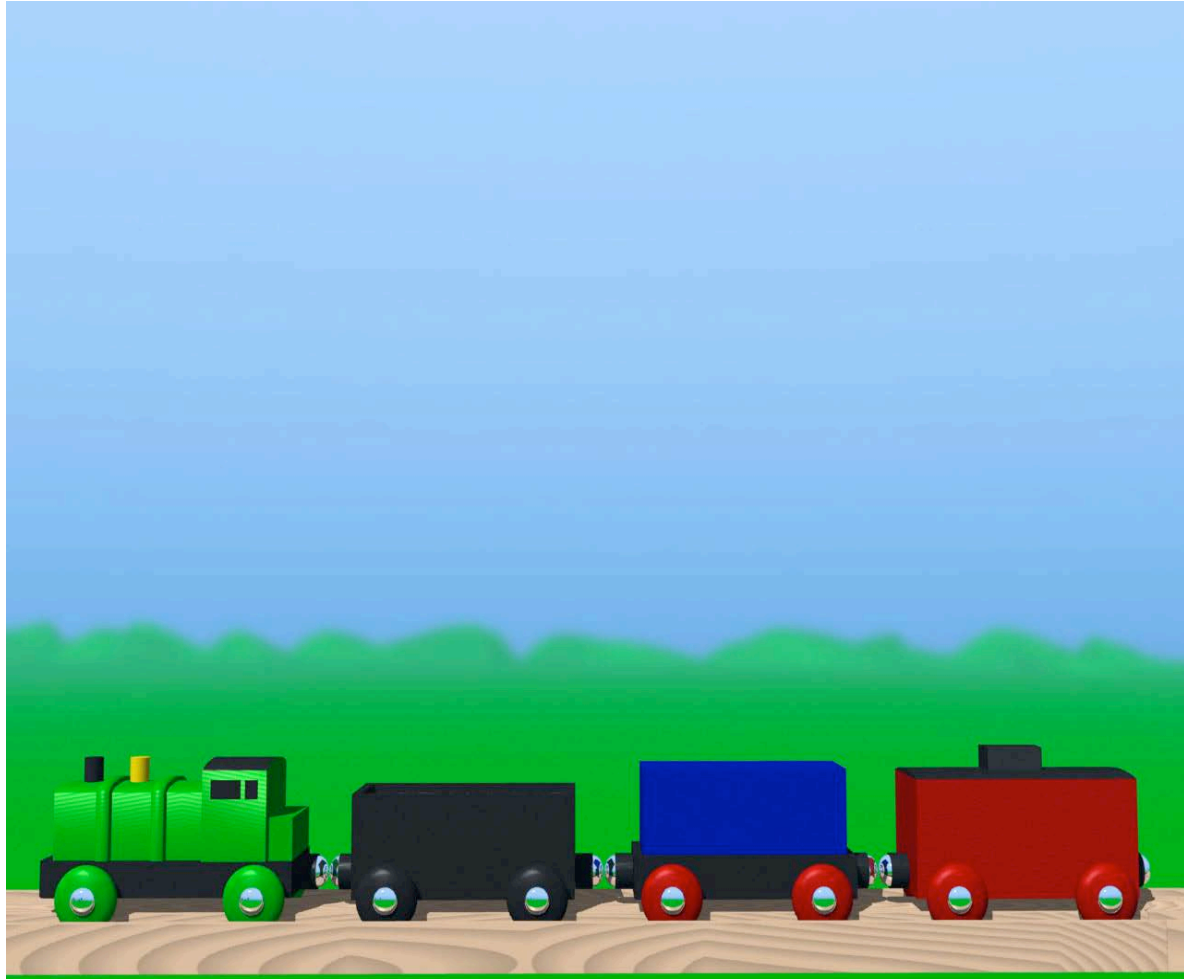


# Play Counseling



5420 S. Jackson Road  
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[www.ccstrgv.com](http://www.ccstrgv.com)



If you obtained this workbook, it means that you will be working with children. Your commitment to the children and the parents is one of the key ingredients to successful treatment planning and implementation.

I have compiled some of the techniques that I use in my clinical practice. I hope it is of use to you and your clients. Please feel free to offer sections to the different populations that you serve, such as children, parents and teachers. The material is copyrighted and only the owner of the workbook is allowed to distribute complete copies.

Thank you and wish you the best!

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### **Education:**

- Doctorate in Education – Educational Leadership
- Master of Education – Guidance and Counseling
- Master of Education – School Administration
- Bachelor of Arts - Psychology
- Certified as a School Counselor
- Certified as a Bilingual/ESL, Elementary and Preschool teacher
- Certified in Mid-Management
- Certified as an Anger Resolution Therapist
- Certified in Public Speaking by Dr. Cesar Lozano
- Certified as Resolution Therapist
- Licensed as a Professional Counselor
- LPC – Supervisor

## Additional Presentations

### Teachers and Administrators

*(FOR AN UPDATED AND COMPREHENSIVE LIST, PLEASE CALL (956) 341-3792)*

Understanding and Managing Children with ADHD and ODD  
 How to Relieve Anxiety and Stress  
 Conflict Resolution Strategies  
 Leading with Confidence  
 How to Manage Angry Students  
 Reaching the Difficult Child  
 Discipline and Classroom Management  
 Child Growth and Development  
 Preventing Students from Becoming Pedophile Victims  
 Motivating Students to Learn  
 Team Building  
 Early Childhood Discipline  
 Anger  
 Motivation and Changes

### Counselors

*(FOR AN UPDATED AND COMPREHENSIVE LIST, PLEASE CALL (956) 341-3792)*

“Helping Students Cope with Bullying”  
 “Play Counseling in the Schools”  
 “The Stages of Play Therapy: Toys and Games”  
 “The ODD Child”  
 “Adolescents and Sexuality”  
 “Using Board Games”  
 “Depression in Children and Adolescents”  
 “Development of Psychopathology in School-Aged Children”  
 “Motivating Students”  
 “Thriving During Stress”  
 “Marital Satisfaction”  
 “Consejos for New Counselors”  
 “Developing and Implementing a Comprehensive Guidance School Program”  
 “Childhood Mental Disorders”  
 “Case Formulation”  
 “Codes and Cases: Introduction to Ethics”  
 “Surviving Self-Inflicted Violence”  
 “Ethical and Legal Issues: LPC in Private Practice”  
 “Dear Diary-Sexual Abuse Issues”  
 “Creative Use of Board Games”  
 “Childhood Anxiety”  
 “How to Foster Motivation in Students and Staff”

### **Parents**

*(FOR AN UPDATED AND COMPREHENSIVE LIST, PLEASE CALL (956) 341-3792)*

Parenting 101” (English & Spanish)  
 What Makes Families Happy  
 Cyberbullying  
 Families In Transition  
 Using Humor In Parenting  
 Autismo: Ideas Para Padres  
 Coping Strategies for Parents  
 Técnicas y Estrategias para Padres con Niños con ADHD  
 Developing Responsibility in Your Children” (English & Spanish)  
 Building Self-Esteem in Children” (English & Spanish)  
 Parenting your Child with ADHD  
 Childhood Depression & Bipolar Disorder  
 Maternal Depression  
 Optimizing Your Child’s Learning Experiences  
 How Busy Families Manage Stress  
 Father’s Day: Everyday  
 Padres Exitosos de Niños de Especiales  
 True Colors for Parents  
 Dealing with Menopause  
 Understanding Autism  
 Coloring Autism: Helping Siblings  
 Helping your Anxious Child  
 Stay Tuned  
 Childhood and Fears  
 What is Temperament?

### **Early Childhood Topics**

*(FOR AN UPDATED AND COMPREHENSIVE LIST, PLEASE CALL (956) 341-3792)*

Infants and Toddlers – “Better Behavior for Busy Bodies”  
 Child Growth and Development – “The Play Years”  
 Child Abuse and Neglect – “Dear Diary”  
 Social Development – “Early Experiences and Social Development”  
 Managing Behavior Problems – “Reaching the Difficult Child”  
 Positive Self-Esteem – “My True Colors”  
 Aggressiveness – “How to Manage Anger”  
 Classroom Management – “Tips for Teachers”  
 Stress Management – “How to Manage Stress”  
 Toddlers and Temperament  
 Infant Development

## Table of Contents

Topic	Page
What is play therapy?	6
General models for conceptualizing child psychopathology	7
Case formulation	8
The impact of COVID-19	11
Theories of play therapy	12
Objectives of play therapy	14
Therapeutic powers of play	15
Play/diagnostic observations	16
General stages of play therapy	18
Themes in play	19
Toys and materials	20
Sand and Art	40
Typical Problems	48
Anger treatment plan and games	51
Anxiety treatment plan and games	64
Behavioral treatment plan and games	77
Grief treatment plan and games	88
Parents and therapy	96
Filial Therapy	104
Stay Tuned Activities.....	110
Documenting play sessions	117
Appendix	120
Reference	135

## What is Play Therapy?

"... consists of a cluster of treatment modalities that involve the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development and the re-establishment of the child's ability to engage in play behavior as it is classically defined."

(O'Connor, 2000)

## Who Should Use Play Therapy?

"...A therapist who wants to help a child create change and solve problems. A person who likes to play and who enjoys life. An accepting, non-judgmental and caring person who will accept the child as a whole."



## Conceptualizing Child Psychopathology: General Models

These models serve as "maps" as we assess the presenting problem and diagnose the disorder or issue. The uses of these models help with the hypothesis that guides practice in creating and implementing a treatment plan.

- **Biological Models:**
  - The brain and its neurotransmitters, neuroanatomy, and genetic predispositions are involved in behavior.
- **Psychological Models:**
  - Inborn drives, temperament, view of personality structure, attachment relationships, and emotional influences also play important roles in the behavior of children.
- **Behavioral Models:**
  - External influences, learning maladaptive responses, and not acquiring appropriate responses. Excessive or inadequate reinforcement are also involved in the demonstrations of behavior.
- **Cognitive Models:**
  - There is an internally learned pattern of irrational thinking or negative self-statements. There can be distorted or deficient cognitive structures.
- **School Models:**
  - The school is a contributor to the effects that can alter relationships in school and home. It can also foster maladaptive behaviors.
- **Family Models:**
  - Family systems, dynamics, negative interactions, dysfunction and parenting are also part of the total cognition and behavior of the child.

## **Case Formulation and General Clinical Assessment**

In order to conceptualize the case, the following information must be gathered during the initial intake assessment. Some of the information is obtained during the first visit with the parent. Additional information is obtained after the parent leaves the office. Remember to ask the child why his parents are seeking services.

*(See Appendix A for a sample of a Child/Adolescent Intake).*

### **Identifying information**

- Age
- Gender
- Race/culture
- Family history
- School history

### **Presenting problem or reason for visit**

- Verbal acknowledgment of the problem
- Perception of the problem

### **Referral source**

- Psychiatrist
- Neurologist
- Behavioral center
- Primary Care Physician
- Parents
- School
- Other

### **History of presenting problem**

- Date of onset
- Level of severity
- People affected by the problem

### **Psychiatric history**

- Chronology of episodes
- Medication

- Treatment programs

### **Medical history (undiagnosed problems)**

- Medical illnesses
- Undiagnosed health problems
- Injuries
- Trauma
- Allergies

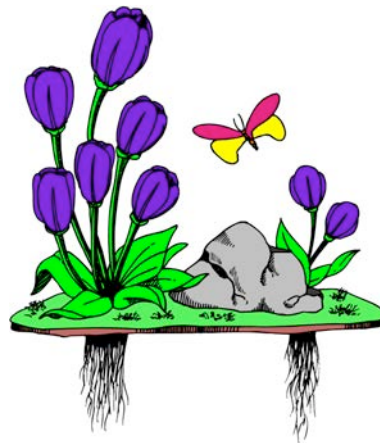
### **Personal history**

- Developmental milestones
- Adjustment level
- Genetic influences
- Psychosocial issues



## Children Are Also Affected By...

1. Cognitive style: Temperament
2. Family influences: Indifference
3. Peer influences: Truancy, conduct, etc.
4. School atmosphere: The "right" match
5. Child abuse and trauma: Exposure to stress
6. School violence: Modeling
7. Physical/Heredity: Genetic, neurological
8. Environmental: The media



## The Impact of COVID-19

The implications of COVID-19 continue to affect the communities, including the families and the school system since it interrupted the "schooling" of many children. Families of all socioeconomic levels were impacted in negative and positive ways; children were affected academically, emotionally and socially. As counselors, we must be aware of how COVID-19 affected every family:

- Did the parents experience job loss?
- How much academic work did the child miss?
- Were children's services suspended (i.e. speech, etc.)
- Was their social life impacted?
- How many family members were lost?
- How did blended families manage the custody visitations?
- How much does the child know about COVID-19?



## Theories of Play Therapy

**I. Psychoanalytic:** The psychoanalytic theory of personality is developmental and assumes a tripartite personality structure consisting of the id, ego, and superego. The primary curative aspect of psychoanalytic play therapy is the interpretations the play therapist offers.

**II. Humanistic:** The humanistic model posits environmental toxicity as the cause of the child's psychopathology. The curative elements of humanistic play therapy are hypothesized to the relationship that the child develops with the therapist, the insight the child gains from the therapist's reflections, and the freeing up of the child's drive to self-actualization through exposure to the healthy environment within the play sessions. Best when used with...

- Children with anger and sadness
- Children with a lack of sense of self
- Children with deep scars and hurts
- Children without language skills
- Children who appear unsafe and afraid of conversations

**III. Behavioral/Cognitive:** The primary behavioral theories of how a child learns both functional and dysfunctional behaviors include classical conditioning, operant conditioning, and social learning. **This is one of the most frequently practiced therapy in a school setting.** A positive aspect of this approach is that it is narrowly focused on the presenting problem and finding empirical data to change the behavior. It is a time-efficient approach, which is very important in this setting (A. A. Drewes & C. E. Schaefer 2010). The curative element is the manipulation of the child's exposure to positive and negative consequences that is primarily responsible for producing change in the child's behavior. Best when used with...

- Children with attentional issues who need to learn how to focus
- Children who need social skills
- Children who lack study skills
- Children who are depressed
- Children who wish to learn specific behaviors
- Children involved in special education

**IV. Adlerian:** Is child-centered and is rooted in phenomenologic philosophy: children are seen as experiencing life from a subjective perspective. **This theory is popular in the school setting** because the counselor can work the child in his/her own social setting, as well as teachers and parents. It is also a direct approach to dealing with maladaptive behaviors and offers specific suggestions for parents and teachers. The main curative element is the reframing of the child's self-defeating convictions by the therapist. This enables the child to engage in new, positive behaviors. Best when used by...

- Children with social problems
- Children with family issues
- Children who exhibit goals of misbehavior such as power
- Attention, revenge and inadequacy

**V. Reality Therapy:** States that all humans are motivated to meet basic physiologic and psychological needs.

**Source:** O'Connor, K. J. (2000) The Play Therapy Primer



## Objectives of Play Therapy

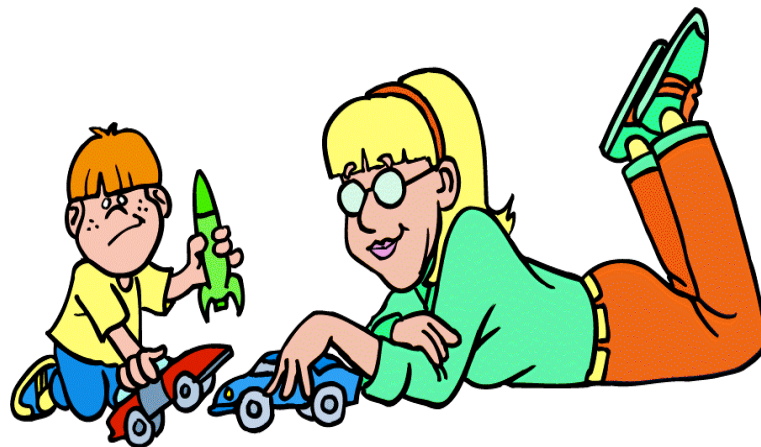
The main goal of play therapy is to establish communication at a verbal or non-verbal level with the child. The second goal is to develop trust. Trust is essential in the process of change.

