

PLAY THERAPY FOR DISRUPTIVE BEHAVIOR DISORDERS

An Interactive Approach To
Helping Children & Adolescents
Understand And Cope With
Behavior Problems

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FOUNDATION

- must like kids and adolescents
- accepting, trusting relationship
- open and honest
- respect
- kindness
- sense of humor
- allow playfulness to come through



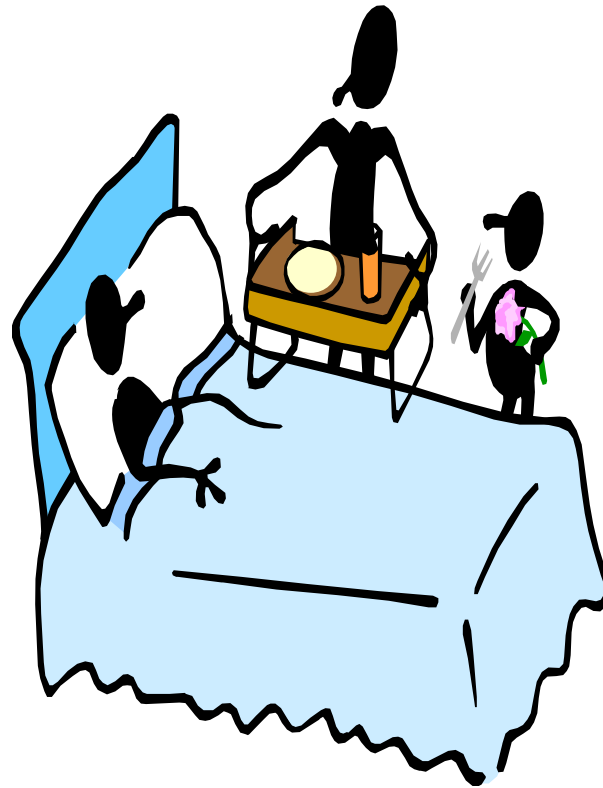
FOUNDATION NEEDS OF CHILDREN

PHYSICAL

FOOD

CLOTHING

SHELTER

