

## Therapy Chat Episode 255



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[00:00:00] **Laura Reagan:** Therapy Chat Podcast Episode 255.

[00:00:04] **Announcer:** This is the Therapy Chat podcast with Laura Reagan LCSW-C. The information shared in this podcast is not a substitute for seeking help from a licensed mental health professional. And now here's your host, Laura Reagan LCSW-C.

[00:00:34] **Laura Reagan:** Today's episode is sponsored by Therapy Notes. Between writing notes, filing insurance claims and scheduling with clients. It can be hard to stay organized. That's why I recommend Therapy Notes. They're easy to use platform, lets you manage your practice securely and efficiently. Visit [therapy notes.com](https://therapynotes.com) to get two free months of therapy notes today, just use the promo code Therapy Chat, when you sign up for a free trial@therapynotes.com.[00:01:00]

[00:01:02] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. And today I am excited to bring you an interview with someone who is very experienced and knowledgeable in her field. I've had requests from listeners to share more content related to therapy with children and this week's episode, as well as next week's, which is part two will, definitely fit the bill.

[00:01:31] My guest today is Janet Courtney PhD, RPTS. Janet is founder of First Play Therapy, an infant play therapy model and founder of the First Play Cafe Blog. Dr. Courtney is author of *Healing Child and Family Trauma Through Expressive and Play Therapies: Art, Nature, Storytelling, Body, and Mindfulness*.

[00:01:56] And she's also author and editor of the groundbreaking books, [00:02:00] *Infant Play Therapy: foundations models, programs, and practice* and *Touch in Child Counseling and Play Therapy: an Ethical and Clinical Guide*. She's a TEDx speaker, a registered Play Therapy Supervisor and past chair of the ethics and practice committee for the association of play therapy and past president of the Florida association for play therapy. Since 1997, she was an adjunct professor in the school of social work at Barry University, Miami Shores, Florida. Her research into practitioner experiences of training and touch and developmental play therapy is published in the *American Journal of Art therapy* and the *International Journal of Play Therapy*. She offers a certification to practitioners in first play therapy and provides training to professionals in the ethical and clinical competencies of touch, expressive play therapies, and nature-based play therapy.

[00:02:52] Dr. Courtney has created a unique form of therapeutic storytelling called first play kinesthetic storytelling that can be found in [00:03:00] her children's book, The Magic Rainbow. She has been invited to speak nationally and internationally, including Bali Indonesia, the Cayman Islands, England, Ireland, Morocco, Russia and the Ukraine. You can learn more about Janet at her website, [firstplaytherapy.com](http://firstplaytherapy.com) and her blog [firstplaycafe.com](http://firstplaycafe.com). So, let's dive right in to part one of my discussion with Janet Courtney PhD. And we talk about using expressive and play therapies with children and families that have experienced trauma.

[00:03:34] Also quick reminder, if you are interested in joining one of my Trauma Therapists Consultation Groups, registration will be opening in January, 2021. So keep your ears open for that more information will be available here and on my website. Thanks so much for listening.

[00:03:55] Hi, welcome back to Therapy Chat. I'm your host, Laura Reagan. [00:04:00] And today I'm very curious and excited to be bringing you an interview with Dr. Janet Courtney. Janet, thank you so much for being my guest on Therapy Chat today.

[00:04:11] **Janet Courtney:** Laura, thank you so much for the invitation. I've been really looking forward to it.

[00:04:15] **Laura Reagan:** Me too. I can't wait to dive in because most recently you're the author of the book, healing, child and family trauma through expressive and play therapies, which the title right away just jumped out at me. And I know my audience has really been asking to learn more about children and children's mental health. So I think that this is going to be fascinating, but before we even dive into that, let's just start off by you telling our audience a little bit about yourself and your work.

[00:04:47] **Janet Courtney:** Okay. Well, I identify as a Play Therapist and I've also, um, my background is in Social Work, so I have a BSW, MSW, and my [00:05:00] Doctorate is in Social Work as well, my PhD and I had, I've been in private practice for a lot of years beginning, actually back in 1989. Working with children and families before that, working with adults in mental health and working with adoption and foster care.