- Develop a more positive self-concept
- Assume greater self-responsibility
- Become more self-directed
- Become more self-accepted
- Become more self-reliant
- Engage in self-determined decision making
- Experience a feeling of control
- Become more sensitive to the process of coping
- Develop an internal source of evaluation
- Become more trusting in self



## Therapeutic Powers of Play

- Communication
- Emotional regulation
- Relationship enhancement
- Moral judgment
- Stress management
- Ego boosting
- Preparation for life
- Self-actualization



## Initial Play Observations

Note the child's attitude and approach to the toys, any response latency, frequent changes, avoidances of any particular toys, preferences, verbalizations, creative use of the toys, aggressive, energetic, lethargic, lack of ability to play without structure. Ask yourself these questions:

1. Is the child's play appropriate?
2. Are there repeated themes in the child's play?
3. What is the child's type of play?
4. What is his ability to start and stop play?
5. How does he react when he wins?
6. Are there any unusual observations?



## Diagnostic Observations

### Behavioral

- Can the child take turns?
- Does the child play by rules?
- Does he win/lose gracefully?
- Is there goal persistence?
- Are the limits and rules observed by the child?

### Cognitive

- Uses strategies
- Learns new game easily
- Understands rules
- Developmental level
- Attention span rules
- Problem-solving approaches
- Sequencing ability

### Social/Emotional

- Handling frustration
- Level of involvement
- Risk taking
- Self-critical remarks
- Choice of games
- Emerging themes
- Impulse control
- Mastering motivation
- Characteristics of dramatic play

(Gitlin-Weiner, Sandgrund, Schaefer, 2000, p. 151)

## General Stages of Play Counseling

### **Stage One** - Exploratory Stage

Testing the limits

### **Stage Two** - Dependency Stage

Expression of needs

### **Stage Three** - Therapeutic Growth Stage

Empowerment

### **Stage Four** - Termination Stage

Termination



## Common Themes in Children's Play

Various themes in the child's life may be repeated more than once each play session. These themes may be shown in different styles of play. The themes will also tell you about the child. The child's play will reflect the following about a particular child:

1. Developmental level
2. Emotional state
3. Feelings about him/herself
4. Feelings about the world
5. Conflict and trauma

### Themes:

- Anger
- Sadness
- Adjustment/change
- Confusion
- Power/control
- Trust/relationship/abandonment
- Boundaries/intrusion
- Violation/protection
- Self-esteem
- Anxiety
- Loss/death
- Loyalty/betrayal
- Loneliness
- Nurturing/security/rejection
- Identity

# Toys



## Humanistic Toys

### Real-life toys

- Dolls, puppets, stuffed animals
- Transportation toys
- Dollhouse, baby bottles
- Kitchen
- Dress-up items

### Acting out aggressive toys

- Bob bag, pounding toys
- Toy soldiers
- Aggressive animal puppets
- Guns, knives, swords
- Logs with nails and hammer

### Creative expression-emotional release toys

- Water, sand
- Blocks & art supplies

### Other essential playroom equipment includes:

- Table & chairs
- Sandboxes
- Easels
- Water source

## Adlerian Toys

### **Family & nurturing**

Dolls, dollhouse, food, dishes, blankets

### **Scary**

Snakes, rats, alligator, dinosaurs, insects

### **Aggressive**

Punching toys, toy soldiers, handcuffs, weapons

### **Expressive**

Crafts and art supplies

### **Pretend/Fantasy**

Masks, costumes, blocks, transportation toys, magic

Wands, telephones, animals



## War Toys

(Goldstein & Pellegrini)

Biological/Physiological responses or reasons for selecting war toys:

1. To achieve a pleasing level of arousal.
2. To expend energy.
3. To influence hormonal activity.

Psychological reasons:

1. To achieve a desired emotional state.
2. To prime cognitive salience of aggression.
3. To try to understand violence, war, and death.
4. To feel in control of aggression.
5. To allay anxiety about violence, war, and guns.
6. To engage in fantasy/imaginative play.
7. To experience an "altered state of consciousness/flow."
8. To practice strategic planning and problem solving.
9. To set goals and determine effective means for accomplishing them. To gain a sense of mastery.



## Tote Bag Playroom

### Garry Landreth

Crayons (8-count box)	Bendable Gumby (nondescript figure)
Newsprint	Popsicle sticks
Blunt Scissors	Pipe cleaners
Nursing Bottle (plastic)	Cotton rope
Rubber knife	Telephone
Doll	Aggressive hand puppet
Clay or Play-Doh	(alligator, wolf, or dragon)
Dart fun	Bendable doll family
Handcuffs	Dollhouse furniture (at least bedroom,
Toy soldiers (20-count size	kitchen and bathroom)
is sufficient)	Small cardboard box with rooms
2 play dishes & cups	marked on bottom (cut door in one
(plastic or tin)	side and window in another; doubles
Spoons (avoid forks because	as storage container for toys)
of sharp points)	Transparent tape
Small airplane	Costume jewelery
Lone Ranger type mask	
Nerf ball (rubber balls	
bounce too much)	

## Culturally Responsive Toys

Children can express how they feel and what they have experienced in a safe environment. The following items may be included if the goal is to resolve issues associated with:

Alcohol (empty containers)

Roosters

Maracas, accordion, guitarra

Bingo or chalupa

Cowboy hat, boots and belts

Rosary beads

Wrestling figures

Wrestling area

Masks

Police car

Money

Guns



## Board Games

- There is a lack of literature on Board Games.
- Board games may be used with children ages 9-11
- Board games demonstrate the child's psychological functioning

### Therapeutic Elements of Games

Game playing has been traced back to prehistoric times and is thought to play a significant role in adaptation to the environment. It invokes goal-directed behavior and promotes competition. These are the "Models of Power" because they provide a context for socially acceptable aggression and competition. *(Sutton-Smith, 1961).*

"Game playing is inherently social and involves learning and following rules, problem solving, self-discipline, and emotional control, and adoption of leader and follower roles, all of which are essential components of socialization."

*Serok & Blum, 1983*

Whereas free play taps the id, game play involves ego processes. It requires greater cognitive ability. And it also requires enough frustration, tolerance, and reality testing to accept limits on their behavior. *Sutton-Smith, 1971*

According to Peller (1954), the best group is the latency because it involves:

- Less magical thinking
- Less symbolic play
- An increased capacity to work
- Less motoric expression
- Internalization of social values
- Rule oriented play
- More structure

Bellinson (2002) acknowledged that boys tend to be game players more frequently during sessions and for longer in their development because:

- Boys are socialized to be more competitive
- Boys are expected to be more aggressive
- Girls are more "verbally accomplished"
- Girls pass the stage of structured play more quickly

#### **Additional reasons for using board games**

- Therapeutic alliance
- Pleasure
- Diagnosis
- Communication
- Insight
- Sublimation
- Reality testing
- Ego enhancement
- Rational thinking
- Socialization

#### **Rules**

- Allow the child to choose his/her own game: the child will show the level of maturity.
- Expect children to use the games creatively rather than the traditional manner.
- "Edit" your materials (ex: no electronic games).
- Pay attention to the psychodynamics rather than to the game strategy.
- "Mirror" or offer feedback to the child about his/her strategy or actions (ex: inability to wait, fear of losing, etc).
- Expect for the child to break the rules of the game.
- Monitor your own "needs" (ex: to win, rules).

When playing keep in mind...

- In the simple act of choosing a game, the children show some aspect of their personality
- Hypermaturity
- Regressive tendencies
- Conflict
- Your own game biases and memories
- Your feelings about cheating
- Your perception of fair play
- Your competitiveness

### **Published vs. Unpublished Board Games**

Published board games have:

- Typical structured play
- Activities focus on using specific materials
- Relate treatment to the child's real life
- Elicit specific content
- Therapists lead
- Both respond to expressive tasks

What these games have in common is their attempt to relate the treatment directly to the child's real life. The therapist directs the child's play in order to get the child to express some aspect of current or past life.

Unpublished board games:

- Enhance the therapeutic relationship
- Focus on the process

An example of an unpublished board game is checkers:

Checkers:

- May open communication
- May permit exploration in depth

- Meaningful interaction
- As a shock absorber

### **Questions to ask during play:**

1. What is the style of the child's game?
2. Does he/she use strategies?
3. Is he/she daring?
4. Does he/she assume a defensive posture?
5. Does he/she assume an offensive posture?
6. Does he/she select black or red checkers?
7. Does he/she have a "lucky" color?
8. Does he/she request the counselor to make the initial move?
9. Does he/she imitate the moves?
10. Does he/she act impulsively?
11. Does he/she react when he wins?
12. Is he/she aggressive?
13. Does he/she feel guilty?
14. Does he/she give up?
15. Does he/she refuse to play another game?
16. Does he/she cheat?

B. M. Levinson, 1979

### **What About Cheating?**

- Is an expectable behavior
- Younger children may not able to follow rules
- Older children may not have the ego strength
- Cheating allows them to resolve issues
- Cheating as creative play
- Do not confront the child

- But do not ignore the "alterations"
- Behaviors can be transferential (windows)

### **Structured Board Games**

- Card games
- Dominoes
- Sports games
- Electronic games
- Computer games

**These are only a few unpublished games that children have enjoyed...**

- Chutes and Ladders
- Candyland
- Checkers
- Sorry!
- Guess Who?
- Connect Four
- Friendship Connection
- Monopoly
- Operation
- Scrabble
- Go Fish
- Perfection
- 5 Second Rule

**These are published games you can buy through Amazon or a Creative Therapy Store online: <https://www.playtherapysupply.com>**

- The Talking, Feeling and Doing Board Game
- Anger Defuser
- Stop, Relax and Think Board Game
- The Coping Skills Board Game
- Social Skills Board Game

- The Impulse Control Game
- Mixed Emotions
- Bridge Over Worried Waters
- Positive Thinking Board Game
- Bullies, Victims and Bystanders Board Games
- My Two Homes: Divorce Board Game

Source: Billinson, J. (2002) Children's use of board games in psychotherapy



# SUPERHEROES



## Superheroes

The characteristics of the superheroes may be useful in during the working phase of the treatment. You can help the children see the following:

1. Origins of the superhero: The traditional superhero has alien origins and grows up and survives without his biological parents.
2. Costume: They have a superidentity.
3. Dual or secret identity: Through their dual identity, they wrestle and break free from societal conflict between good and evil.
4. Superhero families: There is strength in unity. According to Ryall and Tipton (2005), The superhero team is a vibrant family unit made up of friends who really care about each other, despite their differences and disagreements and as a family support each other, enjoy each other and care about each other's good virtue,( p. 126).
5. Superpowers and fatal flaws: The superheroes understand that their special powers are used to help others. They also know that humility comes from knowing their limits.
6. Transformation: The hero goes through a phase that changes his life forever. He has to reach deep within his feelings and thoughts to understand that he is different. Acceptance is the ultimate step.

The most popular heroes are:

- ◇ Wonder Woman
- ◇ Spiderman
- ◇ Superman
- ◇ Aquaman
- ◇ Captain America
- ◇ Captain Marvel
- ◇ Catwoman

- ◇ Daredevil
- ◇ Darth Vader
- ◇ Dr. Xavier
- ◇ Han Solo
- ◇ Star Trek Heroes
- ◇ Iron Man
- ◇ Magneto
- ◇ Scooby-Doo
- ◇ Batman
- ◇ Hulk
- ◇ The Flash
- ◇ Fantastic Four
- ◇ X-Men
- ◇ The Avengers
- ◇ Justice League
- ◇ Teenage Mutant Ninja Turtles
- ◇ Mighty Morphin Power Rangers

(For a more comprehensive list of Marvel Superheroes, see "Marvel: Absolutely everything you need to know..." by Adam Bray, Lorraine Cink, John Sazaklis and Sven Wilson).

## TOYS: Symbolic Meaning

### Real Life Toys:

AIRPLANE-escape, distance, speed, freedom, safety, protection

BABY BOTTLE-regression, nurturing, orality, coping issues, dependency, babies, siblings

DOLL HOUSE- family, family interaction/attitude, security

DOLL FAMILY- authority, acceptance, competition, dependency, nurturing, perpetrator, protection, rejection, relationship, security

DOLLS- anatomy, self identity, regression, competition, closeness, friendship

PUPPETS- relationship, communication, anonymity, fantasy, impulses, disguises

**ANIMALS (DOMESTIC)** protection, family relations, vulnerability, compliance, dependency and **ANIMALS (WILD)** aggression, fear, survival, strength, powerful

Alligator- aggression, controlling, frightening hungry, lurking, seeking

Bear- aggression, confrontive, fearless, father, independent or intimidation

Birds- alone, distance, escape, freedom, searching, gliding

Cat- gentle, independent, warm, agile, lazy, moody, calculating, curious

Cow- nurturance, food, docile

Dolphin- social, likeable, helpful, friendly

Dinosaurs- death, extinction, fear, conflict, history, survival

Dog- friend, pet, companion, loyalty, aggression, nurturance, protection

Eagle- autonomous, freedom, escape, hunter, distant, independent

Elephant- awkward, powerful, gentle, slow

Fish- vulnerable, primitive, swift, slippery, escape

Fox- cunning, alert, sneaky, distrustful, manipulative

Goat- aloof, sure-footed, distant, well grounded

Giraffe- avoidance, non-aggressive, hyper-vigilant, naive

Gorilla- father, masculine, power, strength, mobile, primitive, human

Horse- beauty, stable, escape, contact, support, power, speed, flight

Kangaroo- security, nurturing, protection, baby, pregnancy, bonding, attachment,  
mother

Lamb- nurturing, protection, vulnerability, innocent, baby, rescue

Lion- authority, aggressor, power, dangerous, control, majestic, proud, predator,  
father

Mouse- quiet, meek, afraid, hiding, vigilant, anxious, fearful

Monkey- clinging, childlike, playful, aggressive, social, territorial

Rabbit- nurturing, protection, alert, quick, curious

Shark- aggression, fear, perpetrator, powerful, persistent, unpredictable

Sheep- belonging, docile, follower, warm, friendly

Snake- sneaky, phallic, cunning, evil, dangerous, lonely, aloof, mysterious

Squirrel- nervous, quick, hoarding, hyper-vigilant

Tiger- fighting, control, predator, prowler, swift, fighting, power, stalk

Turtle- shy, quiet, slow, persistent, patient

Wolf- aggressor, cunning, selfish, hungry, distrustful

Zebra- unique, decisive, contrast, black/white

## **NON- DESCRIPTIVE FIGURE (for example- gumby)**

**CAR-** mobility, escape, safety, protection, travel, family issues, conflict

**COSTUMES-** communication, disguise, anonymity, fantasy, relationships, impulses

**Gloves-** avoiding, distant, safety

**Hats-** identity, roles, expectations, fantasy, disguise, safety

**Masks-** anonymity, fantasy, disguise, communication

**Sunglasses-** avoiding, hiding, distance, safety

**Wigs-** anonymity, fantasy, impulses, disguise

**DOCTOR'S KIT-** healing, body, image, crisis, changing, intrusion, internal, repair, power, life/death, pain

**Blood Pressure-** internal issues, anger, calm, state of mind,

**Operation-** action, control, healing, vulnerability, crisis, intervention

**Syringe-** intrusion, violation, pain, healing, fear, impact, contact, penetration

**Stethoscope-** internal feelings, validation, unknown, undisclosed

**Thermometer-** internal feelings, sick/well, need for help, crisis

Consider real gauze and band-aids, bandages

**DISHES/COOKING-** nurturing, orality, attention, neglect, demands, relationships, celebration

**KITCHEN SET-** home, nurturing, emotion, support, care, neglect, sibling, conflict, family respect

**MONEY-** security, power, control, loss, cheated

**TELEPHONE-** communication, distance, safety, control, peer disconnect

**Toys that allow for expression of anger/aggression:**

BOP BAG - aggression, conflict, perpetrator, power, relationships, and revenge

RUBBER KNIFE- aggression, power, defense, protection, intrusion, sexual, pain

GUN- aggression, control, anger, hostility, power, death, pain, intrusion, impact, protection, boundaries, etc