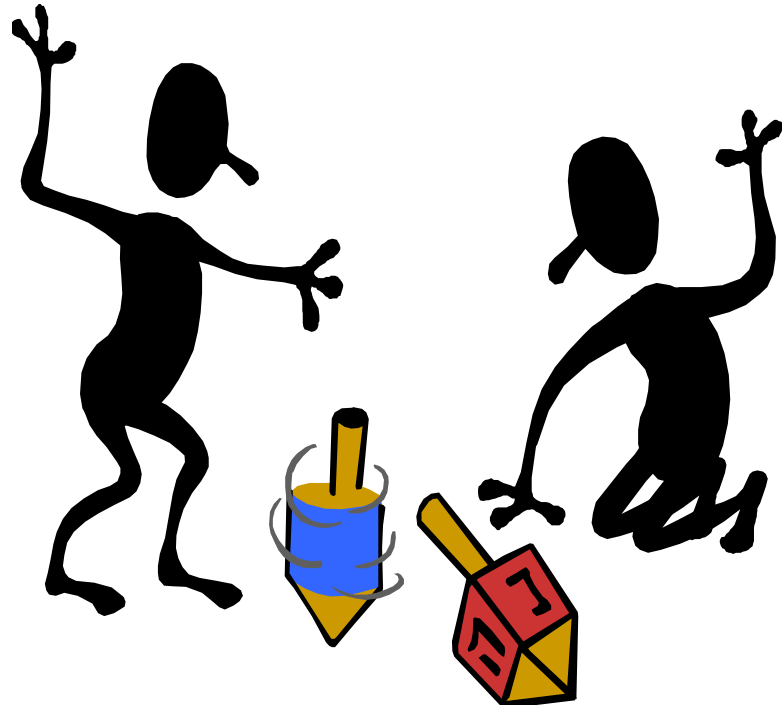


FOUNDATION NEEDS OF CHILDREN

EMOTIONAL

SAFETY

SECURITY



THE DEVELOPMENT OF COMMUNICATION

BIRTH – 5 YEARS

MECHANICAL

To Be Heard

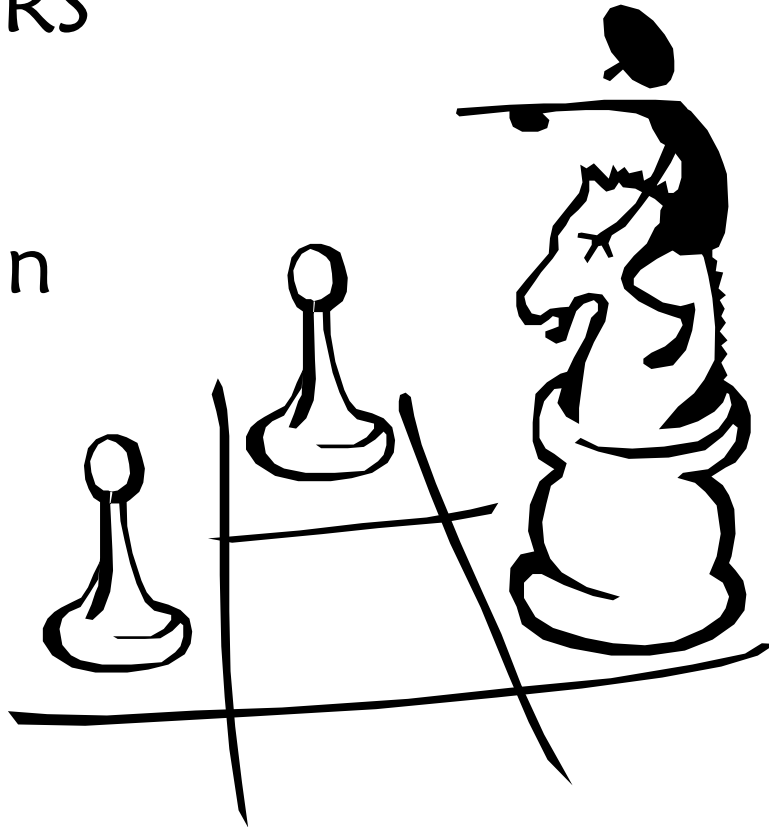


THE DEVELOPMENT OF COMMUNICATION

6 YEARS – 12 YEARS

VERBAL

For YOU To Be In
Control

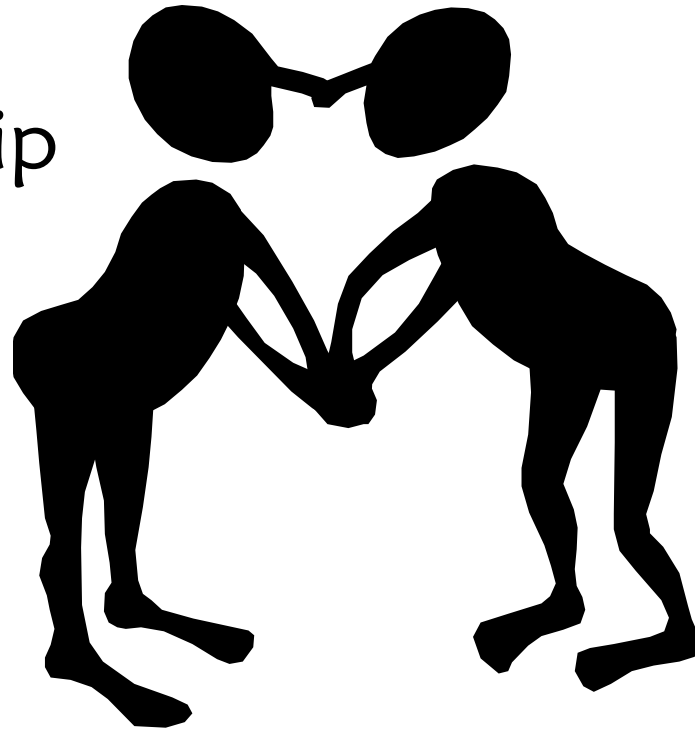


THE DEVELOPMENT OF COMMUNICATION

13 YEARS – 18 YEARS

EMOTIONAL

To Have A Relationship



DISRUPTIVE BEHAVIOR DISORDERS

FAMILY DISCORD:

