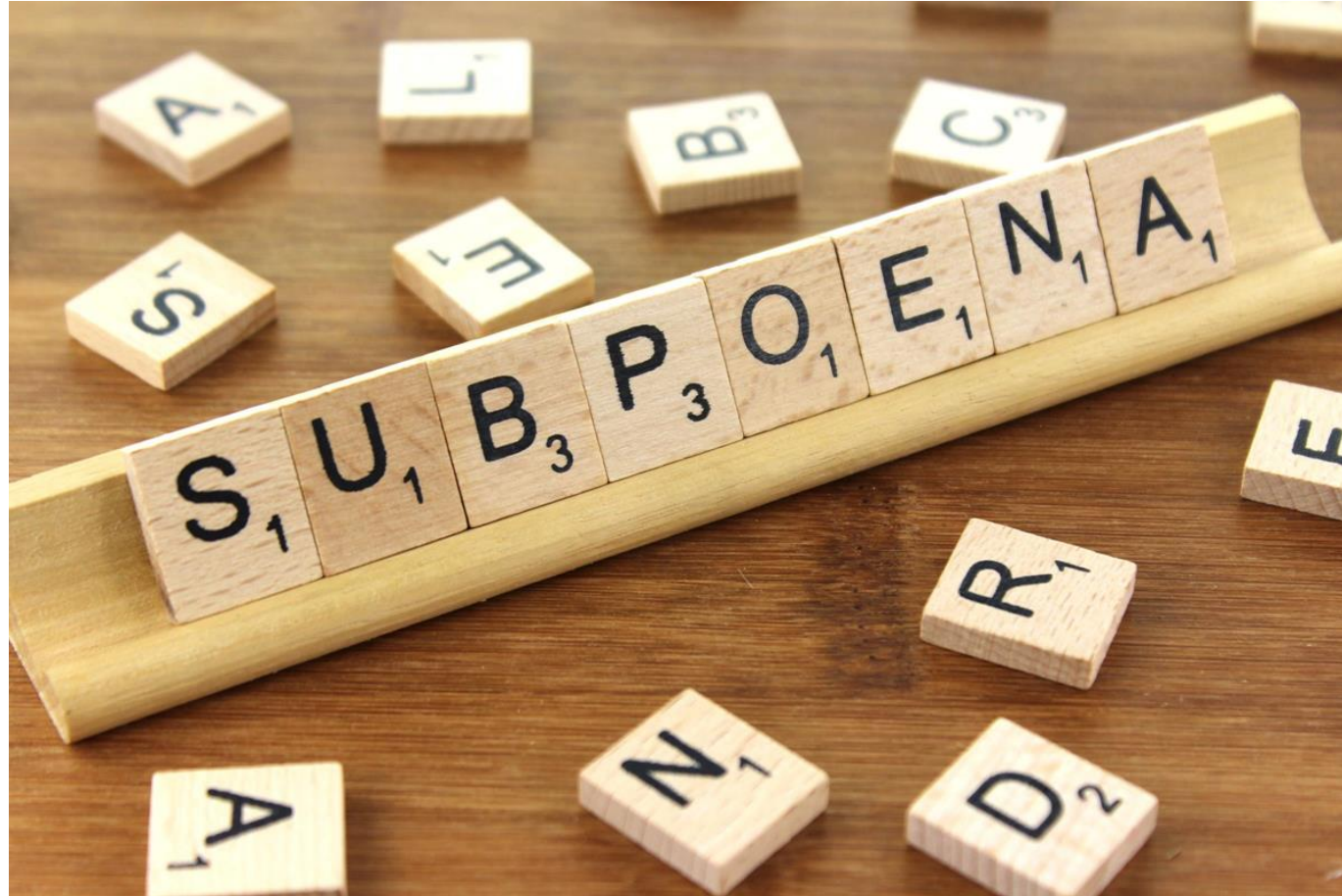
Reunification therapist if needed



Seek specialized supervision and consultation

- These truly high conflict cases with intractable dynamics are so complex be prepared to have a seasoned professional on call with whom you can consult.
- A newer therapist should not be given one of these cases without a lot of training and support ahead of time.

Attorneys, Guardians ad Litem, Subpoenas



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

©2020 Copyright Lynn Louise Wonders. All Rights Reserved



Attorneys are
wired differently
than therapists



Guardians ad Litem



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Subpoenas and Court



What to do
with a
subpoena?





Going to Court: Be prepared

Parenting Guidance: The Bill of Rights



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

Co- parenting and Parallel Parenting



How Divorce Affects Children

A Video



Play Therapy for Helping Children of Divorce

Outline of how to approach play therapy with a child whose parents are high conflict

- Prescriptive Approach
- How Play Therapy Becomes an Oasis
- When Child Centered Play Therapy is Best
- Connection and relationship building – building trust
- Bibliotherapy interventions
- Puppets
- Creative & Expressive Activities interventions
- Sand Tray Therapy
- Directive CBPT activities

Getting to Know Each Other

- This or that games
- Conversation starters sticks
- What's your favorite thumb ball toss
- Pure child centered – how and why



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Pure CCPT
is non-
judging and
permissive.