PIECE OF ROPE- aggression, control, anger, hostility, intrusion, boundaries

**TOYS FOR AGGRESSION/ACTING OUT**

SOLDIERS- conflict, attack aggression, force, life/death, struggling, people, grouping, etc,

**TOYS FOR CREATIVE EXPRESSION AND EMOTIONAL RELEASE:**

CLAY- creation, manipulation, creativity, self esteem, change, expression, contact, pressure, aggression

FINGER PAINTS- contact, involvement, impact, grounding, regression, security

MUSICAL INSTRUMENT- self expression, internal, communication, creativity, contact

PAINTS- distance, expression, inaccessible needs, attitude, view of the world, etc

SAND- construction, destruction, environment, community, feelings, change, emotional world, creativity, etc

ADDITIONAL CRAFTS ITEMS- CRAYONS, PLAY DOH, PAPER, EGG CARTON, BLUNT SCISSORS

## ADDITIONAL TOYS

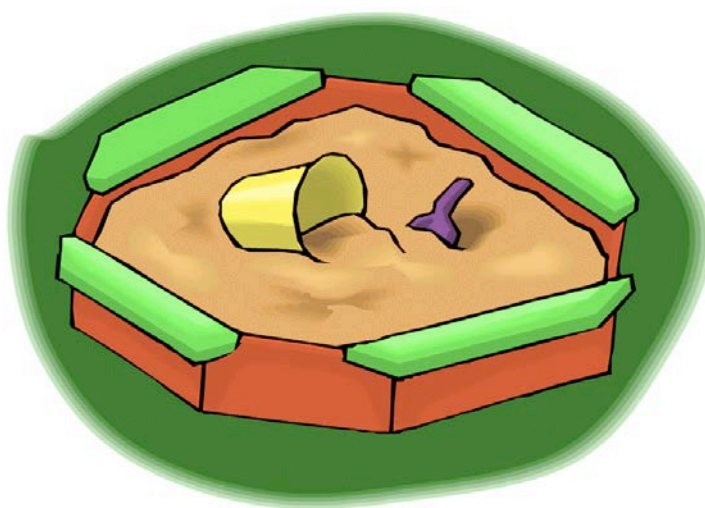
BALL- interaction, relationship, trust, re-evaluation, competition, reassurance

BLANKET- regression, security, protection, boundaries, etc

WATER- emotionality, flexibility, freedom, anxiety, orality, sadness, depth, internal, regression, primitive, unconscious



# SAND & ART



## Sand Therapy

(Linda E. Homeyer & Daniel S. Sweeney)

Dr. Margaret Lowenfeld (1939) first developed the therapeutic use of the sandtray and miniatures in the 1920's. Working with children and sandtray was expanded and popularized by the work of Dora Kalff, a Swiss Jungian analyst.

Sand therapy...

- Gives expression to non-verbalized emotional issues.
- Has a unique kinesthetic quality.
- Serves to create a necessary therapeutic distance for clients.
- Naturally provides boundaries and limits, which promote safety for the client.
- Provides a unique setting for the emergence of therapeutic metaphors.
- Is effective in overcoming client resistance.
- Provides a needed and effective communication medium for the client with poor verbal skills.
- Creates a place for the child to experience control.

The therapist should emotionally observe the sand tray. What is the emotional content?

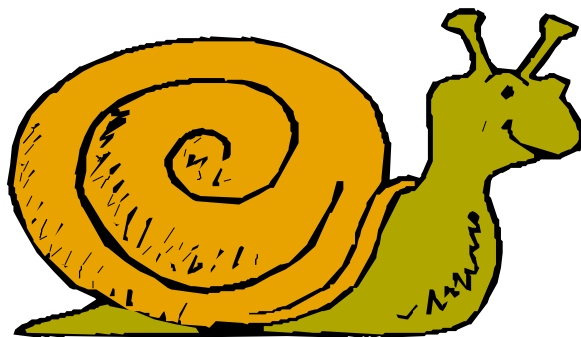
Process the sand tray with the client. What is the title?



## Guidelines

The miniatures should be representative of your client's world.

- People
- Family groups
- Vegetation
- Houses
- Vehicles
- Fences
- Signs
- Cartoon-movie
- Spiritual/mystical
- Landscaping accessories
- Household items
- Animals (domestic and wild)
- Most miniatures may be plastic, but it is important to include miniatures made from natural materials.
- Miniatures should be organized by categories.
- Indirective: "Create a world, create your world, create a scene"
- Directive: "Make a scene in the sand that expresses how you feel when you come home after school."



## A JUNGIAN APPROACH TO DIAGNOSTIC ISSUES IN CHILDREN ART PRODUCTIONS

There are three premises one must accept in order to understand the language of drawings:

1. That there is an unconscious and that pictures come from the same level as dreams.
2. That the picture must be accepted as a valid method of communicating with the unconscious and as conveying its meaning reliably.
3. That mind and body, psyche and soma, are inherently linked.

There is only one rule for picture interpretation: to know that one does not know. With this always in mind, the interpreter need only follow three main principles in analyzing unconscious pictures:

1. Always note one's initial impression of a picture. It is crucial that one not fix on a specific decision because of personal associations, but rather allow that artist's associations to develop, and thus for the mystery and ambiguity of his repressed contents to emerge.
2. The interpreter must act as a researcher, looking at focal points (those points to which the eye is drawn) systematically.
  - A. First, one must ask about the materials used in the picture.
  - B. Second, the size of the paper should be considered; especially in its relationship to the size of the drawing, and the plane on which it is drawn. Horizontal drawing tend to tell a story: vertical drawings tend to make a statement.
  - C. Note the role of the focal points, such as color, shape, direction of movement, placement, number of repeated objects, and missing items.

3. The third and often most difficult principle in picture interpretation is to synthesize what has been learned from individual components and assemble this information into a whole.

Note: No one focal point provides conclusive evidence of what is within a patient's psyche; a series of drawings is much more reliable indicator of a patient's psychological and somatic condition, since a given drawing most often expresses psychic activity at the point in time in which it was drawn.

Analysis of the focal points in the picture:

1. What feeling does the picture convey?
2. What is odd?
3. Barriers.
4. Who or what is missing?
5. What is central?
6. Size and proportion
7. Shape distortion
8. Repeated objects
9. Perspective
10. Carry yourself into the picture
11. Shading
12. Edging
13. Compare to the surrounding world.
14. Out of season.
15. Encapsulation
16. Extensions
17. Back of drawing.
18. Underlining
19. Erasures.
20. Words used in drawings.
21. Line across the top of the page.
22. Transparency

23.Movement

24.Abstract

25.Filled-in or empty?

26.Trees and age

27.Drawing the work situation within a family drawing.

28.Comparison of five-year- old drawing with present drawing.

29.Laying pictures over each.

30.Translating color- colors can symbolize certain feeling, moods even the tone of a relationship. The use of particular color and its placement in a drawing may suggest a balance or imbalance in our lives. Colors may indicate the importance of psychological and/or physical factors. Color interpretation needs to consider how the color is used, where it is used on the page, quantity of the color used, what objects or material the color is use on, and the intensity or color displayed. Color meaning varies from one culture and society to another: it is most helpful to come back to the world of nature when dealing with the significance of color.

Green- growing potential

Yellow- source of energy, light and warmth

Red- psychologically, it may signal an issue of vital significance, a "burning" problem, surging emotions, or danger. Physically, it may reflect an acute illness (e.g., infection or fever) It can also mean love, courage, vitality and passion. Red is an intense color

Pink- As a lesser hue of red, it may suggest the resolution of a problem or illness just past, where one now feels "in the pink" often it is used for coloring flesh or cheeks to show "healthy look" that we see portrayed in ads for cosmetics;

Purple- May point to need to possess of control or a need to have other control and support. It may suggest a burdensome responsibility, or indicate that one has a cross to bear. Physical, it may indicate seizures or a controlling, gripping situation. As the royal or regal color, it suggests

sovereignty, spirituality, supreme power (whether taken psychologically or somatically);

Orange- May struggle; it may also indicate decreasing energy or rescue from a threatening situation;

Golden yellow- May suggest an emphasis on things of a spiritual or intuitive nature; something of great value. The yellowness of the sun may imply life-giving energy;

Pale yellow- May indicate a precarious life situation;

Bright blue- May denote health; the vital flow of life ("life's spring"), or energy

Pale blue- May denote distance, the far away, pale blue sky, a fading away or withdrawing; contemplation;

Dark green- A healthy ego and body; growth or a newness of life, as in the healing process;

Pale yellow green- Psychological or physical weakness; a fading out of life or coming back into life, with the aid of treatment;

Dark brown- Nourishment; in touch with nature and the terrestrial; healthy;

Pale brown- May denote rot or decay, or a struggle to overcome destructive forces and return to a healthy state;

Black- May indicate or symbolize the unknown. If used for shading, it is generally seen as negative, projecting "dark" thoughts, a threat, or fear;

White- As the absence of color may indicate repressed feelings; it may also, after all colors are used, signal life's completion.

Note: Colors do not tell the story of a picture; they merely amplify what the objects and action within the picture have to say.

31. Color out of place.

32. Where is the drawing on the page?

Lower half of the page- the individual is reality-bound or concrete. An individual who is reality-bound sees hunger as a world problem, feels the threat of annihilation from a nuclear war always standing overhead, and understands the economic instability in which we live. This reality-bound person will lean toward depression and will feel insecure and even inadequate in attempting to deal with the enormity of the reality issues.

Upper half of the page- The individual is more apt to be aloof and inaccessible. He tends to seek satisfaction in fantasy and needs grounding. He most likely strives toward but never quite reaches his always-unattainable goal.

Right half of the page, or on the whole of the paper- The individual leans toward consciousness. A conscious-bound individual is more able to control his behavior, can seek satisfaction in intellectual areas, and has tendency to stress future events.

Left side of the paper- The person tends to deal more with unconscious content. A person who is unconscious is impulsive, and emotions can dominate his life. He tends to continuously deal with the past.

Taken from Furth, Gregg M., The Secret World of Drawings: Healing through Art, Boston: Sigo Press, 1988.

# Typical Problems



## Typical Problems During Play Therapy

### The Silent Child:

- Recheck your values and expectations.
- Remember total acceptance.
- State what you observe in their play.
- Be patient.

### The child who wants to bring his/her toys:

- If it is an acceptable toy- O.K.

### Overly dependent child:

- Response must convey confidence and give him/her responsibility.
- Don't fall into the manipulation of doing things for him/her.

### Praise seeker:

- Praise doesn't help develop therapeutic relationship.
- Tell the child his opinion is what counts.

### Should the counselor participate in the child's play?

- You may be actively involved without playing.
- If you do, be unobstrusive.
- Let the child lead- especially when using art.

### Who cleans up?

- Often the child will automatically start to pick up when it is time to go.
- Remember-play is the child's language. It would not be appropriate to make them put away their conversation.
- ADHD children must pick up their toys and place them where they belong.

### The child who wants to bring a friend:

- Remember-making choices can empower the child.
- Check the motivation-shy child?

### Termination:

- Keep it smooth-include the child in the decision.
- Set the date, as to give the child time to play out this important step.

Affection seeker:

- Be careful with the words like and love.
- Tell the child, "You are special and this is your special time."
- If the child initiates the hug is fine.

The child who tries to steal a toy:

- Don't allow it-once they get home they may feel guilty-which will affect the relationship.
- No questions-make statements. "I know you would like to take the \_\_\_\_\_ with you, but the \_\_\_\_\_ in your pocket stays here so it will be here the next time you come."

The child who refuses to leave:

- Can be a manipulation technique to test the limits.
- Tell them time is up for today.
- Walk toward door.
- State understanding: "I know you would like to stay, but it is time to leave."
- The process may take a few minutes - stay calm.



# ANGER MANAGEMENT



## **Anger Management**

### **Long-Term Goals**

1. Express anger through appropriate verbalizations.
2. Express anger through appropriate physical displays.
3. Reduce the frequency of temper outbursts.
4. Reduce the intensity of temper outbursts.
5. Interact positively with adults and peers.

### **Therapeutic Interventions**

1. Actively build rapport with child.
2. Establish clear rules for the playroom time.
3. Establish clear boundaries with therapist.
4. Teach how to verbalize anger in a less emotionally charged manner.
5. Teach appropriate non-verbal communication.
6. Resolve the underlying cause of anger.
7. Teach how to detect environmental "triggers."
8. Train the child to use relaxation techniques.
9. Design a reward system.
10. Encourage the child to use self-monitoring techniques.
11. Identify and reframe child's cognitive distortions.
12. Use puppets, dolls, clay, toys and paint to express negative emotions.
13. Assign and practice a favorite song or rhyme when confronted with stressful situations.
14. Assign "self-talk" homework to increase self-concept and control of behavior.

## Counseling Game

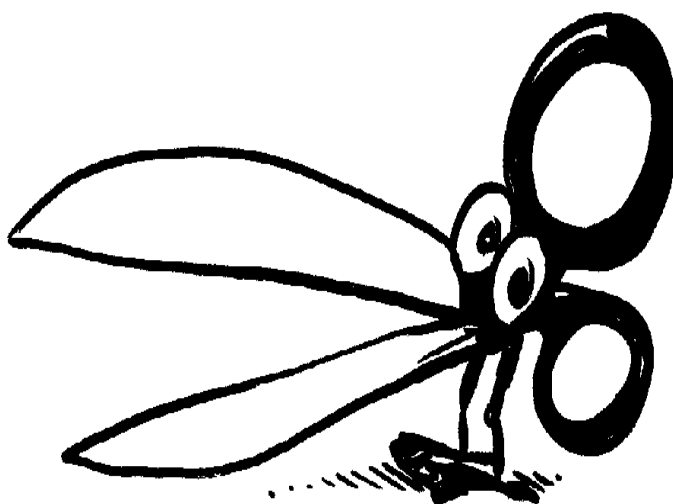
**Name of Game:** "Spiral of Words"

**Goals:**

- 1) To allow the child to understand that words do hurt people they love.
- 2) To decrease the number and intensity of "bad words" or emotionally charged words.

**Directions:** Ask the client to draw and cut a spiral using construction paper. Then allow him to start with the strong words and gradually start using less emotionally charged words. Role-play with client how to use the spiral and to hang it where he/she can see it daily.

**Adaptations:** Ask the client to make a "Happy Spiral" using appropriate words.



## Counseling Game

**Name of Game:** Hero Poster

**Goal:** To allow the child to list and draw the attributes that a superhero needs to have in order to help others and to bring peace.

**Directions:** Ask the client to brainstorm the values and behaviors that a superhero should have. Then, ask him to draw the hero using colors and symbols that represent the values and characteristics needed to "change."

**Adaptations:** Ask the client to create the background information and people that always help the heroes. The child can also offer follow up posters where the hero is announcing his victory. The victory is a public announcement of the deed or change.



## Counseling Game

**Name of Game:** Strip Your Choices

**Goal:** To help the client choose alternative responses to a problem and to plan for potential negative and positive consequences.

**Directions:** Offer the client a blank comic strip. Give him the problem, issue or decision. Then ask him to draw the sequence of events that will lead to a desired result or consequence.