[00:05:24] And then, you know, just kind of focusing on maybe what I call a smorgasbord of different areas of problem areas and diagnoses working with, with children, especially, and families and adolescents as well. So, you know, then, you know, during my private practice years, I decided I wanted to go back to school and further my education.

[00:05:47] And that's when I wanted to do some research in the area of Play Therapy. And then also I was very curious about a topic called well, the topic of touch. And this goes [00:06:00] back to a mentor I worked with, her name is Dr. Viola Brody. And I might talk a little bit more about her during our interview further, but she developed a technique called Developmental Play Therapy, and that is very central to the work that I then springboard to create my own model of therapy at called uh, First Play Therapy. So now through the years, I, currently do a lot of writing, I do a lot of training, and I, um, enjoy my life in South Florida

and I have grandkids that I enjoy being with and a wonderful husband, and i, um, anyway, so what else would you like to send out?

[00:06:47] **Laura Reagan:** Yeah, that's wonderful. I mean, I'm so curious about so far what you've already talked about. I mean, I'm just so interested in even the, the subtitle of your book. [00:07:00] Well, I don't know if it's technically a subtitle, but it says art, nature, storytelling, body mindfulness, and then. You also just mentioned touch in therapy, which is, you know, in some ways some people may see it as kind of controversial, but of course touch is such a basic human need, so I hope we can get into that a little bit. And when we talk more about your First Play Therapy method, so right now in this time, we're living through, as we record this it's September, 2020, you know, in the United States, we've had this pandemic that's been impacting all of us for about six months in some places longer, I think on the West coast, and it may have been impacting people even before March, but a lot of what I'm hearing is about how families are impacted, you know, not just by the physical health effects of [00:08:00] coronavirus, but the, the mental health impact of this pandemic. And, you know, it's impacting families, but it's impacting the parents and the children, pretty significantly, I feel.

[00:08:12] **Janet Courtney:** Absolutely. And what we understand is that children are highly sensitive to the, how their parents are feeling. So children are being impacted by this. So I'm hearing that there's a lot more anxiety, especially anxiety, some depression with children, parents have actually called me and said, well, you know, my child who was a very good sleeper, I never had a problem with her sleeping now she is not wanting to go to sleep. She's wanting to come to the room and, and, you know, be with me and I can't get her to, you know, lay down and you know, what do I need to do about that? So, but then the other hand, like I was saying, children are very [00:09:00] sensitive to how the parents are feeling. So if the parents are going through a lot of stress right now, maybe they've lost their jobs, maybe financially they're, you know, stopped. Some families I know are, are, you know, kind of on the cusp or of being evicted, and the children absolutely look to the parents for the cues. And so if they, you know, what we call cues of safety or cues of, you know, what, it's everything's okay. Mom, mom and dad have it under control, but if they see that mom is, you know, lost her job, or dad has lost their job and that they are searching for, to find a new job and a child, you know, even if you don't say to a child, Oh, dad is really worried about this.

[00:09:50] There's a saying that if you want to know what's going on in the family, just ask the children. Absolutely [00:10:00] because they absolutely can feel it. I mean, even if the parents don't say I'm angry or I'm upset, or I'm scared, parent could walk in the room and a child could start feeling this pit in their stomach and maybe, but they don't consciously know that this pit in my stomach, this anxiety that I'm feeling is related to the parent. They just know that now I feel scared or now I have anxiety. And the parent may say, well, what's the matter? What are you feeling? And usually what you'll get out of a child is, I don't know, because children live in their bodies, you know, they live in their right brain, mostly they're not necessarily connecting to the right brain to the left brain of, you know, this is really what's going on. I'm scared because mom's scared or I'm anxious because dad is anxious, but they just know that they feel that way. So it's hard for them to express. And then of

course, parents might not have the awareness that that's like, Oh, my daughter is going [00:11:00] through this anxiety right now and I am not quite sure why. It's like, okay, well, you know, then I used to, to work in, uh, foster care and adoption, but we had a diagnosis for, for children that were pretty, you know, angry and maybe they were in foster care and we would say darn mad for good reason.