“all judgment, be it positive or negative, sends a message to a child about the therapist’s expectations with regard to the child’s play.” – VanFleet, Syvulak, Sniscak, *child Centered Play Therapy*

What does pure child centered play therapy look like?

Video Example 9 minutes:

<https://www.youtube.com/watch?v=ckZQbQwM3oU>

Play Therapy as Oasis



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

2019 Copyright Lynn Louise Wonders. All Rights Reserved

Connecting with Balloon & Ball Play

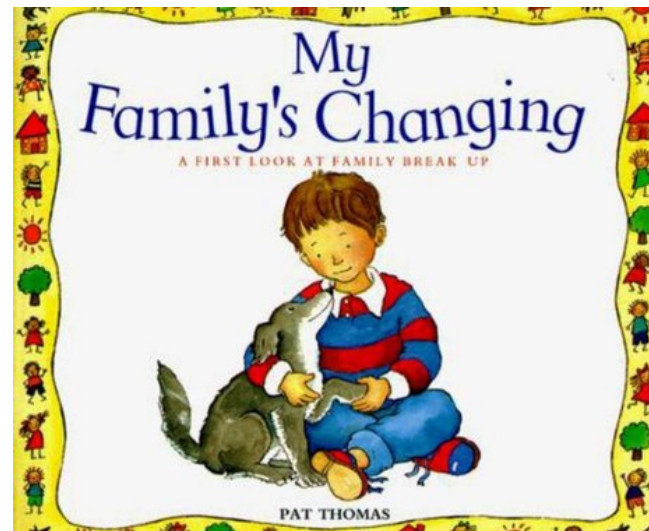
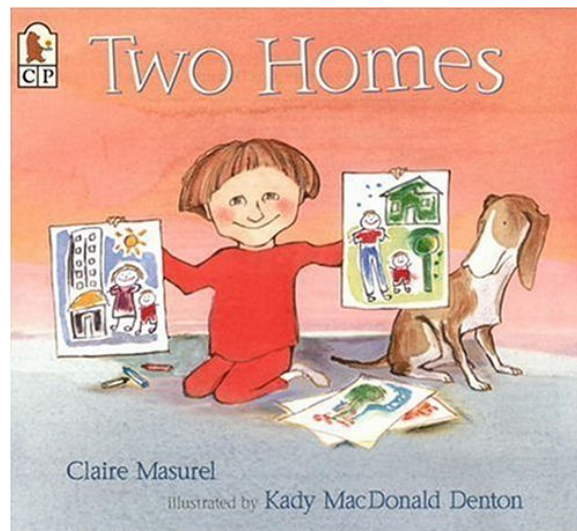
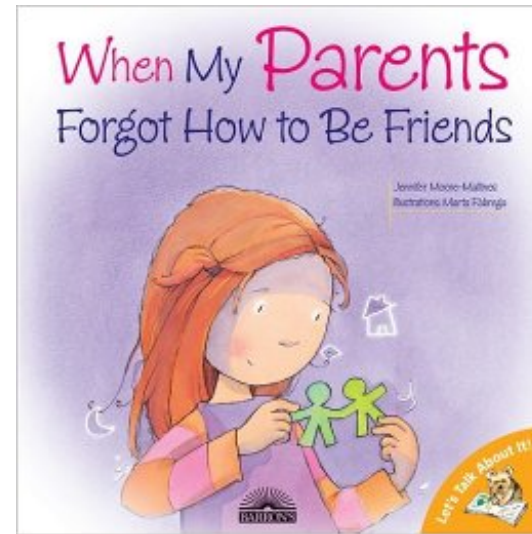
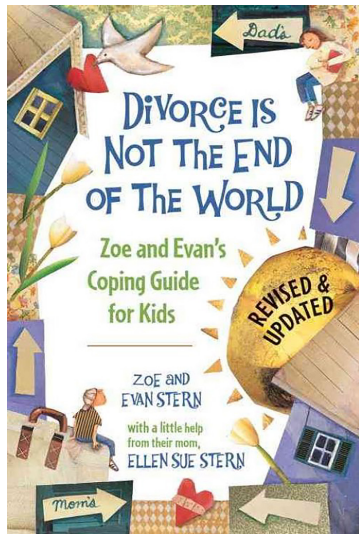
- Batting a balloon back and forth provides that attachment based experience of “serve and return.”
- Ping-pong ball rolling on cardboard service
- Rolling bigger ball back and forth on the floor
- Ball tossing – try textured balls like bumpy or kush balls for extra sensory. (Tangi-ball)