**Adaptations:** Ask client to start the comic strip with the consequence and then draw "backwards" to see where he needs to change his behavior to obtain the best or desired result.



## Counseling Game

**Name of Game:** Slogan on a Shirt

**Goal:** To create the correct wording that corresponds with the new image or message that the client wants to demonstrate.

**Directions:** Offer the client a white t-shirt. Tell him that his new or desired message or goal can be delivered through a public message. Guide the client to see how the message or slogan will also be a reminder of his goal.

**Adaptations:** Ask the client to create shirts for the people that he can trust to help him achieve his goals.



## Counseling Game

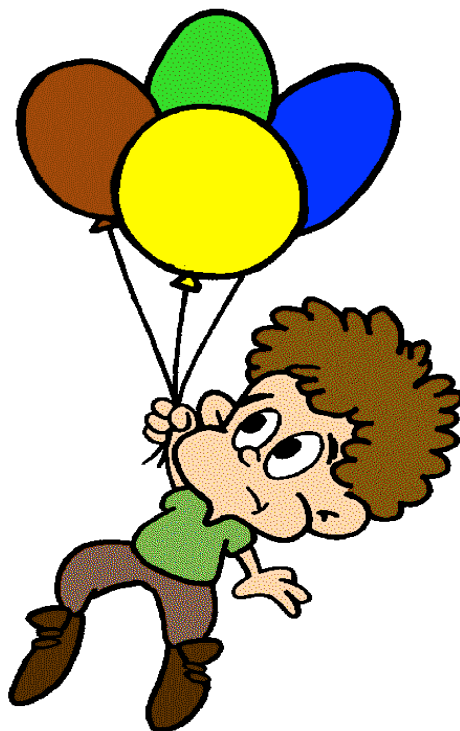
**Name of Game:** Balloons with Feelings

**Goal:** To allow the child to understand that anger that is unresolved will cause us to have physical illnesses.

**Directions:** Blow up the balloons a little at a time. If you never let the anger out, the balloon will pop. If you put some air in the balloon and let some air out, the balloon will last a long time.

**Adaptations:** Discuss how sadness also has to be released by talking or playing about it.

**Suggested question cards:** Related to the situation.



## Counseling Game

### Name of Game: Moody Ball

**Goal:** To allow the child to replace the words: mad and angry with less emotionally charged words.

**Directions:** On a plain ball, write the words:

Dislike, grouchy, grumpy, irritated, ticked, offended, upset, bugged, disturbed, provoked, disillusioned, snappy, displeased, sore and troubled. Ask the child to bounce the ball and read the words that is closest to their right thumb. Ask him/her to verbalize a statement with that word.

**Adaptations:** The students can compare the intensity of the words as related to anger.

**Suggested questions cards:** Card with various stressful situations related to school or home.



## Counseling Game

### Name of Game: "Sticks and Stones"

**Goals:**

- 1) To allow the child to understand that words do hurt people that they love.
- 2) To decrease the number and intensity of "bad words" or emotionally charged words.

**Directions:** Read the book "Words are not for hurting" by Elizabeth Verdick and then play the sugar and salt game with them.

**Adaptations:** Ask the client to create a "spiral of words" to be used before speaking when they are upset.



## Counseling Game

### Name of Game: Graffiti Gripe Wall

**Goal:** To become aware of situations where managing their feelings is difficult.

**Directions:** Role play common gripes at home, school, or playground. Tell children that they can draw or write about it on the "wall" and that this is their chance to complain and complain: "Write dribble, or draw all your gripes on this wall."

**Adaptations:** Use crayons or finger paint.



## Counseling Game

### Name of Game: Gum Art

**Goal:** To prompt the child to talk about perceived or real problems, feelings, issues, etc.

**Directions:** Give the child a piece of gum to chew and an index card. Allow him to chew for five minutes and then ask him/her to place the gum on the index card. Ask him/her to talk about the design of the gum and start or prompt questions based on the design and the feelings that the child may disclose.

**Adaptations:** Share with the child your own design and feelings associated with the design.



## Counseling Game

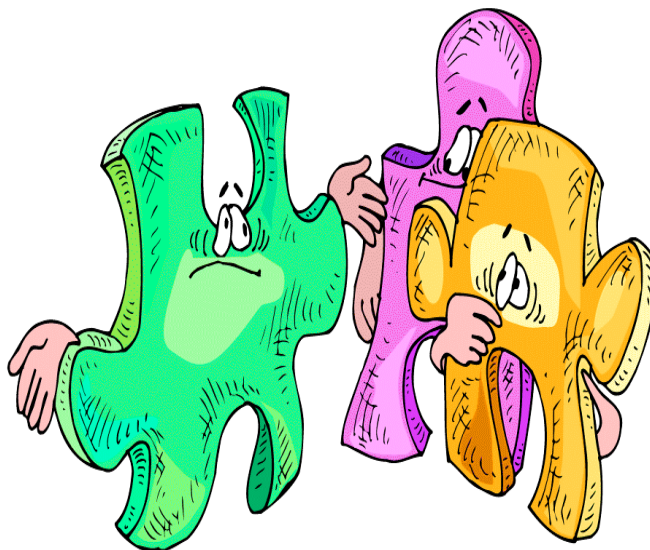
**Name of Game:** Floor Puzzle

**Goals:**

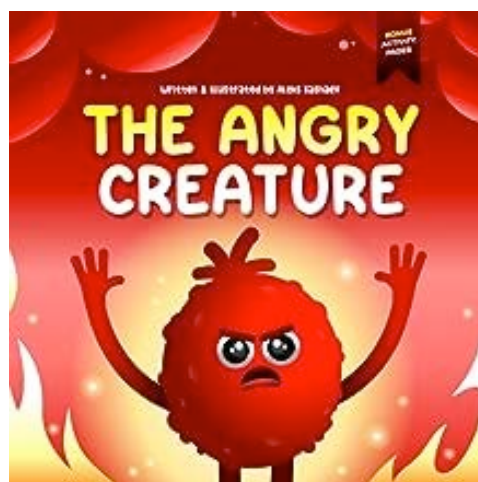
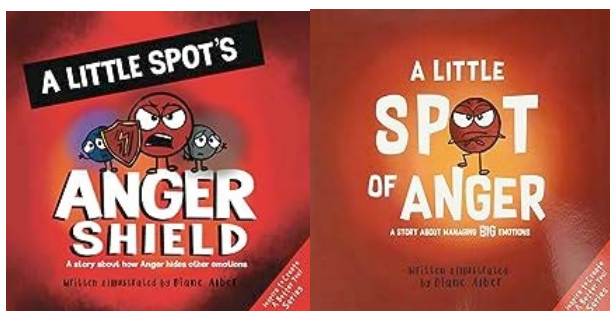
- 1) To teach children to share and take turns without getting upset or frustrated.
- 2) To give the students an opportunity to ask for help.

**Directions:** Give students the puzzle and tell them that they are to work on it until it is finished.

**Adaptations:** Reflect on the level of frustration or tolerance.



## Bibliotherapy



# Anxiety



## Long-term Goals

1. Reduce the frequency of the anxiety response.
2. Reduce the intensity of the anxiety response.
3. Increase the positive reactions without excessive anxiety or fear.
4. Resolve the underlying cause of anxiety.

## Therapeutic Interventions

1. Build the level of trust with client.
2. Demonstrate active listening, unconditional positive regard, and acceptance.
3. Encourage the client to express his anxiety using a variety of toys.
4. Ask the client to role play how he reacts to stress.
5. Assist the client in creating a list of things/people that make him/her anxious.
6. Ask the client to draw two stressful situations and to assign colors to his fears.
7. Explore negative thinking using a variety of toys and games.
8. Teach how to refute irrational thinking using a variety of toys and games.
9. Help the client with positive messages to alleviate anxiety.
10. Train the client to use relaxation techniques.
11. Ask client to use puppets and sand tray to act out issues surrounding anxiety.
12. Ask client to memorize music or songs to use in stressful situations.
13. Encourage clients to follow a low-carb and high protein diet.
14. Assign an exercise routine (10 min. daily).
15. Assign a time and space for excessive worrying. Limit worry using a timer.
16. Use journaling to express situations and fears. Interact and assign homework on journal.

## Counseling Game

**Name of Game:** Bubbles

**Goal:** To decrease the level of anxiety.

**Directions:** Use bubbles and have the child take deep breaths and slowly blow into bubble wand. Make as big a bubble as possible until he/she makes a world's record bubble.

**Adaptations:** Ask the child to close his eyes as he is exhaling and pretend that the bubbles are "angry" thoughts leaving the bubble.



## Counseling Game

**Name of Game:** Sunglasses

**Goal:** To decrease level of anxiety.

**Directions:** Use child size sunglasses. Tape a piece of crepe paper or soft flexible paper about 4 inches long onto nose or bridge of the glasses. The piece of paper should be directly in front of his nose and fall down to his chin. Have the child put on glasses, take a deep breath and try to keep the paper off his/her face for five seconds.

**Adaptations:** Make a game out of increasing the amount of time he can keep the paper off his face. Make sure he takes deep, long breaths and blows out the air as slowly as possible in order to keep the paper off his face.



### **Floating Down The Creek**

Find a comfortable position.  
 On the count of three, close your eyes.  
 One, two, three.  
 Take a deep breath and let it out very slowly.  
 Take another one. Let it out.  
 Pretend you are lying on a raft floating at the edge of a creek. The creek is not very wide and not very deep. In fact, you could walk across it if you wanted to. You are safe.  
 Let your arms relax.  
 Let your legs relax.  
 Let your body relax.  
 Now, your raft is moving slowly with the current.  
 It rocks gently in the sunshine. Feel the warmth of the sun. Feel the gentle rocking of the raft.  
 Hear the water rippling. You look over on the shore. Your raft is floating by a meadow.  
 Hear the songs of birds. Smell the flowers.  
 Feel the warmth of the sun on your face.  
 A deer is drinking from the creek. As you float by the deer, you watch it and it watches you. Look up at the clouds in the blue sky.

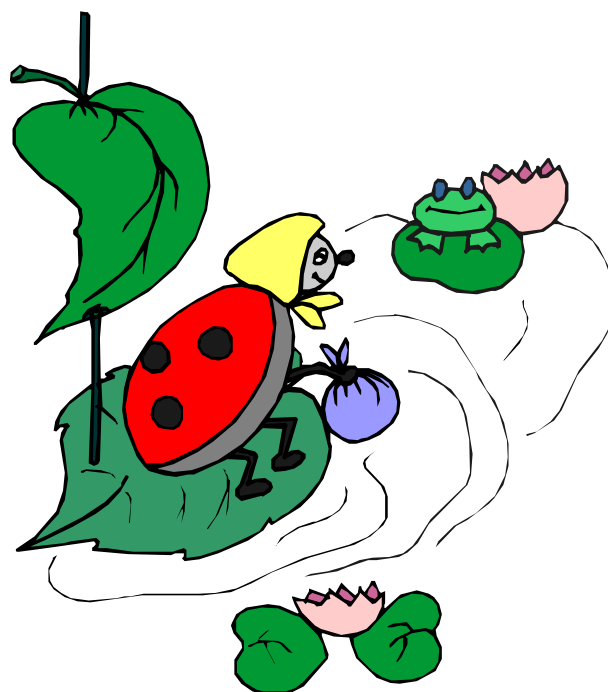
Your raft floats over to the shore  
 It is a warm, sandy beach. The rocking stops.  
 It is time for you to leave the creek and the raft.  
 Take a deep breath and let it out slowly.  
 On the count of three, open your eyes.  
 One, two, three.

### **The Balloon Ride**

Find a comfortable position.  
 On the count of three, close your eyes.  
 One, two, three.  
 Take a deep breath and let it out very slowly.  
 Take another one. Let it out.  
 Pretend you are standing at the edge of a beautiful field. The sun is shining; it is quiet. In the middle of the field is a large, colorful, hot-air balloon. You walk toward the balloon and climb into the basket.  
 You release the balloon and begin to float into the air. It is quiet and peaceful. Feel the warm air that blows by.  
 Feel the sunshine.  
 You sail past a white, puffy cloud.  
 Put your hand out and feel the cloud.

Look down.  
See the land far below.  
See the mountains.  
See the lake.  
Smell the clean air.  
Feel strong and healthy.  
The balloon is nearing another  
field.  
It floats down to earth and  
lands in the field.  
You climb out of the basket and  
slowly walk to the edge of the  
field.

Take a deep breath and let it  
out slowly.  
On the count of three, open  
your eyes.  
One, two, three.



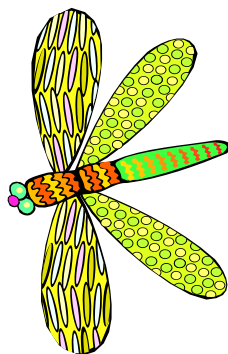
## Coping With Stress

"You sit on a rock, just the right size for you, and look at the water. It is sparkling in the sun, bubbling and singing as it tumbles along. You could easily wade the stream if you wished. But you continue to sit on the rock, with your feet comfortably dangling in the cool water. You watch a leaf float gently down from a tree and glide and twirl in the stream. You hear the birds and singing and rejoice..You feel very good deep down inside you. There is no pressure for you to do anything. Everything is just right. You can stay there as long as you wish. (Pause).

"As you look around, you see a deer come out of the woods across the stream and walk into the edge of the water. It pauses and looks around. You sit very quietly; looking across at this beautiful deer. You think loving thoughts about it and silently, in your mind, you send it reassuring thoughts that everything is okay and you are its friend. It stands there, quietly returning your look and it seems to know that it can trust you. It dips its head and takes a drink. Then slowly and quietly looking around, it returns into the woods.

"You continue sitting there for a while, just feeling good about yourself, about the beauty of the deer, and the woods, and just good about everything. You know that you are okay.

"Now, in your own time, quietly return up the path from which you came and return up the path from which you came and return to the room. Be aware of your body sitting in the chair, and your feet touching the floor. Hear the sounds in the room. When you are ready, open your eyes."



## Counseling Game

**Name of Game:** Progressive Relaxation

**Goal:** To decrease the level of anxiety.

**Directions:** Tin man the Wizard of Oz:

Pretend Tin Man is rusted very, very tightly. First take some time to feel your body becoming very tight and feeling all rusted. Then you cry through your teeth, "oil can, oil can." Using a pretend oil can, the counselor oils the child one part at a time. As each part gets oiled, the child is instructed to have that body part as loose as possible-moving freely.



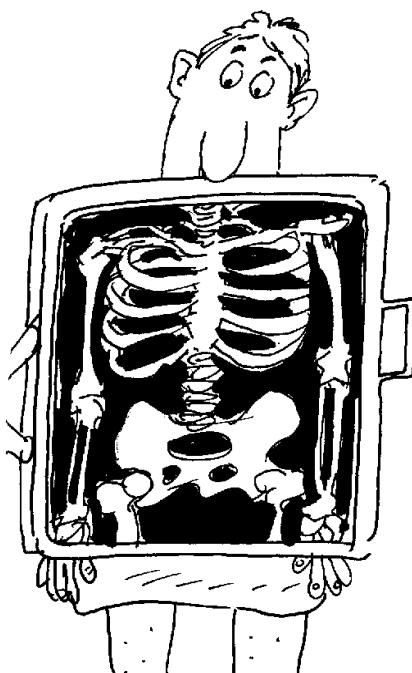
## Counseling Game

**Name of Game:** Doctor, Doctor

**Goal:** To have the child play out any recent medical experiences.  
To discuss how the body and the heart can heal from emotional wounds.

**Directions:** Allow the child to initiate play and then reflect and offer feedback.

**Adaptations:** The role play can include family members or friends.



## Counseling Game

**Name of Game:** Doctor Drill 'n Fill

**Goal:** To build rapport with the child.

To address any issues related to the dentist.