[00:11:20] So we could say, you know, darned anxious for good reason. But sometimes again, the parent might not connect that is related to what the, what the parent is feeling. So, you know, it's that those mirror neurons, you know, that the child feels it picks up on what is being experienced by the parent. And we even know, for those mirror, they're censoring mirror neurons too, by the way. So if a child watches someone else touching somebody else, that child will experience [00:12:00] that touch as if it was happening for themselves. So, yeah, that's really powerful. So anyway, the mirror neurons and that co you know, the regulation. So if the parent is not regulated, it's hard for the child to regulate.

[00:12:15] So once the parent is regulated for themselves and then the child can, can better regulate for them themselves. Anyway, back to the COVID and you know, what we're going through right now is children are being impacted by it. But we, you know, I saw this comic, my sister's a school teacher and she sent me this, this comic.

[00:12:40] And so the parents were saying to the child, okay, well, they're saying it's time for you to go back to school. And so, you know, the child's like looking at the parent with this like really worried face. And they say to the parent, they said, well, when do you go back to work? And the parents said, Oh, well, when it's [00:13:00] safe, I can go back to work, right?

[00:13:04] So it's like, okay, it's safe to go to school, but it's not safe for you to return to work. You know? So here we have this paradox, you know, and of course that was a lot of anxiety for children now having to. Yeah, there's some children actually going back to school and some are having the experience of doing the tele-health as well, or the tele, I say the tele-health, but I mean school online. And that opens up a whole new Avenue of the children, having to listen live to the teachers in the classroom, and then they're not hearing them, you know? So there's just so much pressure, you know, on the parents. Now they're wearing so many different hats and the children are, are having to learn new things and experience new things in life and be exposed to things that they've, you know, for all of us that we've never, ever had to go through before.

[00:13:59] **Laura Reagan:** So [00:14:00] true. And I mean, even as I'm listening to you talk, I'm just thinking so many different aspects of what you're talking about like, you know, that comic that you mentioned is a good example of how we can understand with our left brains, like that doesn't make sense if the child is, is safe to go to school, but the parent isn't safe to go back to work. That doesn't make sense, but children know when it's like they know with their bodies that the parents feeling, this is not right, but they're saying it's okay.

[00:14:36] You know what I mean? And that incongruence can be so distressing for the nervous system because the child looks the parent for comfort, reassurance. Like, am I safe?

And if the parent says yes, but their body is saying, no, you know what I mean? Or there's the child senses that the parent doesn't even feel safe even without the words.

[00:14:58] **Janet Courtney:** Yeah, absolutely. It's [00:15:00] it's not what you say to me, it's, you know how you're saying it. You know, children are, you know, I say the superpower of kids is their ability to especially infants to use their, their body language to talk. But they're also, uh, I was watching some research about this that they're really attuned to the body language of the adults around them.

[00:15:25] And they pick up on the cues of the body language and also the tone of how the parent is talking to them and what they're saying, but they also are so aware. I mean, everything is talking about subliminal messaging, you know, we're, we, a lot of the meta communication that we understand. I mean, we pick it up as, as infants, we pick it up as, as children and it's, you know, the children are feeling that in their bodies. And again, like you were talking about the incongruencies now that they're experiencing [00:16:00] and that are being said to them, and of course, All of us now are hearing a lot of incongruencies in the media of what to believe and what to understand about what we're going through right now. So it's very, very trying time.

[00:16:14] **Laura Reagan:** Yeah, it really is , you know, and I do want to say just, just to be really clear about this for everyone who's listening that, I mean, we know the parents are doing the best they can, the kids are doing the best they can, the teachers are doing the best they can.

[00:16:28] Everybody is in a situation that nobody wants to be this way. And it's because of what's happening. It's because of the pandemic. But, you know, I think the point, the purpose of our conversation is to help everyone who's listening to understand in a deeper way, what, how all of this is impacting all of us, including children and families and, but not to be pointing fingers or anything like that. And I certainly don't think that you were saying that, but I just feel like it's important because I feel what I see in our [00:17:00] collective, in our culture right now is so much finger pointing about the schools are rushing to reopen. The parents do have to work. They need the kids to be in school. The kids need to be learning, but also the kids need to be safe. And, you know, not just physically safe from getting COVID and exposing their families to COVID, but emotionally safe. It's just like the word unprecedented keeps being thrown around and I really think that we haven't had a challenge like this, it's just so intense and really like, there's just no answer. That's going to resolve, make everything work out the way we wanted to, you know, it's just, it's a really tough time.