- Parental Desertion
- Divorce
- Custody Fights
- Other Family Disruption
- Frequent moves
- Early Deaths of Parents
- Separations from Significant Others
- Harsh Parental Discipline
- Affection is Doled Out Sparsely and Intermittently
- Maternal Neglect and Indifference
- Alcoholism in the Family
- Paternal Sociopathy are Often Seen
- Chaos and Poorly Managed Families
- Depression/Mental Illness in parents (particularly biological fathers)

Dynamic Differences in Disruptive Behavior Disorders

Oppositional/Defiant Child

- Socially Functional
- + Academic Potential
- “Disguised” Behavior
- Need: Autonomy
- Reacts Out Of: Frustration
- Intervention: Awareness/Choices

Dynamic Differences in Disruptive Behavior Disorders

Conduct Disordered Child

- Socially Dysfunctional
- - Academic Potential
- Blatant Behavior
- Need: Power
- Reacts Out Of: Desperation
- Intervention: Empowerment/Decision-Making

Dynamic Differences in Disruptive Behavior Disorders

ADHD

- Socially Functional with Poor Skills
- +/- Academic Potential/Performance
- Unintentional Misbehavior
- Need: Competency
- Reacts Out Of: Frustration/Failure
- Intervention: Reward-Based/Competency

Primary Contributors to DBD

1. The Temperament of The Child
 2. Unrealistically High Expectations and No Choices
 3. Acute/Chronic Trauma
 - A. Acute
 - Situational Losses
 - B. Chronic
 - Physical, Sexual & Psychological Abuse
 - Abandonment
 - Enmeshment
- Note: All of these except #1 involve losses of control and/or autonomy

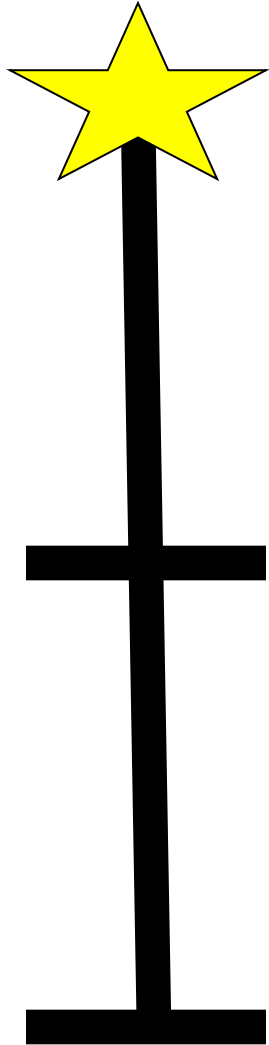
MULTIMODAL TREATMENT

WHAT DOES NOT WORK:

- Role play techniques
- Discussion
- Talk Therapy
- Empathy
- Sympathy



PUNISHMENT-BASED



HIGH (Expectation)

Adult Feelings:

Adult Behaviors:

MED (Child Performance)

Child's Feelings:

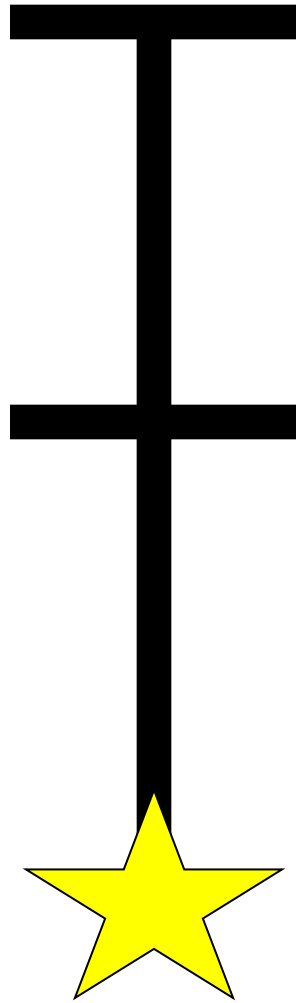
Child's Behaviors:

LOW

Primary Need

- APPROVAL
- Attention (Negative)
- Left Alone (Ignored)

REWARD-BASED



HIGH (Expectation)