To address PTSD.

**Directions:** Ask the child to initiate play and ask him/her to discuss the play.

Offer re-direction or behavior thoughts if necessary.

**Adaptations:** Social, academic, or medical.



## Counseling Game

**Name of Game:** "The Funny Bone"

**Goal:** To accept that sad feelings are "O.K." and that there are ways to disrupt the negative thoughts. To show the client the flexibility of his/her affect/mood.

**Directions:** The therapist will model how humor and laughter can distract her/him from negative thoughts. Therapist will start with one joke and if the client laughs, then he will take one "funny bone" card. At the end, each funny bone will represent the number of times that he can laugh during the session. "Funny bone" card may be redeemed for stickers at the end of the session.

**Adaptations:** Ask the client to start collecting jokes and cartoons for the next session because he will have to make the therapist laugh.



## Counseling Game

**Name of the Game:** More Outside

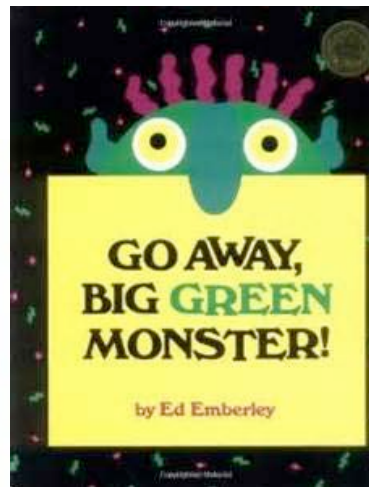
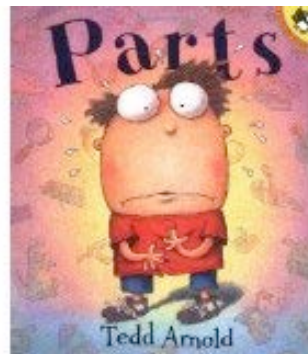
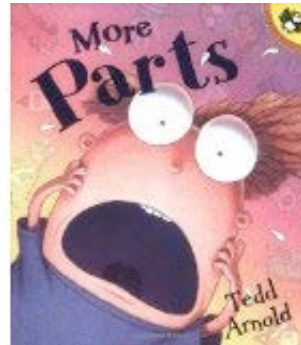
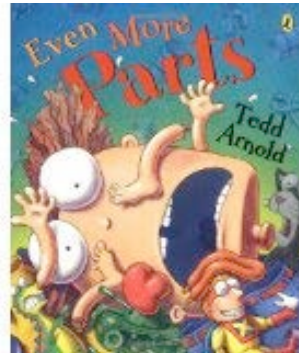
**Goal:** To help children understand their own feelings

**Materials:** Movie: Inside Out

**Directions:** Assign the child to watch the movie Inside Out and then review the pertinent movie clips with the child.



## Bibliotherapy



# Behavioral Issues



## **Behavioral Issues**

### **Long-term Goals**

1. Terminate disruptive behavior.
2. Obtain attention from other people using positive social behavior.
3. Establish and maintain positive interactions with others.
4. Decrease level of defiance towards others.
5. Demonstrate improvement in impulse control.
6. Reduce hostile behavior towards others.
7. Decrease intensity of temper tantrums.
8. Resolve the underlying cause of behavioral problem.

### **Therapeutic Interventions**

1. Actively build rapport with client.
2. Design a reward system for identified positive behavior.
3. Design and implement a lottery system for desired behavior.
4. Teach self-control strategies to reduce negative behavior.
5. Confront behavior and point out consequences for behavior.
6. Teach self-monitoring techniques.
7. Confront "blaming others" for negative behavior.
8. Teach effective communication skills to convey needs.
9. Identify triggers that may increase defiance.
10. Prescribe the symptom for a length of time using a timer and a schedule.
11. Assign the "moody ball" technique to display positive behavior.
12. Use puppets to practice positive interactions.
13. Assist the client in reframing negative perceptions of others.
14. Videotape the desired behavior and ask client to rehearse.
15. Use 60 beats per minute music to relax and visualize desired behavior.

## Counseling Game

**Name of Game:** Thumb-Toons

**Goal:** To raise awareness and describe how negative behaviors affect the child and the people around them.

**Directions:** Offer the child a strip of paper, ink stamp pad and samples of thumbprints. Guide the child to describe and create a visual scene of a recent negative situation. Then, ask the child to review the responses and create a positive alternative with a more appropriate response.

**Adaptations:** Use the cartoon strip to review future potential negative situations.



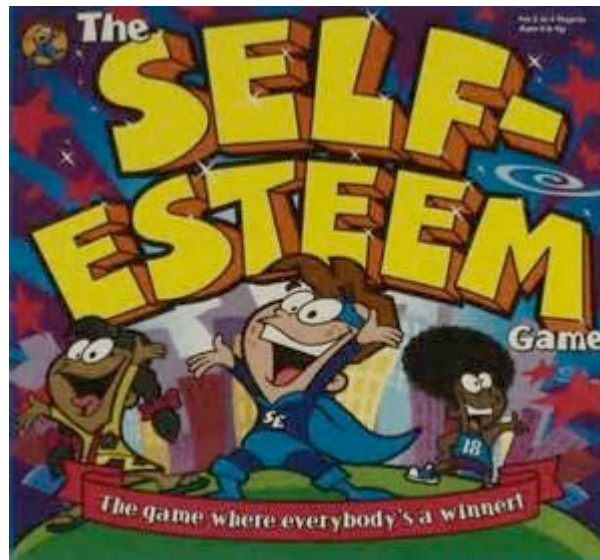
## Counseling Game

**Name of Game:** Train Your Brain

**Goal:** To teach how the brain is able to control the body and actions. To teach the power of positive thinking.

**Directions:** Use the published board game, "The Self-Esteem Game" and describe the pictures on the board game; thus, leading the child to recognize the positive vs. the negative images. Then, review the rules of the game and focus on how to resolve the "problems" written on the cards.

**Adaptations:** Ask the client to use the most difficult problem card as part of the homework.



## Counseling Game

**Name of Game:** "Picture Perfect"

**Goal:** To demonstrate to the child that he can display positive behaviors and that others should capture that perfect moment. To increase positive behavior.

**Directions:** Ask the client to demonstrate a positive behavior - therapist takes a Polaroid picture of him and then writes on the side all the positive qualities of the picture. Give the client a disposable camera so that a relative can take a picture of him while displaying positive behavior. Develop the film and use for future sessions.

**Adaptations:** Ask the client to role-play in your office the events surrounding the picture perfect event.



## Counseling Game

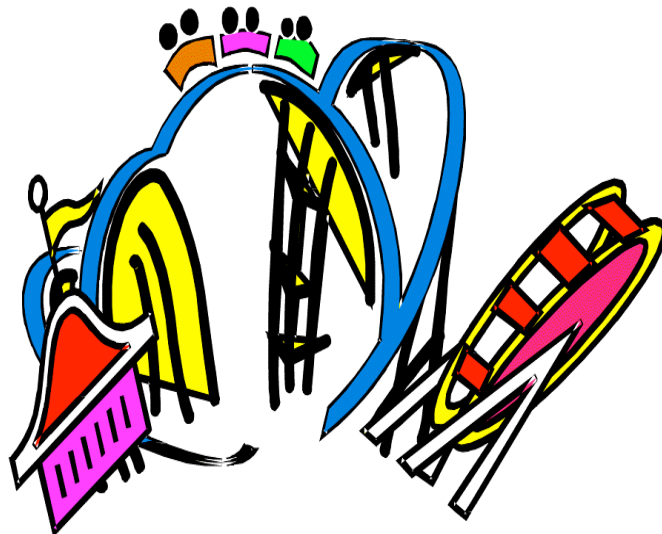
**Name of Game:** Chutes and Ladders

**Goal:** To develop awareness of positive and negative consequences.

**Directions:** Before you start, ask the children to tell you why the children that are depicted on the board get rewards or punishments. Play the game and ask the children to explain what consequences they are facing and why.

**Adaptations:** Ask the children to explain what kind of consequences they faced this week.

**Suggested questions cards:** Tell me about your positive or negative consequences. How did you feel about them? What would you change next time?



## Counseling Game

**Name of Game:** "Money in a Jar"

**Goal:** To decrease the number of negative behaviors and inappropriate verbal responses.

**Directions:** The therapist will demonstrate a jar full of one-dollar bills. She will then role-play how every time the child behaves inappropriately; he is taking away value from the jar. She will explain that every time that the child misbehaves, he will lose "value."

**Adaptations:** Ask the parent to use the lottery system with younger children.



## Counseling Game

**Name of Game:** Jenga

**Goal:** To teach the importance of respect.

**Directions:** Play according to regular rules.

**Adaptations:** Have students create their own rules. Use cards, have player draw before each turn.

**Suggested questions cards:** Select cards according to the situation.



## Counseling Game

**Name of Game:** Connect Four

**Goals:**

- To demonstrate the understanding of the importance of giving maximum effort in school.
- To become aware of others' feelings and actions.
- To express pride in individual accomplishment.
- To apply methods for using motivation and interest for the purpose of modifying weaknesses and limitations while maintaining and improving strengths.
- To express pride in their intellectual accomplishments.

**Directions:** Play the game according to directions.

**Adaptation:** Use question cards, draw a card before each turn. Make up question cards.



## Counseling Game

**Name of Game:** Checkers

**Goal:**

- To teach children to work cooperatively with others.
- To be aware of actions and consequences.
- To look, plan and act when they are faced with a stressful situation.
- To teach children to follow the rules and trust others to follow them.

**Directions:** Follow regular directions.

**Adaptations:** Tape questions to squares and answer if player lands on it.

**Suggested question cards:** Ice breakers, self-esteem, feeling, etc.



## Bibliotherapy

A bad case of tattle tongue by Julia Cook and Anita DuFalla.

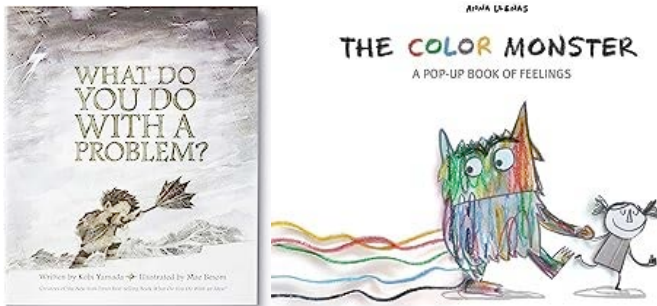
A volcano in my tummy by Eliane Whitehouse and Warwick Pudney.

It looked like spilt milk. New York: HarperCollins Publishers. Shaw, C.G. (1947)

My mouth is a volcano by Julia Cook and Carrie Hartman.

Personal space camp by Julia Cook and Carrie Hartman.

Words are not for hurting. Minneapolis, MN: Free Spirit Publishing. Verdick, E. (2004)



# Grief



## **Grief**

### **Treatment Plan**

1. Begin a healthy grieving process around the loss.
2. Work through the process of the loss.
3. Resolve feelings of guilt.
4. Resolve feelings of depression.
5. Resolve feelings of anger.

### **Therapeutic Interventions**

1. Actively build the level of trust with client.
2. Use bibliotherapy to understand the loss.
3. Educate the client about the stages of grief.
4. Use toys and games to express emotions.
5. Use art techniques to express feelings associated with loss.
6. Use pictures of loved one to create a timeline of happy memories.
7. Use feelings charts to role-play different emotions.
8. Use puppets to process the loss.
9. Ask the child to write or draw a picture to the loved one.
10. Use games to decrease the level of emotions when playing.
11. Assign a journal - be interactive.
12. Use telephones to have a session for closure with loved one.
13. Assign the gift box to resolve the guilt.
14. Assign the creation of a photo album of the loved one.

## Counseling Game

**Name of Game:** "Always Here"

**Goal:** To start a healthy grieving process when a loved one is lost.

**Directions:** Ask the client to read "I Miss You" by Pat Thomas and then discuss the feelings that are associated with the loss. Review the states of grief and paint or color each phase as therapist guides the client in understanding each step.

**Adaptations:** Use various forms of art to show the color and texture of the loss.



## Counseling Game

**Name of Game:** "Sun and Shadows"

**Goal:** To demonstrate to the child that sad events and moments can be alleviated by removing the negative thoughts or by seeking positive people or experiences.

**Directions:** Ask the client to hold a flashlight and indicate that the light will be the sun. Then turn off the lights and start blocking the light with several "ready made" cards that depict sad moments, events, etc. Then start blocking the light and call out the event. Ask the child to close their eyes and reframe the situation or look for alternatives to cope with the situation, people, etc. Then remove the cards and ask them to repeat the new "frame of mind."

**Adaptations:** Ask the client to use different colors of tissue paper to block the light.



## Counseling Game

**Name of Game:** Mr. Potato Head

**Goal(s):**

- To understand the characteristics of the family members.
- To change characteristics of the family members.
- To build rapport with child.
- To show feelings.

**Directions:** Allow the child to initiate play and ask questions related to their situation.

**Adaptations:** To any social, academic, or emotional situation.

**Suggested questions cards:** Related to their current problem.



## Counseling Game

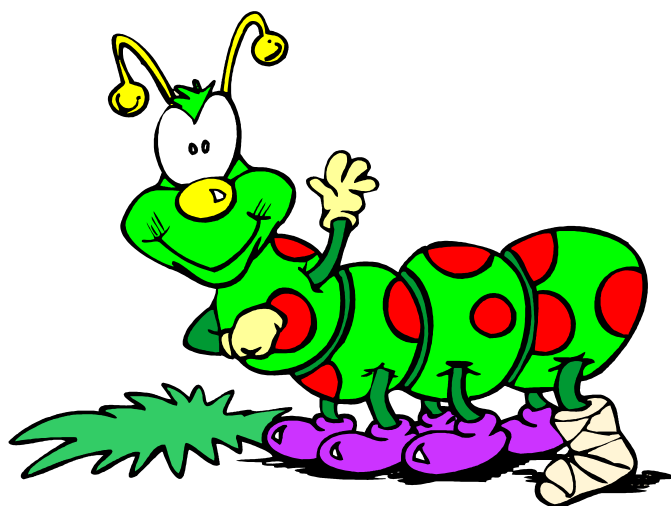
**Name of Game:** "I Feel Pink"

**Goal:** To accept that sad feelings are "alright" and that the "blue days" are an opportunity to grow.

**Directions:** Ask the client to read "The Blue Day Book for Kids" by Bradley Trevor Greive. Discuss every picture and give the child an opportunity to share similar events that they have experienced.

Then, re-draw or write a variation of the book by giving it a different title, "I feel pink" ( or any happy color) with solutions and coping strategies for those blue days.

**Adaptations:** Use pictures to create a happy and colorful book to be used whenever they feel "blue".



## Counseling Game

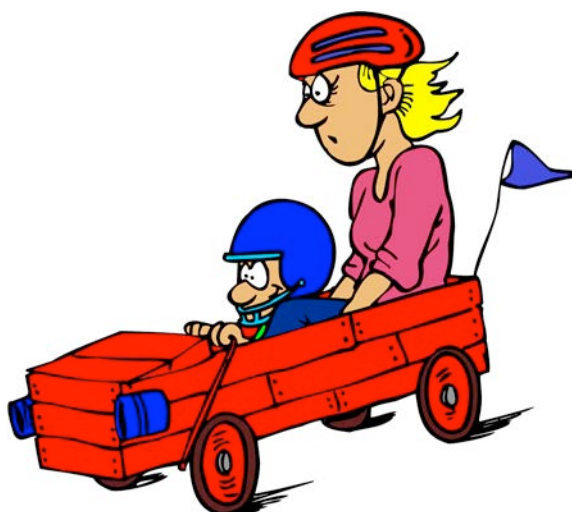
**Name of Game:** Creator Lego Game

**Goal:** To "build" rapport with child.

To help re-construct a dream, bad situation, bad people, etc.