[00:17:43] **Janet Courtney:** Yeah. Of course you bring up a really good point is that we all are trying to do the best we can under the circumstances and, you know, but there are things that parents can do to help their, their children to calm and relax and, [00:18:00] and be able to, you know, and, and I think a lot of it comes back to if the parent can help them themselves for self care. If they can help themselves find ways to, you know, come back to themselves, that's what I kind of call it. And once they're able to come back to themselves

and get themselves in a good place, then they're able to be with that child. And that comes back to the, the concept again, of touch.

[00:18:29] I talk about touch, I'm talking about nurturing, I'm talking about caring, caring, touch and respectful touch. But it's, we do know that if a parent can provide good caring, touch to a child through like a hug, that it releases those positive hormones in the body, they. The oxytocin, the serotonin can be released.

[00:18:54] But what I want to say though, is for that to happen, the caveat is that [00:19:00] the touch for the oxytocin to be released, the touch has to happen for at least 30 seconds, in order for that to be released. And again, the caveat, the other one is that the parent has to be regulated and calm before they provide that, that good caring touch to the child.

[00:19:19] So if the parent's anxious and obviously the child's upset and they're going to try to give them a hug it's not going to work because the child's just going to again, feel the anxiety of the parent. So as practitioners, we can help the parents find ways through mindfulness techniques to be able to calm.

[00:19:40] And it doesn't take long, I mean, five minutes, three minutes, one minute of mindful type of awareness of bringing my attention back to my body and, you know, and just focusing in on that breath. And then, you know, teaching that to the parent before they give that interact with their [00:20:00] child, you know, but if the parents are upset and they're anxious, then the child will feel that.

[00:20:05] Yeah.

[00:20:06] **Laura Reagan:** So true. And I want to go back to something that when you were first talking, something that came to mind for me was, you mentioned how the, let's say the parent lost their job and the child knows the parent is looking for a job and they get a pit in their stomach and they feel like I'm scared. And the parent notices and says what's wrong.

[00:20:28] And the kid says, I don't know. So that's, that's one way it can go. And another way is I'm thinking with younger kids, they don't necessarily really know what a job is. They don't necessarily really understand that the parent lost their job, but they know something's wrong and they can feel it in their bodies.

[00:20:46] And then they don't, they may feel the pit in their stomach, but they may not be able to express even in, I don't know, or the parent may not be able to pick up that something's wrong, but can you talk about how, I mean, I [00:21:00] think I hope most of us who work with children who've experienced trauma will we'll know, but can you talk about how kids show their reactions to traumatic situations in ways that aren't really verbal.

[00:21:13] **Janet Courtney:** Right. And children experience and express depression, express, anger, and anxiety, very different than adults can. So, for children that are, you know, angry.

Well, you know, a lot of times that maybe it will come out and be expressed as, as anger for children that are depressed.

[00:21:38] Sometimes it may come out as, as, as anger, you know, you might not necessarily see a child down or, you know, or looking like we could typically think someone would be depressed that they're, you know, they're down and they're not saying anything and you know, maybe they're crying, but maybe they, some of [00:22:00] the behaviors are off.

[00:22:04] Some of the behaviors could be, let's say that the child. I mean, I'm thinking about a young school aged child, and I know you were talking about the younger children, but sometimes children that are depressed if maybe the parent says, okay, you know, you have to pick up your toys or you have to do your schoolwork now, but maybe there would be some type of resistance to that with the parent.