Child's Feelings:

Child's Behavior:

MED (Child Performance)

Adult's Feelings:

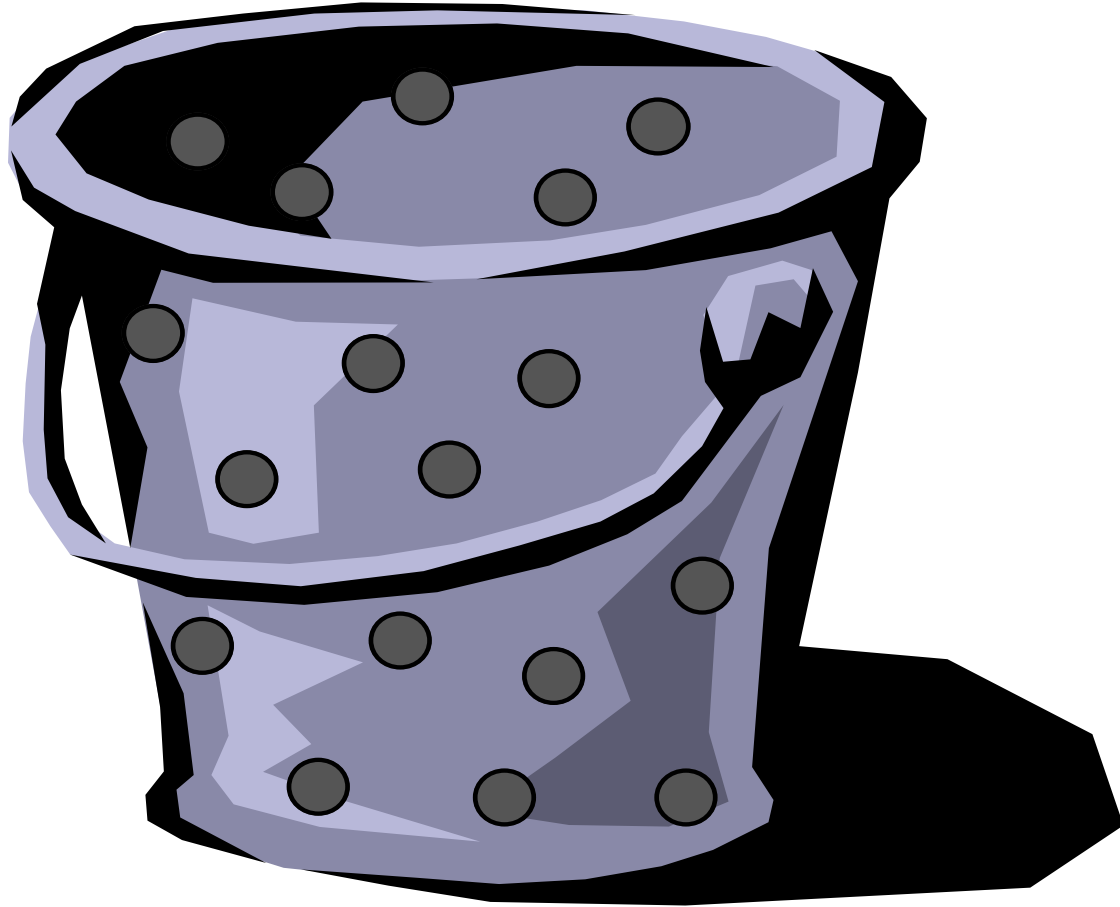
Adult's Behavior:

LOW

How Many Kids Are Like This?

- 3-20%
- 97-80% Are NOT

Self-Confidence



PLAY THERAPY TREATMENT MODEL

Making Contact

- Axline's Non-Directive foundation (G or I)

Engagement

- “The Rules” (I)
- Being the Boss (G or I)
- Hula Hoops (I)

Building Trust & Security

- Name That Feeling (I)
- Spit Balls (G or I)
- Trashcan Basketball (G or I)

Tenets for Relating to Children

(Dr. Gary Landreth)

1. Children are not miniature adults and the therapist does not respond to them as if they were.
2. Children are people. They are capable of experiencing deep emotional pain and joy.
3. Children are unique and worthy of respect. The therapist prizes the uniqueness of each child and respects the person they are.
4. Children are resilient. Children possess tremendous capacity to overcome obstacles and circumstances in their lives.