**Directions:** Set the parameters for the game depending on the situation: loss, grief, abuse.

**Adaptations:** Any social, academic, or emotional need.



## Counseling Game

**Name of Game:** Journal Writing

**Goal:** To allow the child to disclose intimate feeling associated with divorce, death or abuse without "facing" the counselor.

**Directions:** Offer a diary to the child and ask them to write anything that they are worried about, fearful about, or hopeful about. The diary can be interactive and the counselor can write a response to the child's writing.

**Adaptations:** The diary can have structure or starter sentences which can allow the student to focus on a certain problem.



## Counseling Game

**Name of Game:** Play Dough

**Goal:** To allow the child to use tactical touching and to trigger the workings of the unconscious mind.

**Directions:** Ask the child to create anything that makes them: sad/mad/scared/happy. Allow them to share their feelings. Re-direct behavior or feelings as needed.

**Adaptations:** Counselor can model appropriate "venting" or discussion of feelings.



## Counseling Game

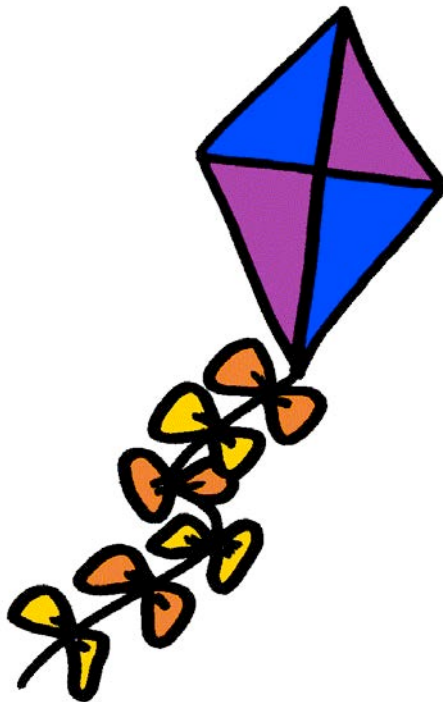
**Name of Game:** Pick-up sticks

**Goal:** To concretely demonstrate to children that the action of one person has an impact on the lives of other people around them.

**Directions:** Play according to regular rules.

**Adaptations:** Ask students to make up their own rules.

**Suggested question cards:** Related to the situation.



## Counseling Game

**Name of Game:** Inside/Outside Masks

**Goal:** To express self-concept and capacity to express feelings.

**Directions:** Offer the student the materials needed to create a mask. Ask them to decorate the inside and the outside of the mask. The inside of the mask represents who they are on the inside.

**Adaptations:** To any situation: academic, social, etc.



## Counseling Game

**Name of Game:** The Person Map

**Goal:** To express feelings related to grief or abuse.

**Directions:** Ask the child to draw a figure or draw their figure on the butcher paper. Ask them to express how they feel using the following colors:

Happy=Yellow

Sad=Blue

Angry=Red

Worried=Orange

Love=Pink

Afraid=Brown

Ask them to discuss what led to those feelings. Allow them to share and then re-frame the situation.



## Bibliotherapy

Greive, B.T. (2005). *The blue day book for kids: A lesson in cheering yourself up*. Kansas City: Andrews McMeel Publishing.

Karst, P. (2000). *The invisible string*. De Vorss Publications: Camarillo, California.

Thomas, P. (2001). *I miss you: A first look at death*. Hauppauge, NY: Barron's Educational Series.

Thomas, P. (1999). *My family's changing: A first look at family break up*. Hauppauge, NY: Barron's Educational Series.



## Adapt-A-Game

It is easy to create a game when you know your treatment goal. It is also important to take into consideration the stage of the play counseling and the age and stage of the child. If you wish to start your collection, just follow the format:

Name of the Game: \_\_\_\_\_

I. Select a goal for the game.

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Write goal:

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II. Brainstorm how to adapt game to meet purpose.

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III. Write out the directions for adapting game:

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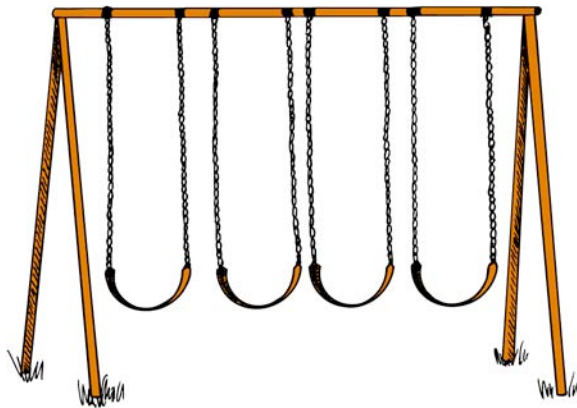
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IV. Additional instructions:

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# Parents



## Parents and Therapy

Most parents feel anxious and confused when they learn that their child needs psychological help. In addition to those feelings, they feel powerless. The therapist may help by reviewing the counseling process, the limits of confidentiality, the diagnosis, the treatment plan and the expectations of the treatment. The parents need to understand that they have done their best in raising their child and that the therapist will help them by offering additional techniques and by encouraging consistency in those interventions. In addition, the therapist needs to explain the need for "play." You may explain as follows:

"Play therapy is to children what counseling is to adults. Play is the child's natural way of communicating just as talking is the adult's natural way of communicating. In the playroom, toys are used like words and play is the child's language. Children are provided special toys in play therapy to enable them to say with the toys what they have difficulty saying with words. When children can communicate or play out how they feel to a play therapist who understands, they feel better because the feelings have been released. As a parent you have probably experienced the same thing when you were bothered or worried about something and told someone who really cared about you and understood; you felt better and could handle the problems. Play therapy is like that for children. They can use the dolls, puppets, paints or other toys to say what they think or how they feel." (Landreth, 1991, pp. 148-149).

After the session, the therapist may explain to the parents that they should not ask the child questions about what happened or how the child felt about the session (Landreth, 1991). When the parents refrain from asking questions, the child's privacy is ensured.

The parents can continue to be involved in the process through parent consultation, individual counseling, marital therapy, family play therapy, or traditional talk family therapy. Filial therapy may be added as the play therapy process moves toward termination.

## Filial Therapy

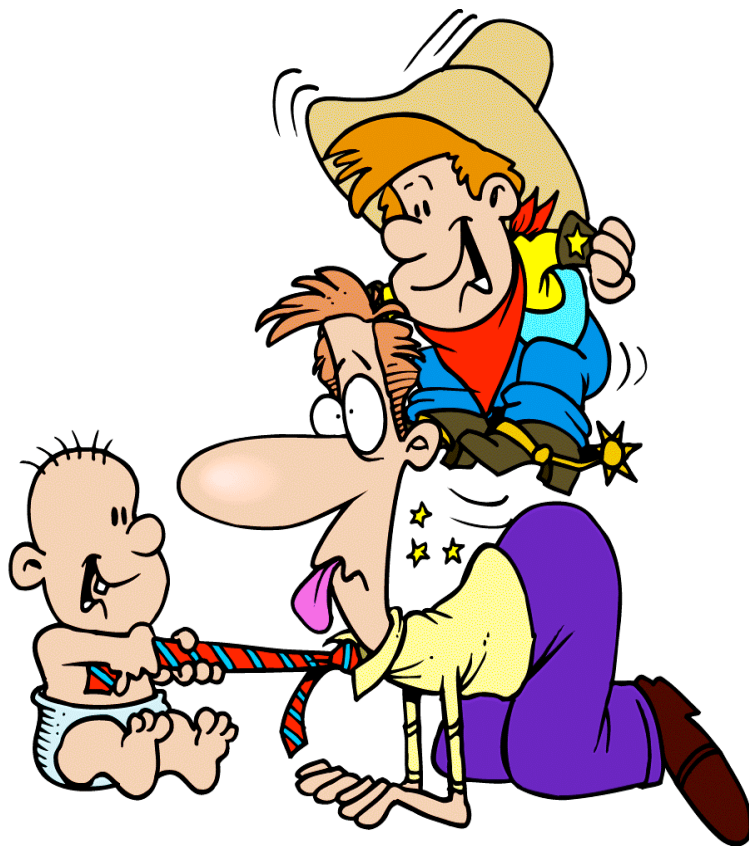
Filial therapy is a method of integrating child and family therapy often used by the play therapist. It involves training parents to implement children-centered play therapy skills and procedures to use in play sessions with their children. The goal is to enhance the parent-child relationship (Guerney & Guerney, 1987). Filial therapy was first developed by Bernard and Louise Guerney in the 1960's. Since then, Landreth (1991) has developed a ten week model of filial therapy combining didactic instruction, role playing and supervision of play sessions in a supportive group setting.

Van Fleet (1994) has detailed the methods and process of filial play therapy:

1. The therapist explains the rationale and methods of filial therapy, answering parents' questions and engaging them as partners in the process.
2. The therapist then demonstrates the play sessions individually with the children in the family as the parents watch and record their observations and questions. The therapist fully discusses the play session demonstrations with the parents afterward.
3. The therapist trains the parents in the four basic play session skills: structuring, empathic listening, child-centered imaginary play, and limit setting. A variety of training approaches can be used, but this phase of therapy culminates in mock play therapy sessions in which the therapist pretends to be a child and the parents practice the four basic skills. The therapist and parents then discuss the experience fully, including skills feedback and anticipation of what to expect from the parents' children.
4. The parents begin play sessions with their own children under the supervision of the therapist. The play sessions involve one parent and one child at a time, and the sessions can be alternated to include all family members. The therapist observes the initial play sessions that parents have with their children, then discusses them fully with the parents afterward. The therapist provides feedback to the parents on their play

sessions skills, helps them understand their children's play, and discusses a variety of family dynamic issues that inevitably arise.

5. After parents feel comfortable conducting the play sessions, they begin to hold play sessions independently at home. The therapist and parents meet periodically to discuss the play sessions, problem-solve family issues that arise, and generalize the skills beyond the play sessions to everyday life.



## Family Atmosphere

Summarized from Dewey, E. (1973). "Family Atmosphere," in A. Nikelly (Ed.), *Techniques for behavior change*. Chicago: Alfred Adler Institute, pp. 41 - 47.

Family atmosphere is the "characteristic pattern established by parents and presented to their children as a standard for social living." There are typical atmospheres that can give the counselor clues to understanding the child's private logic, basic conviction, and life style.

**Rejective Atmosphere:** Parents usually have difficulty showing love to one another and to one or all of their children. Children feel as though they are not accepted or loved. As a result of this perception, children from families with rejective atmospheres usually have difficulty feeling and/or expressing love and trust. Quite frequently this situation occurs in families in which one child is chosen by the parents as scapegoat for the family difficulties.

**Authoritarian Atmosphere:** There is absolute and unquestioned obedience to parental figures in these families. There are two usual patterns of behavior in children from authoritarian families. Children can become extremely conforming and compliant or they can become extremely rebellious. Conforming children usually exhibit the following behavioral characteristics: a) polite; b) timid and shy; c) nervous habits, tics, and other physical evidence of stress and tension; d) difficulty solving their own problems; e) seek authority and rely on the decisions of others; and f) lack creativity, spontaneity, and resourcefulness. Rebellious children usually exhibit the following behavioral characteristics: a) inconsiderate of others; b) argumentative; c) unpopular; d) emotionally unstable; e) extremely sensitive to blame and praise; and f) often resorts to evasive responses such as lying and stealing.

**Inconsistent Atmosphere:** This occurs in families in which discipline is erratic and routines and schedule are nonexistent. Children in this type of family do not know what to expect of others or what others expect of them. Children from inconsistent families may lack self-control and motivation. They may be self-centered, crave excitement, and manifest difficulties in work and human relationships. They usually try to gain control of situations

and other people - sometimes through aggressive behavior and sometimes through manipulative behavior.

**Hopeless Atmosphere:** the atmosphere in these families is characterized by discouragement and pessimism. The feeling of discouragement generated by the parents in this type of family usually spreads to the children. Children from these families feel as though there is nothing that they can accomplish or master. They are discouraged, pessimistic, helpless, and hopeless.

**Suppressive Atmosphere:** In a family with suppressive atmosphere, children are not allowed the freedom to express their ideas and feelings. They are usually punished for saying how they think or feel. These children learn to pretend to be different than they really are and do not admit how they actually feel (noncongruent). They frequently resort to daydreams and unrealistic fantasies. They learn to not trust their own feelings and have problems expressing true feeling and personal thoughts. This causes difficulties in establishing close relationships with others.

**Overprotective Atmosphere:** This is an atmosphere in which indulgent parents prevent children from learning by denying them the change to cope with difficult situations. Parents protect children from unpleasantness, sadness, and the reality of life. This prevents children from developing courage and self-reliance. Children from this type of family frequently lack self-confidence, have a strong need for approval, and exhibit a great deal of dependence. Children can either develop "getter" lifestyles, characterized by the attitude, "What's in it for me?" or "baby" lifestyle, characterized by an inability to function and a need to have service and protection from other people.

**Pitying Atmosphere:** Handicapped children frequently grow up in pitying atmosphere. This type of atmosphere tends to encourage children to feel sorry for themselves, to be discouraged, and to expect special privileges. Children who live in pitying atmospheres frequently develop "victim" lifestyles. They see life as abusive, tragic, and full of suffering. They spend a great deal of energy feeling sorry for themselves and trying to get others to feel sorry for them, too.

**High Standards Atmosphere:** In a high standards atmosphere, parents espouse high expectations and goals. This atmosphere can be a detriment to the development of children if they cannot live up to these standards. They may become discouraged, and feel inadequate and inferior. Even when these children are doing well, they feel that they are not. They worry about possible future failures and overemphasize the need for complete success. These children are perfectionists who frequently exhibit symptoms of stress and tension.

**Materialistic Atmosphere:** Possessiveness, acquisition, and money are important to the parents in a materialistic atmosphere. Material possessions are considered more important than human relationships and simple pleasures. These children are frequently inexperienced in human relationships. They lack inner resources and creativity. They tend to judge everything by how much it costs. Sometimes children from materialistic families reject this atmosphere and become idealistic and fervently anti-materialistic.

**Competitive Atmosphere:** this type of atmosphere occurs when parents stress success and compare the various children and their accomplishments. Each member tries to outdo the other members. Competition may be manifested in either positive or negative ways. Children who cannot be "the best" in a certain area may strive to be "the worst." Although sometimes competition may inspire competent children to do better, competition may also encourage anxiety, apprehension, stress, and perfectionism. Children may decide that they are failures unless they are "number one."

**Disparaging Atmosphere:** This family is characterized by frequent criticism. Parents in disparaging families usually doubt their own worth and become critical in order to enhance their own status by making their children feel worthless. Children who grow up in disparaging families can be deeply discouraged, cynical, critical pessimists who do not trust themselves or others, do not enjoy life, and have difficulty forming relationships with others.

**Inharmonious Atmosphere:** In inharmonious families, the parents spend most of their time bickering and fighting. Children are used as weapons in the parental discord. Discipline is inconsistent and varies with the moods of

the parents. Children who grow up in this type of family develop the idea that power is important. They may strive for significance by attempting to gain power over others. They feel insignificant and are upset if their authority is challenged. They frequently have few feelings for others, crave excitement, enjoy breaking rules, and put themselves and others in dangerous situations.

**Democratic Atmosphere:** Children are active partners in the decision-making process of the family. Parents are consistent, reasonable, loving, and respectful. Children are self-confident, self-reliant, spontaneous, and able to express their own feelings and thoughts.