[00:22:29] Maybe they're going to ignore them. They're going to not, you know, they might say no, or they, you know, so they have some conflict that is starting to happen between the parent and child. And oftentimes it's when the child is feeling not connected to the parent where, you know, I'd always say that connection builds cooperation, but that can show up as being depressed or, you know, some of the other things that are going on with them that we just have [00:23:00] to, we have to be good. You know, I teach it when I work with parents, I talked to them that we have to really be good at learning how to read the child's non-verbal behaviors. That it's a, it is a language. It really is, especially for the young children, the infants, or the toddlers or the children zero to three age. Teaching parents how to pick up on the cues of what that child, that, what that infant is trying to say to them. Because a lot of times they don't have the words to express how they're feeling.

[00:23:36] They can't say no, they can't say I don't like this, don't do that, or yes, even. So we have to look at the body language you know reading the face, and some parents, um, come naturally, uh, to be able to do that. But some parents maybe, they had a lot of trauma with themselves. Maybe they didn't have, um, a secure attachment relationship or [00:24:00] someone who provided good experiences in those first three years of life, which we know is so vital and so important. So if they don't have that internal working implicit memory of it, it's hard for them to give that. And then at the same time, it's hard for them to recognize it, if it wasn't given to them. So it comes naturally, but that, because naturally the way they learned it or the way that was given to them, or the way that they experienced it as a, as an infant and as a child, it goes hand in hand that it there's no way to separate it.

[00:24:37] **Laura Reagan:** Let's just pause for a moment so I can give you a little bit more information about why I love Therapy Notes. I switched to Therapy Notes a few years ago, I'd say it's about three years now, I believe and I have never regretted it. I was very happy with the EHR I used before, but [00:25:00] Therapy Notes is more intuitive. I love the interface. The customer service is fantastic, and I love how I can get my notes done quickly because I can customize the template that I use for my notes. And, there are opportunities to put check marks rather than having to write out the intervention used so I have cut my time spent writing notes way down, which is wonderful because I like to focus on seeing clients. I know documentation is an important part of our work, but it can also be time

consuming. And that is why I love using Therapy Notes. If you are considering switching EHR or you're looking for one to use in your practice, give Therapy Notes a try. You can get two free months by using code Therapy Chat. Now let's get back to our interview. [00:26:00]

[00:26:02] Yes, absolutely. So it comes naturally if they received what they needed when they were a child, but if they didn't, it doesn't come naturally because they didn't get what they naturally needed to. I'm also thinking about how children with anxiety often, I think about like, not just with children, with anxiety, but traumatized children. And this collective experience of living through the pandemic, I think is a collective trauma for all of us, maybe can be less traumatic for the children whose parents are able to help them stay regulated, you know, who are able to help them feel safe and secure. They may seem to be more resilient in getting through it.

[00:26:44] But I think to me that the answer to why some people are more resilient is if they have a more secure attachment, that's my, my theory. Um, but you know, children with anxiety or reacting to trauma with an anxiety type response, [00:27:00] oftentimes they might be like running around screaming. You know, and it might just look like they're being wild, but really they're showing that something's off for them, you know?

[00:27:11] And I think, and then the parent may just react with wanting them to be quiet or trying to corral them and get them to be still and do what, like the virtual learning what they are supposed to be doing during that time. So also for the parents who are working at home so they can work.

[00:27:28] **Janet Courtney:** Exactly. Right. And as you're, you're talking about this, I, my mind kind of flashed on one of the chapters that I wrote in the book is about nature and the importance of, of nature to our mental health, but I really believe that. But during this time, you know, thinking of how parents can help their children, how practitioners can also guide parents to help their children is if [00:28:00] we can have access. If, if parents can, get outdoors. And if they have a park, they can go to our, you know, a backyard area, you know, just anywhere because nature, we know really is restorative.

[00:28:16] And even in therapy, when I was working with children and maybe the child was dysregulated and in the office, I would say, you know what, let's just go outside for, for, you know, just for a few minutes. And, you know, I had a private area where we could go and just get some fresh air and just says, just walk for a few minutes.