Tenets for Relating to Children

(Dr. Gary Landreth)

5. Children have an inherent tendency toward growth and maturity. They possess an inner intuitive wisdom.
6. Children are capable of positive self-direction. They are capable of dealing with their world in creative ways.
7. Children's natural language is play and this is the medium of self expression with which they are most comfortable.
8. Children have a right to remain silent. The therapist respects a child's decision not to talk.

Tenets for Relating to Children

(Dr. Gary Landreth)

9. Children will take the therapeutic experience to where they need to be. The therapist does not attempt to determine when or how a child should play.
10. Children's growth cannot be speeded up. The therapist recognizes this and is patient with the child's developmental process.

PLAY THERAPY TREATMENT MODEL

Internal Investment

- Game Play for Social Skill Training
- “No Rules” Games (I)

Competency

- What I Like About Me (I)
- Three Wishes (G or I)

PLAY THERAPY TREATMENT MODEL

Generalization

- Connect The Dots (I)
- Punch Card (G or I)
- Good-bye Game (G or I)
- Behavior Charting (I)

Game Play for Social Skills

- Let the child “go first”
- Imitate the child’s mistake on your turn and announce the mistake out loud.
- On your next turn begin to role model interventions.
- Keep game competitive so the child remains engaged.
- Look for the child to begin to imitate your behavior.

Game Play for Social Skills

- Decide what skill you want to teach.
- Pick a game that needs the particular skill you want to teach in order to win.
- Invite the child “to play”
- Know that the child will win BUT you have to keep the game close.

Group Can Be Helpful With Kids That...

- Have difficulty developing workable social/peer relationships.
- Lack self-discipline in controlling their own behavior and/or impulses.
- Suffer from poor self-esteem.
- Have difficulty talking about their issues.
- Experience a general lack of motivation.

Creating a Therapeutically Balanced Group

- ENERGIZERS: Kids who act impulsively, jump into activities without thinking, and generally annoy other group members.
- INITIATORS: Kids who have good leadership skills, volunteer for activities, but have good “Stop and Think” skills.
- NEUTRALIZERS: Kids who will follow what ever direction the group is going. They are at risk for identifying with the ENERGIZER and creating havoc.
- PASSIVES: Kids with weak identities who have to be encouraged to join the group and can display passive-aggressive tendencies.

Criterion for Kids NOT Appropriate For Group

- Lack "social hunger".
- Unable to tolerate level of permissiveness necessary in group.
- Act out sexually.
- Unable to give and take with others.
- Have been so traumatized and abused that they are unable to establish trust with a group.
- So hostile and angry that they are unable to interact without violence toward others.
- Are experiencing psychosis or marked deviation in conduct or symptoms.
- Are antisocial or sociopathic

Behavior Charting

- Decide on Frequency of behavior or misbehavior
- Make chart “Success” oriented
 - Behavior occurs 5 times a day then put at least 7 squares
 - Behavior can only occur 1 time a day then only have one square
 - Fixed Intervals beginning with 30 minutes may be necessary for behaviors that occur many times during the day. Once the child has mastered 30 minute interval, go to “level 2” which could be 1 hour intervals. When mastered, go to “level 3” which could be 2 hour intervals. Eventually go to “am and “pm” intervals.
- Phrase the desired behavior on top of chart
 - “No Hitting” should be “Play Nicely Together”
 - Sometimes only the negative will do “Don’t Pull Hair”
 - Can also use word “Success” as topic

Behavior Charting

- Chart should be KID friendly
 - Colorful
 - Easy to Read
 - Child can help design it
- Reinforcers should be given immediately after behavior occurs. * Except on once a day behaviors
- Chart should be placed in location where you want the positive behavior to occur
 - Car
 - Living Room
 - Everywhere
 - Bathroom
- The punishment should be no reward. Never take a sticker away or put “X” in the square

What Is Your Role?

Cheerleader!!!!!!!!!!!!!!

**(Even If The Team
Sucks!)**

Please Keep In Touch!

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