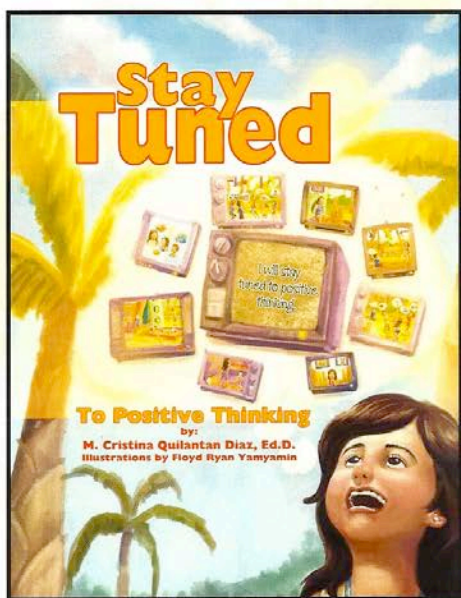


**STAY TUNED:  
To Positive Thinking  
ACTIVITIES**

# Stay Tuned

To Positive Thinking

María Cristina Quilantán Díaz, Ed.D.



## About the Book

Children may increase positive social interactions and self confidence through positive thinking. These positive thinking patterns and beliefs may be developed daily by staying tuned to their positive messages and memories. With the help of adults and educators, children can be reminded that staying positive is an active and conscientious effort that may help them lead happy and productive lives.

## About the Author

María Cristina Quilantán Díaz is a practicing Licensed Professional Counselor in the State of Texas. For the past twelve years she has been in private practice and provides professional services to children, adolescents, family and the community. It is her passion to help and inspire others to reach their full potential.

Dr. Quilantán was born and raised in México and migrated into the United States at the age of twelve where she earned a Doctorate in Educational Leadership and two Master Degrees in the field of Education. She has served as school teacher, school counselor, school administrator and University Lecturer. Dr. Quilantán is married, has two daughters, two pets, loves to travel and lives in Texas.



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This book is also available at your local resellers.  
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## Handout #1

### Stay Tuned: To Positive Thinking

#### Metacognition Activity

**Objective:** The child will become aware of his own thinking.

**Materials:** Visuals

Actual objects (without emotionality - neutral)

Explain to the child that thinking is "talking" in silence. Share with the child how you can think about coloring the flower and then proceed to produce the movements that match the thinking.

Remind the children that there can be a space between thinking about the steps and the actual doing.

Show the pictures and ask about what they think about each card.

1. Playground
2. School
3. Bus

**Extended Activity:** Ask students to bring action pictures from home and discuss what they are thinking about the people, the place, the activity, the environment, and facial expressions.

## Handout #2

### Stay Tuned: To Positive Thinking

#### Thinking Activity

**Objective:** Develop auditory discrimination.

Enhance observation and recollection of events.

Enhance visual and auditory memory.

Hypothesize and test irrational thinking.

**Materials:** "Stay Tuned: Happy Picture" - Camera Clip Art

Pencils and crayons

Actual picture

Tell the child that his/her body is an amazing machine that captures "snapshots" of everything that they see. Explain that our brain takes pictures and stores them so that we can use them whenever we need them.

Advise them that the good, positive and happy pictures leave a special feeling. We can repeat this feeling by repeating positive actions.

Remind them that bad, negative and sad pictures leave a "yucky" feeling and that we need to detect the triggers, people, places, situations or things in order to decrease the negative feeling.

Read the following script:

*"Close your eyes and pretend that you are taking a picture in your head. Notice the sounds around you and think about that sound. Feel the air around you...is it cold...is it hot? What do you think? Now notice your skin and how it feels. Try to smell what is around you. Can you detect the different scents? What do you think? What does the "air" taste like? Now open your eyes and look at the various*

*items that are place in front of you. What do you see? Have you seen them before? Where? What do they remind you of? Now look to your left, to your right, to the top, to the bottom. What do you notice?*

Ask the child to create a drawing of the special "shots" that he remembers.

**Extended Activity:** Ask the parents/teacher of the child to use a picture or take a picture when the child was having fun. Ask them to explain the details of the people, the place, the situation and all the events.

## Handout #3

### Stay Tuned: To Positive Thinking

#### Feeling Activity

**Objective:** To help children identify and label their feelings so they can report their distressing and positive feelings.

**Materials:** Feelings List

- ◇ Feeling Faces Chart (if available)
- ◇ Feeling Bingo Game
- ◇ Basket of Feelings
- ◇ Mirror
- ◇ Heart Clip
- ◇ Stay Tuned Journal

Ask the child to close his eyes and think of someone or something that he/she likes. Now ask him to describe what he is remembering. Help him/her attach feelings to the memories and write them down. Ask the child to draw his own face showing the feelings that he/she just remembered. Continue to probe about the intensity of the feeling and draw as many as possible.

Explain that the pictures in his/her head bring feelings. Some pictures are good and bring good feelings. Some pictures are bad and bring bad feelings. In order to stay happy, he/she must continue holding on to a good picture.

Demonstrate the relationship between thinking - feeling - doing by using the Stay Tuned Journal. Assign as homework.

**Extended Activity:** Create an individualized feeling chart using the photos from their home.

**Ideas:** Use the Feelings thermometer to identify the intensity of the feelings.

## Handout #4

Stay Tuned: To Positive Thinking

Doing Activity

**Objective:** To allow the child to review his behavioral goal.

**Materials:** Stay Tuned: Action! Handout

◇ Pencils

◇ Crayons

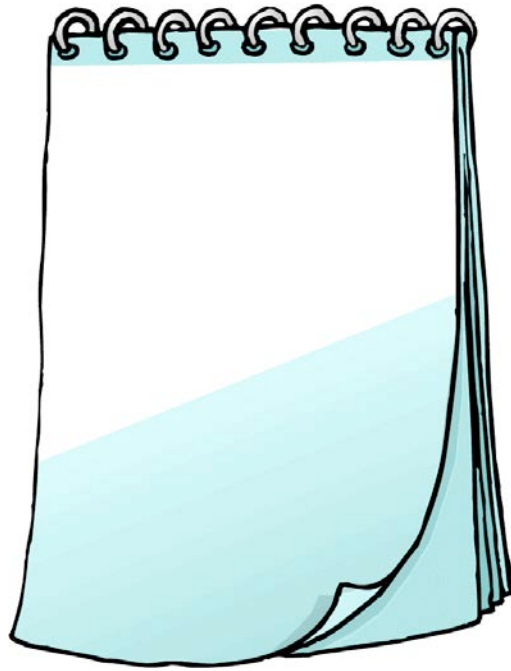
Ask the child to rehearse verbally how he/she wants to change the current behavior that is not "working" for him/her. Review verbally step by step how this behavior has to be seen by another person.

Guide the child to draw the physical steps to attain the desired behavior. Ask him/her to use the movie strip to show the details of his actions.

Review verbally how each step is important in order to make his behavior "visible" to other people.

**Extended Activity:** Give a filmstrip to the parents/teachers so they can draw the behavior that they witnessed. Compare strips.

# Documenting Therapy Sessions



## SOAP Format

- Subjective:** Record information about the problem from the client's perspective and from the parents, teachers, etc. Include the client's feelings, thoughts, and goals. Describe the intensity of the problem and its effect on relationships.
- Objective:** Record factual observations made by the counselor. Observations include any physical, interpersonal, or psychological findings noted by the counselor, such as appearance, affect, client's strengths, mental status, and responses to counseling process.
- Assessment:** Summarize clinical thinking about the clients' issues. This section synthesizes and analyzes data from the subjective and objective observations. When appropriate, include the DSM 5-TR diagnosis.
- Plan:** Record plans for the future interventions and prognosis. Include the date of the next session, proposed interventions, and anticipated gains from the treatment.

Cameron, S. & Turtle- Song, I. (2002)

**Highly recommended book for documentation:**



# APPENDIX





**CHILD & ADOLESCENT  
INTAKE DIAGNOSTIC/ ASSESSMENT  
PART I**

CHILD'S NAME: _____		
DOB: _____	AGE: _____	SEX: <input type="checkbox"/> M <input type="checkbox"/> F

**Parents:**

Mother: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business address: \_\_\_\_\_

Father: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business address: \_\_\_\_\_

**Adults who live with the Child**

**Adults involved with the Child (not living together)**

Natural Mother \_\_\_\_\_  
 Natural Father \_\_\_\_\_  
 Adoptive Mother \_\_\_\_\_  
 Adoptive Father \_\_\_\_\_  
 Stepmother \_\_\_\_\_  
 Stepfather \_\_\_\_\_  
 Grandmother M/P \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Natural Mother \_\_\_\_\_  
 Natural Father \_\_\_\_\_  
 Adoptive Mother \_\_\_\_\_  
 Adoptive Father \_\_\_\_\_  
 Stepmother \_\_\_\_\_  
 Stepfather \_\_\_\_\_  
 Grandmother M/P \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

**FAMILY HISTORY:**

**Mother:**

Age: \_\_\_\_\_ Age at time of pregnancy \_\_\_\_\_  
 Highest grade completed: \_\_\_\_\_  
 Learning problems: \_\_\_\_\_  
 Behavior problems: \_\_\_\_\_  
 Medical problems: \_\_\_\_\_

Have any of your blood relatives experienced problems similar to those your child is experiencing? If so, please describe: \_\_\_\_\_



**CHILD & ADOLESCENT  
INTAKE DIAGNOSTIC/ ASSESSMENT  
PART I**

CHILD'S NAME: _____		
DOB: _____	AGE: _____	SEX: <input type="checkbox"/> M <input type="checkbox"/> F

**Parents:**

Mother: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business address: \_\_\_\_\_

Father: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business address: \_\_\_\_\_

**Adults who live with the Child**

**Adults involved with the Child (not living together)**

Natural Mother \_\_\_\_\_  
 Natural Father \_\_\_\_\_  
 Adoptive Mother \_\_\_\_\_  
 Adoptive Father \_\_\_\_\_  
 Stepmother \_\_\_\_\_  
 Stepfather \_\_\_\_\_  
 Grandmother M/P \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Natural Mother \_\_\_\_\_  
 Natural Father \_\_\_\_\_  
 Adoptive Mother \_\_\_\_\_  
 Adoptive Father \_\_\_\_\_  
 Stepmother \_\_\_\_\_  
 Stepfather \_\_\_\_\_  
 Grandmother M/P \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

**FAMILY HISTORY:**

**Mother:**

Age: \_\_\_\_\_ Age at time of pregnancy \_\_\_\_\_  
 Highest grade completed: \_\_\_\_\_  
 Learning problems: \_\_\_\_\_  
 Behavior problems: \_\_\_\_\_  
 Medical problems: \_\_\_\_\_

Have any of your blood relatives experienced problems similar to those your child is experiencing? If so, please describe: \_\_\_\_\_



**CHILD & ADOLESCENT  
INTAKE DIAGNOSTIC/ ASSESSMENT  
PART I**

CHILD'S NAME: _____		
DOB: _____	AGE: _____	SEX: <input type="checkbox"/> M <input type="checkbox"/> F

**Parents:**

Mother: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business address: \_\_\_\_\_

Father: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Business address: \_\_\_\_\_

**Adults who live with the Child**

**Adults involved with the Child (not living together)**

Natural Mother \_\_\_\_\_  
 Natural Father \_\_\_\_\_  
 Adoptive Mother \_\_\_\_\_  
 Adoptive Father \_\_\_\_\_  
 Stepmother \_\_\_\_\_  
 Stepfather \_\_\_\_\_  
 Grandmother M/P \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

Natural Mother \_\_\_\_\_  
 Natural Father \_\_\_\_\_  
 Adoptive Mother \_\_\_\_\_  
 Adoptive Father \_\_\_\_\_  
 Stepmother \_\_\_\_\_  
 Stepfather \_\_\_\_\_  
 Grandmother M/P \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

**FAMILY HISTORY:**

**Mother:**

Age: \_\_\_\_\_ Age at time of pregnancy \_\_\_\_\_  
 Highest grade completed: \_\_\_\_\_  
 Learning problems: \_\_\_\_\_  
 Behavior problems: \_\_\_\_\_  
 Medical problems: \_\_\_\_\_

Have any of your blood relatives experienced problems similar to those your child is experiencing? If so, please describe: \_\_\_\_\_

## CHILD &amp; ADOLESCENT

## INTAKE/DIAGNOSTIC ASSESSMENT

Part II  
(Therapist)

## BRIEF PROBLEM FOCUSED HISTORY:

Referred by: \_\_\_\_\_

Accompanied by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Reason for Referral (Chief Complaint): \_\_\_\_\_

Onset &amp; Precipitating Events: \_\_\_\_\_

\_\_\_\_\_

Duration of Symptoms: \_\_\_\_\_

History of the Present Illness: \_\_\_\_\_

\_\_\_\_\_

Attempts to Resolve Current Situation: \_\_\_\_\_

\_\_\_\_\_

## MENTAL STATUS EXAM

## 1. Appearance:

1. Ethnicity:  African-American  White Asian  Hispanic  OtherLevel of Acculturation:  Full  Moderate  Mild  NoneEnglish as 2<sup>nd</sup>  English Primary  ESL:Self  ESL:Parent2. Dress:  Neat  Casual  Sloppy  Bizarre3. Grooming:  Good  Fair  Poor4. Hygiene:  Good  Fair  Poor5. Age (appears)  Stated age  Older  Younger6. Activity Level  Normal  Decreased  Increased7. Sleep  Normal  Insomnia  Hypersomnia  Nightmares

8. Appetite  Normal  Decreased  Increased

9. Speech Rate  Normal  Decreased  Increased  Mute

Volume:  Normal  Decreased  Increased

Articulation:  Good  Fair  Poor

10. Impairment

Visual:  Intact  Impaired  Blindness

Hearing:  Intact  Impaired  Deaf \_\_\_Left \_\_\_Right \_\_\_Bilateral

Gait:  Intact  Awkward/shuffle  Walker/wheelchair  Hemiparesis/Amput

11. Fine Motor:  Intact  Impaired

12. Gross Motor:  Intact  Impaired

13. Attention:  Intact  Impaired/Distracted  Catatonic

#### **A. Rapport/Relatedness**

- a. Relatedness:  Cooperative  Some Resistance  Uncooperative
- b. Relatedness:  Friendly  Unfriendly  Distant
- c. Eye Contact:  Good  Fair  Poor

#### **B. Mood & Affect**

1. Angry  Absent  Mild  Moderate  Severe
2. Depression  Absent  Mild  Moderate  Severe
3. Anxiety  Absent  Mild  Moderate  Severe
4. Elation  Absent  Mild  Moderate  Severe
5. Euthymic  Yes  No
6. Affect  Appropriate, Congruent w/ Mood  Inappropriate
7. Range  Neither Increased nor Decreased  Increased  Decreased
8. Intensity  Appropriate  Increased  Labile  Blunted  Flattened

#### **C. Sensorium**

- d. Consciousness  Alert  Distracted  Inattentive  Lethargic
  - e. Oriented to:  Day  Month  Year  Place  Person
  - f. Memory/short term:  Intact  Impaired
- Memory/long Term  Intact  Impaired
- Concentration  Intact  Impaired

**D. Intellectual Functioning**

1. Premorbid:  Average  Above Average  Below Average

2. Current  Average  Above Average  Below Average

Thought/Cognitive Development:

1. Check all that apply:  Coherent  Slowed  Flight of Ideas

2. Cognitive Flexibility:  Abstract  Concrete

3. Persistence:  Yes  No  Fluctuating

4. Obsessions:  No  Current  Past \_\_\_\_\_

5. Phobias  No  Current  Past \_\_\_\_\_

6. Hallucinations  No  Current  Past \_\_\_\_\_

7. Delusions:  No  Current  Past

Erotomanic  Grandiose  Jealous  Mixed  Persecutory

Religious  Somatic

8. Suicidal Thoughts  No  Current  Past Contents: \_\_\_\_\_

9. Suicidal Plans/Intent  No  Current  In Past Contents: \_\_\_\_\_

10. Homicidal Thoughts  No  Current  In Past Contents: \_\_\_\_\_

11. Judgment  Good  Fair  Poor

12. Insight  Good  Fair  Poor

Denial of illness/symptoms  Distorts Symptoms

**E. Domains Affected**

	Educational/Vocational		Interpersonal/Social		Legal/Financial
	Family/Marital		Emotional		
	Physical		Life Stage Transition		

**DEVELOPMENTAL HISTORY**

Pregnancy Complications:

\_\_\_\_\_

None Excessive Vomiting

Hospitalization required

Infections (specify) \_\_\_\_\_

Threatened miscarriage Excessive staining/blood loss Toxemia

Operations (specify) \_\_\_\_\_

Any other illnesses: \_\_\_\_\_

X-rays studies during pregnancy (describe) \_\_\_\_\_

Smoking during pregnancy: \_\_\_\_\_ # of cigarettes per day

Alcohol during pregnancy:

If beyond occasionally, how many drinks: \_\_\_\_\_ per day \_\_\_\_\_ per week \_\_\_\_\_ per month

**Delivery:**

Birth Weight: \_\_\_\_\_ Pounds \_\_\_\_\_ Ounces

Duration of pregnancy: \_\_\_\_\_ Months Type of labor: Induced Spontaneous

Duration of labor: \_\_\_\_\_ Days Type of delivery: Normal Breech Cesarean

**Complications during delivery:**

None Cord around neck Hemorrhage

Other: \_\_\_\_\_

**Complications post delivery:**

None Jaundice Cyanosis (blue baby) Incubator care Infection: \_\_\_\_\_

Hospitalization: Yes No #of days: \_\_\_\_\_

Feeding Problems (specify): \_\_\_\_\_ Breast-fed? How long? \_\_\_\_\_

Postpartum depression of mother? Yes No

If depression was significant was medical attention required? Specify:

\_\_\_\_\_

**Infancy/Toddler Period:**

Were any of the following present (to a significant degree) during the first few years of life?