[00:28:36] And I tell you what it totally shifts the perspective, you know? Totally shifts. And I'm kind of flashing on a case years ago that I worked with. And, um, it was, I was working with the reunification between a father and, uh, a young child and, and I realized [00:29:00] very early on in this very difficult reunion, because there was a lot of parental alienation going on that I had to get them out of the office and I had to get them, you know, in an outdoor type environment so the child could have more breathing room and more space and feel safe to be able to, you know, put as much distance between her and her father as possible. And I have to say this that did a really wonderful job of just being really understanding and patient. But over time, as I worked with this case that the outdoor



setting of a park and, you know, just being able to help bring that relationship back, back together. Again, I just felt like part of the healing process is to be out in nature. So parents during this time, and I know a lot of people are turning towards nature during this time of, of COVID and [00:30:00] recognizing and appreciating nature a little bit more, but we can help support the parents that we're working with to find ways that we can get them out and give them tasks, you know, like, you know, maybe doing a scavenger hunt for the child and the parent could go out and say, that's to a scavenger hunt and you know, are at the park or let's find something the rainbow wall let's find something green. Let's find something blue.

[00:30:27] Let's find something yellow and yeah. But that can absolutely shift the energy. So if there's stress happening in the moment and the parent's not quite sure how to help the child, so you know what that's good out. And maybe even sitting down in the grass, you know, touching the grass, touching the natures.

[00:30:48] It's you know, sensory oriented and listening to maybe some birds and to helping the child tune in to that. And by the time you're done with that, then they come back into [00:31:00] the home, maybe they will be more willing to be cooperative about, okay, now I can pick up my toys as mom was asking, or now I feel ready now to sit down and after this break from, you know, being at the computer and you know, now I'm ready to go back and do some more schoolwork or something like that.

[00:31:19] **Laura Reagan:** Yeah. That's a beautiful example. And I appreciate you sharing that. I'm thinking too about, of course, people who live in more urban areas, some, some cities have a lot of designated green space and some don't. But would you say that for families who live in a place where maybe they don't have access to getting to a park, just walking outside in nature with the fresh air, is, is still beneficial or should people in that situation try to get to a certain setting?

[00:31:55] **Janet Courtney:** Yeah, I would say, I mean, I, I'm a very aware of that. You know, that there are some [00:32:00] places where people live, where they don't have as much access to what you call green spaces, but there are ways that we can bring nature into the home. And even if we can, the parent can buy some plants. I know for me, I go to the grocery store and I know sometimes they have some herbs first for sales.

[00:32:23] So I was just like, you know what, let me just pick up some basil and, you know, just, and so. Even having that in the house where we can, you know, just take that leaf and put it in our hand and then maybe we can take the leaf and, you know, the, like I'm just saying for Basil you know, and smell it. So we have some touch of the earth, even, you know, I like to have, you know, stones or, you know, are, you know, we can pick up stones or, you know, of course for me, I have a lot of, um, I'm a collector of gems and minerals.

[00:32:53] And I have a lot of different species of those, but I use some therapeutically with children in the [00:33:00] office and you know, the metaphor of the stones and things like that. And I talk about that in the book, but I think also if we can get outside, even on the balcony, And breathe in the fresh air or breathe in the air.

[00:33:16] And I, you know, of course, as I say that, I'm very aware now that, that the fires happening in, um, you know, California, Oregon, Washington, and, and I know. Uh, that the air quality is very poor and they're not able to get outside. So, um, if they're able to have any type of, again, going back to the plants or animals, and you know, some, a lot of families do have cats or they have dogs and they're, so if we can have a pet for, for a child, even if it's a fish, it's so valuable for, for children to have some type of access to, to pets while, while growing up.

[00:33:56] You know, just to be able to look in the fish tank, or to be able to [00:34:00] go to their cat and pick it up or to pet their dog. I mean, it's so helpful to, for children during this time. I had a child that was telling me that they could tell all their secrets to their doggy. Yeah. So that, yeah. So how do you, when you're feeling upset, How do you help yourself?

[00:34:19] Well, I tell them my dog, all my problems. And I said, and does that help you? How does that help you? Oh, that does help me. And he doesn't tell anybody.