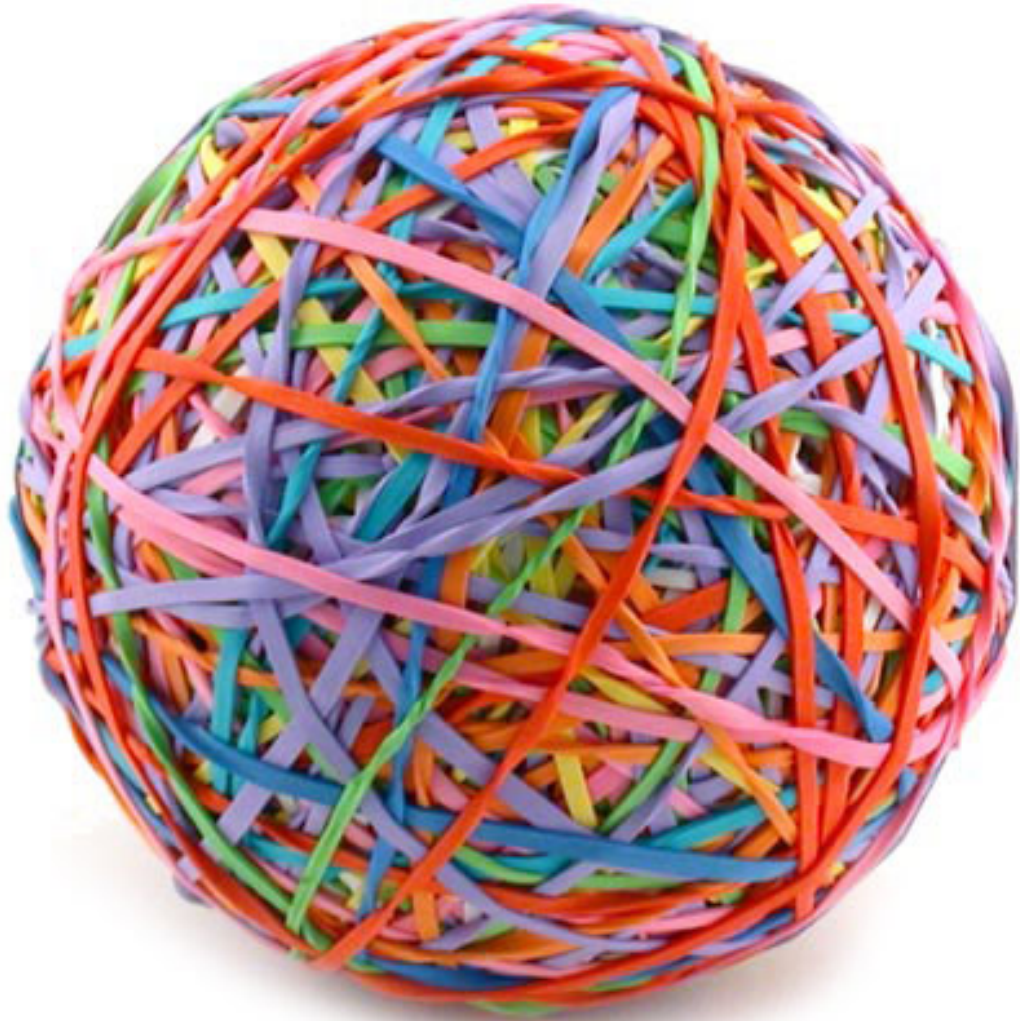
Bibliotherapy
for relating
and
normalizing

Concept of Bibliotherapy

- The concept of the treatment is based on the human inclination to identify with others through literature and art.
- *The Online Dictionary for Library and Information Science* (2011) defines bibliotherapy as:
- The use of books selected on the basis of content in a planned reading program designed to facilitate the recovery of patients suffering from mental illness or emotional disturbance.



Bibliotherapy



This Photo by Unknown Author is licensed under [CC BY-NC-ND](#)

Emotion Awareness and Expression Facilitation



Feeleez Poster



Feeling Faces Cards

- Focus on Feelings with Carmen Jiminez
- Real people feeling faces
- Printables





SandTray Therapies



Therapy in the Sand



From Chaos to Order: Sorting and Arranging



Puppets

Therapeutic Puppet Play

- Puppets provide safe distance from immediate issues and pressures
- Puppets invite and allow children to project their pain and difficulties onto the puppets and give it voice
- Puppets are a way for therapist and child to connect and process when there otherwise may be some resistance
- Puppets can be purchased OR made.
- Creating puppets together can be a way of connecting and bonding while exploring and creating ownership of their feelings

Treatment Planning with a Fictional Case



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

- Client age 8 male
- Mother and father have been embroiled in divorce and custody battle for 9 months and a court has ordered the child be in therapy and you have agreed to be named as that therapist after a Custody Evaluator you know and trust referred the case to you.
- You conduct parent intake sessions with the parents separately due to reported high conflict and their preference to do so.
- You also have in-depth consultation with Custody Evaluator and Guardian ad Litem assigned to the case and you receive a thorough understanding of the following:
 - No trauma history, Mother angrily accuses father of abusing the child but there is no evidence, CE and GAL firmly believe there is no basis for these claims
 - Child is acting out at school and rejecting father, refusing visits
 - Father presents you with photos of him and the child together 8 months ago happily smiling at fun events together



Questions and Answers?

©2020 Copyright Lynn Louise Wonders. All Rights Reserved