If so please describe:

Colic: \_\_\_\_\_ Did not enjoy cuddling: \_\_\_\_\_

Was not calmed by being held or stroked: \_\_\_\_\_

Frequent head banging: \_\_\_\_\_ Excessively restless: \_\_\_\_\_

Constantly into everything: \_\_\_\_\_ Diminished sleep patterns: \_\_\_\_\_

Excessive number of accidents compared to other children: \_\_\_\_\_

### **Developmental Milestones:**

If can be recalled, record the approximate age at which the child reached the following developmental milestones:

*Cannot recall exactly but it occurred about:*

AGE: EARLY NORMALLATE

Smiled: \_\_\_\_\_

Sat without support: \_\_\_\_\_

Crawled: \_\_\_\_\_

Stood without support: \_\_\_\_\_

Walked without assistance: \_\_\_\_\_

Spoke first words: \_\_\_\_\_

Said phrases: \_\_\_\_\_

Bladder trained, day: \_\_\_\_\_

Bladder trained, night: \_\_\_\_\_

Rode tricycle: \_\_\_\_\_

Rode bicycle: \_\_\_\_\_

Buttoned clothing: \_\_\_\_\_

Tied shoelaces: \_\_\_\_\_

Named colors: \_\_\_\_\_

Said alphabet in order: \_\_\_\_\_

Began to read: \_\_\_\_\_

Has your child received or is receiving:

Occupational therapy Yes No \_\_\_\_\_

Speech therapy Yes No \_\_\_\_\_

Physical therapy: Yes No \_\_\_\_\_

Menstrual Cycle: Not Yet Normal Starting Age: \_\_\_\_\_

Current Family Functioning (Poor) (Fair) (Good)

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### HOME BEHAVIOR

All children exhibit, to some degree the behaviors listed below. Describe those that the parent believes the child exhibits to an excessive or exaggerated degree when compared to other children his/her own age:

Physically aggressive with other children: Yes No

How often: Seldom Daily Weekly Monthly

Physically aggressive towards animals: Yes No

How often: Seldom Daily Weekly Monthly

Hyperactivity Acts like he/she is driven by a motor

More active than siblings Wears out shoes more frequently than other siblings

Poor attention span Doesn't listen Poor memory

Impulsivity Interrupts frequently

Sloppy table manners

Temper outburst Low frustration threshold

Heedless to danger Excessive number of accidents

Doesn't learn from experience A different child

Withdrawn Self-Isolating Passive

Sleeps through the night Wakes frequently Sleep walks

Nightmares Fears the dark

Sleeps in own bed Sleeps with \_\_\_\_\_

### DISCIPLINE

Who usually disciplines the child? Mother Father Other (specify): \_\_\_\_\_

Types of discipline used with the child (please describe):

Time out Discussion Grounding

Spanking: Yelling Ignoring

### EMOTIONAL/PSYCHIATRIC HISTORY

Counselor's Name: \_\_\_\_\_

Psychologist's Name: \_\_\_\_\_

Neurologist's Name: \_\_\_\_\_

Psychiatrist's Name: \_\_\_\_\_

Current Psychotropic Medication: \_\_\_\_\_

Inpatient Care: Name of Hospital Dates Duration

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Alcohol & Drug Use/Abuse History (Include age of onset, amount & frequency past month & past year, cessation):

Alcohol	No	Yes	Marijuana	No	Yes
Cocaine	No	Yes	Sedatives	No	Yes
Inhalants	No	Yes	Amphetamines	No	Yes
Narcotics	No	Yes	Hallucinogens	No	Yes
Prescription Drugs	No	Yes	Other	No	Yes

Family History of Mental Illness/Related Symptoms/Abused Substances/Relevant Treatment:

<input type="checkbox"/> Depression	<input type="checkbox"/> MR	<input type="checkbox"/> Narcotics
<input type="checkbox"/> Anxiety/Panic/Phobia	<input type="checkbox"/> LD	<input type="checkbox"/> Hallucinogens
<input type="checkbox"/> Mania	<input type="checkbox"/> Dementia	<input type="checkbox"/> Amphetamines
<input type="checkbox"/> Delusional/Psychotic	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Sedatives
<input type="checkbox"/> ADHD/ Conduct DO	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Inhalants
<input type="checkbox"/> PD	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Prescription

Current Family Functioning:  Poor  Fair  Good

Risk Factors:

	No	Yes		No	Yes
A. Physical Abuse			H. Past suicide attempts		
B. Sexual Abuse			I. Assaultive/Homicidal		
C. Emotional Abuse			J. Sexual Transmitted Disease		
D. Runaway			K. Gangs or Arrests		
E. Drug Abuse			L. Sexual Behaviors		
F. Neuropsychological Deficits			M. CPS Involvement		
G. Significant Losses			N. Other Significant Trauma/Stress. Include witnessing animal abuse		

**SCHOOL**

Current School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Has the child ever had to repeat a grade? \_\_\_\_ If so, when? \_\_\_\_\_

Present class placement: Regular Special Placement (specify) \_\_\_\_\_

Kinds of special counseling or remedial work the child is currently receiving:

\_\_\_\_\_

Describe briefly any behavioral and/or learning problems: \_\_\_\_\_

\_\_\_\_\_

To the best of parents' knowledge, at what grade level is the child functioning now:

Reading: \_\_\_\_\_ Spelling: \_\_\_\_\_ Arithmetic: \_\_\_\_\_

Parents' rating of the child's school experiences related to academic learning:

Good Average Poor

Pre-kinder \_\_\_\_\_

Kindergarten \_\_\_\_\_

Current grade \_\_\_\_\_

**COMPREHENSION AND UNDERSTANDING**

Does the parent consider the child to understand directions and situations as well as other children his/her age? If not, why not? \_\_\_\_\_

How does the parent rate the child's overall level of intelligence compared to other children?

Below Average  Above Average  Average

**PEER RELATIONSHIPS**

Does the child seek friendships with peers? \_\_\_\_\_

Do peers seek the child for friendship? \_\_\_\_\_

Does the child play primarily with children his/her own age? \_\_\_\_\_

Younger? \_\_\_\_\_ Older? \_\_\_\_\_

Describe briefly any problems the child may have with peers:

\_\_\_\_\_

Describe relationship with boyfriend or girlfriend:

\_\_\_\_\_

**SELF-CONCEPT:**

Perception of child's strengths: \_\_\_\_\_

Perception of child's weaknesses: \_\_\_\_\_

Values: \_\_\_\_\_

Beliefs: \_\_\_\_\_

Spiritual Orientation: \_\_\_\_\_

Ethnic/Cultural Influences: \_\_\_\_\_

**INTEREST AND ACCOMPLISHMENTS:**

What his/her main hobbies and interests: \_\_\_\_\_

What his/her areas of great accomplishments: \_\_\_\_\_

What does he/she enjoy doing most: \_\_\_\_\_

What does he/she dislike doing most: \_\_\_\_\_

What are his/her vocational interests: \_\_\_\_\_

His/her current employment: \_\_\_\_\_

**DIAGNOSTIC IMPRESSIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tentative Treatment Plan:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_

Signature of Therapist

\_\_\_\_\_

Date

# Play Notes

Client name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**S: Child Adult's Comments**

<input type="checkbox"/> Calm	<input type="checkbox"/> Anxious
<input type="checkbox"/> Cheerful	<input type="checkbox"/> Depressed
<input type="checkbox"/> Fearful	<input type="checkbox"/> Tearful
<input type="checkbox"/> Angry	<input type="checkbox"/> Other _____

**O:**

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**Toys Used:**

<input type="checkbox"/> Dolls	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Other
<input type="checkbox"/> Animals	<input type="checkbox"/> Dressup	
<input type="checkbox"/> Legos	<input type="checkbox"/> Pounding toys	
<input type="checkbox"/> Clay	<input type="checkbox"/> Aggressive toys	
<input type="checkbox"/> Art	<input type="checkbox"/> Masks	
<input type="checkbox"/> Sand	<input type="checkbox"/> Puppets	
<input type="checkbox"/> Water	<input type="checkbox"/> Board games	
<input type="checkbox"/> Bibliotherapy	<input type="checkbox"/> Anatomical dolls	

**Theme:** \_\_\_\_\_

**A:**

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**P:**

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Vocabulary of Emotions/Feelings

tomdrummond.com

	Happiness	Caring	Depression	Inadequate	Fear	Confusion	Hurt	Anger	Loneliness	Remorse
Strong	Delighted Ebullient Ecstatic Elated Energetic Enthusiastic Euphoric Excited Exhilarated Overjoyed Thrilled Tickled pink Turned on Vibrant Zippy	Adoring Ardent Cherishing Compassionate Crazy about Devoted Doting Fervent Idolizing Infatuated Passionate Wild about Worshipful Zealous	Alienated Barren Beaten Bleak Dejected Depressed Desolate Despondent Dismal Empty Gloomy Grieved Grim Hopeless In despair Woeful Worried	Blemished Broken Crippled Damaged Feeble Finished Flawed Helpless Impotent Inferior Invalid Powerless Useless Washed up Whipped Worthless Zero	Appalled Desperate Distressed Frightened Horrified Intimidated Panicky Paralyzed Petrified Shocked Shocked Terrified Terror-stricken Wrecked	Baffled Befuddled Chaotic Confounded Confused Flustered Rattled Reeling Shocked Shook up Speechless Startled Stumped Stunned Taken-back Thrown Trapped	Abused Aching Anguished Crushed Destroyed Devastated Discarded Disgraced Humiliated Humiliated Infuriated Outraged Mocked Punished Rejected Ridiculed Ruined Scorned	Affronted Belligerent Bitter Burned up Enraged Fuming Furious Heated Incensed Infuriated Outraged Provoked Seething Storming Trucent Vengeful Vindictive	Abandoned Black Cut-off Deserted Destroyed Empty Forsaken Isolated Marooned Neglected Ostracized Outcast Rejected Shunned Wrong	Abashed Debased Degraded Delinquent Depraved Disgraced Evil Exposed Humiliated Judged Mortified Shamed Sinful Wicked Wrong
Medium	Aglow Buoyant Cheerful Elevated Gleeful Happy In high spirits Jovial Light-hearted Lively Merry Riding high Sparkling Up	Admiring Affectionate Attached Fond Fond of Huggy Kind Kind-hearted Loving Partial Soft on Sympathetic Tender Trusting Warm-hearted	Awful Blue Crestfallen Demoralized Devalued Discouraged Dispirited Distressed Downcast Downhearted Fed up Lost Melancholy Miserable Regretful Rotten Sorrowful Tearful Upset Weepy	Ailing Defeated Dopey Feeble Feeble Helpless Impaired Imperfect Incapable Incompetent Incomplete Ineffective Inept Insignificant Lacking Lame Overwhelmed Small Substandard Unimportant	Afraid Alarmed Apprehensive Awkward Defensive Fearful Fidgety Fretful Jumpy Nervous Scared Shaky Skittish Spineless Taut Threatened Troubled Wired	Adrift Ambivalent Bewildered Puzzled Blurred Disconcerted Disordered Disorganized Disquieted Disturbed Dizzy Foggy Frozen Frustrated Misled Mistaken Misunderstood Mixed up Perplexed Troubled	Belittled Cheapened Criticized Damaged Depreciated Devalued Discredited Distressed Impaired Injured Maligned Marred Miffed Misreated Resentful Tortured Troubled Wounded	Aggravated Annoyed Antagonistic Crabby Cranky Exasperated Fuming Grouchy Hostile Ill-tempered Indignant Irate Irritated Offended Ratty Resentful Sore Spiteful Testy Ticked off	Alienated Alone Apart Cheerless Companionless Dejected Despondent Estranged Excluded Left out Leftover Lonely Oppressed Uncherished	Apologetic Ashamed Contrite Crestfallen Culpable Demeaned Downhearted Flustered Guilty Penitent Regretful Remorseful Repentant Shamefaced Sorrowful Sorry
Light	Contented Cool Fine Genial Glad Gratified Keen Pleasant Pleased Satisfied Serene Sunny	Appreciative Attentive Considerate Friendly Interested in Kind Like Respecting Thoughtful Tolerant Warm toward Yielding	Blah Disappointed Down Funk Glum Low Moody Morose Somber Subdued Uncomfortable Unhappy	Dry Incomplete Meager Puny Tenuous Tiny Uncertain Unconvincing Unsure Weak Wishful	Anxious Careful Cautious Disquieted Goose-bumpy Shy Tense Timid Uneasy Unsure Watchful Worried	Distracted Uncertain Uncomfortable Undecided Unsettled Unsure	Annoyed Let down Minimized Neglected Put away Put down Rueful Tender Unhappy Used	Bugged Chagrined Dismayed Called Grim Impatient Irked Petulant Resentful Sullen Upright	Blue Detached Discouraged Distant Insulated Melancholy Remote Separate Withdrawn	Bashful Blushing Chagrined Chastened Embarrassed Hesitant Humble Meek Sheepish







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## Therapy Resources

Association for Play Therapy

YouTube: Introduction to play therapy for children

APT brochure: [www.a4pt.org](http://www.a4pt.org)

A.D.D. Warehouse: [www.addwarehouse.com](http://www.addwarehouse.com)

Childswork/Childsplay Counseling Resources: 1-800-962-1141 or

[www.Childwork.com](http://www.Childwork.com)

Childtherapytoys.com

Courage to Change: 1-800-440-4003 or [www.CourageToChange.com](http://www.CourageToChange.com)

Creative Therapy Store: [creativestore.com](http://creativestore.com)

Playtherapysupply.com

Research Press Publishers 1-800-519-2707 or [www.researchpress.com](http://www.researchpress.com)

<http://www.thewarsstore.com>

<http://www.theworldofhobbies.com>

<http://www.theatomicsockmonkey.com>

<http://www.worldworksgames.com>

<http://www.hirstarts.com>

*Thank you!!!*