[00:34:32] **Laura Reagan:** Oh, that's so sweet. That's the, you know, you're reminding me, I don't work with children now, but you're reminding me how wonderful it is to do therapy with children, just their fresh perspective on things and the way that they speak so earnestly and, you know, just so genuinely is it's sweet, it's just so wonderful. Just makes me [00:35:00] feel so loving towards them, you know, motherly.

[00:35:04] **Janet Courtney:** But you know what? That is the truth that what I love about children is they're so real.

[00:35:10] **Laura Reagan:** Yes.

[00:35:10] **Janet Courtney:** And I think that's what draws me to this work. And the other thing that drew me to this work is I realized when going to school and you know, all the theories that we're learning, that we, we, as adults can become very, very serious.

[00:35:25] **Laura Reagan:** Yeah.

[00:35:26] **Janet Courtney:** And so children kind of remind us and they help us to remember what it is that is our resilience. That's part of our resilience. And that goes back to play. And this is, you know, what I've spent a majority of my life focusing on is the power of play to heal. And so I always felt that, you know, children, you know, working in the office, you know, becoming a, you know, being a play therapist, a lot of the training as a play therapist came from the children.[00:36:00]

[00:36:00] And one of the examples I give is when I was first starting out to be a play therapist, and this was back in the late 1980s. And back then, we didn't really have all the training. Oh my goodness. We have so much training now that we can, you know, many different options. So I felt like I was having to learn how to be a play therapist, you know, at the, by the seat of my pants.

[00:36:23] **Laura Reagan:** Yeah.

[00:36:23] **Janet Courtney:** But there was one little boy was working with and he had, I had some play materials out on the floor. They were these little army figures. And so he had the army figure and he gave one to me. And so I guess there was a battle going on and his figure shot my figure. And so he said, I shot you. And I'm like, Oh, I see.

[00:36:49] And he's like, so you're dead. And I'm like, Oh, goodness me. I'm dead. So I take my figure and I put it down on the, on the floor [00:37:00] and my figure is dead. And of course, then I got very quiet and I just allowed my body to kind of sink and be, you know, kind of, you know, in a kind of quiet state of being dead. And so finally, you know, then he went on, he was playing and playing and he's kind of watching me and he finally said, okay, you're not dead anymore.

[00:37:22] And I was, so what I learned was when you're working with children is your, your character. Even if the child tells you that you're dead, you're dead until the child tells you that you're not dead. So that was my first one-on-one lesson of play therapy. And I had a lot more to go. So my children have really helped too. Um, helped me master this topic of play.

[00:37:51] **Laura Reagan:** And what you mentioned about adults can be so serious. I think that really sort of resonated for me because I can remember when I [00:38:00] was before I became a therapist. I remember when someone suggested to me coloring for stress relief and this was, you know, before the adult coloring books came out. And, um, I just remember having like a, almost like a revulsion, like coloring? I'm 32 years old. I don't color, you know, and just like best that's for kids, you know, that it was like an immediate, like, no way kind of reaction. And of course, something to be very curious about. And it was definitely something that helped me understand more about myself as I explored why I had that big reaction.

[00:38:39] But, you know, as adults, we don't, we don't really play, we do things like we do activities for, we may play sports, but it's competitive, you know? So it's not just like free play, you know, it may be fun and it, I'm not saying it doesn't count, but it's like the way we [00:39:00] typically play is like a means to an end. And when the way kids play is just a play.

[00:39:06] **Janet Courtney:** Right. Exactly. And at the same time, they, they know that we forget, okay is that play is intrinsically healing. It truly, truly is. And it reminds me, I had this, uh, little girl and the mother, actually, the mother told me that. She said, I told my daughter that my mother, her grandmother had died.

[00:39:32] And she said, the reaction that she had is she just looked at me. She was really quiet. And then she said, well, I think I need to go play now. So this child knew in that moment of what she needed to do to help her self feel better in that moment. So that really is a lot of the theme of my book, you know, healing, childhood trauma, [00:40:00] family trauma, through expressive and play therapy.

[00:40:02] So some of the chapters in the book focus on working with parents and families together with our children. And so part of what I'm doing in that session is trying to help that parent to go back and feel comfortable with being a play participant with, with their child. And so a lot of what I'm doing is modeling a sense of, you know, what I call maybe just letting, letting myself be open in the moment.

[00:40:36] To model to that parent, uh, an okayness to play again, and to be open to the play and to be willing to listen to their child's play because children's play is so lucious.. So in this time time of COVID that we're, we're going through, another healing method and way that we can [00:41:00] support parents to help their children through this time is to support them by suggesting ways that they can play with their children, or if they have a session with the parent and the child together, a lot of therapists now are, are taking their work to online, to doing telehealth sessions. And so a lot of what is helpful, especially with the younger children, because telehealth with younger children could be challenging because their attention span is, I mean, Just don't have a long attention span.

[00:41:37] So it's best to have that parent present when they're working, especially with the younger children, as the children get older, or, you know, especially with teenagers, it's obviously different that they are able to connect and, and do the tele-health a little bit easier. But with the younger children, I always recommend it.

[00:41:56] It's better to, to have the parent and child [00:42:00] together, or maybe a short little moment, you know, 15 minutes or something with the child and then have the parent present. And it all depends on the child. But part of what we're doing is maybe promoting some play therapy type of intervention with that parent and child, and then giving homework for that, giving some homework that they can do this together, you know, during the day, you know, after work or after school or, you know, in the evening or in the morning, whenever they have time and sometimes we help to ground that, you know, what would a good time for you guys to do this together?

[00:42:36] I have a, my storytelling technique. It's called First Play Kinesthetic Storytelling. It's a model for older children, like three years and above. And this is where I guide parents to help them. To, uh, tell stories to children and we create stories together. Um, but then those stories are told on the child's back. [00:43:00] So I call it, it's a kinesthetic, it's adding the touch piece to therapeutic storytelling and it's, it's a lot of fun.

[00:43:08] I really enjoy it. But what we're doing is, is we know that a touch, how important touch is to helping that child to regulate. So, I created a method where we have therapeutic storytelling and connection to providing touch is just kind of, you know, it's like, we know therapeutic storytelling is good. We know that that touch is good.

[00:43:35] But then taking those two, I call it the, the Reese's peanut butter cup phenomenon, you know, taking those and kind of putting those two therapeutic techniques together, but who does the touching? And so we take we in this model, we assign the parent to be the therapeutic person, the change agent, so to speak, empower the parent to [00:44:00] provide that because, you know, especially if beyond telehealth we have sessions

together, there's always concerned about the therapist, touching children, the liability of that.

[00:44:11] And I've done some research in the area, and I have some publications related to, to touch, but, you know, I, I actually surveyed a large group of practitioners and of course that was always a concern that maybe touch could be, the child would misconstrue it. And then, you know, that we, you know, we work really hard for all our credentials and it would be very upsetting for a child to say that the parent therapist touched the child inappropriately when you know that that never happened.

[00:44:42] So, if we know that touch is important, then who can provide that touch? So we have that, the parent do it and we guide them and I use a stuffed animal and, you know, I teach my practitioners to do that. I have a training that I offer, so they guide them on a stuffed animal while the parent does the [00:45:00] motions with the with the child.

[00:45:02] But anyway, what I'm saying is, you know, during this time that would be for an example, one thing that parents can do with the children beyond just the session, it could be like a homework and say, Oh, when can you have like a storytelling time together? When would that be? When would you be able to do that?

[00:45:20] So you have to ground it for parents, you know, you can't just say, okay, now do this. So you have to say, let's, let's think of when the best time would be and you know, in the morning, at night. So that gives it a higher percentage chance that it's going to do to really happen. And we have to ask that of our parents too, and we're working with them to make that commitment that they're going to put into action some of the, the techniques and interventions that we're teaching them, you know, put that into action when we're not with them, because we might be only with them like one hour a week or [00:46:00] every other week or something like that. So all the real work happens outside of the sessions with parents and children.

[00:46:09] **Laura Reagan:** Today's episode is sponsored by Therapy Notes. There are many ways to keep your practice organized, but Therapy Notes is the best. They're easy to use secure platform, lets you not only do your billing, scheduling, and progress notes, but also create a client portal to share documents and request signatures.

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