Instructor’s Manual
for
CHILD THERAPY
CASE CONSULTATION
with
VIOLET OAKLANDER, PHD
Manual by
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psychotherapy.net

The Instructor’s Manual accompanies the DVD Child Therapy Case Consultation with Violet Oaklander, PhD (Institutional/Instructor’s Version).
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Tips for Making the Best Use of the DVD

1. USE THE TRANSCRIPTS
Make notes in the video Transcript for future reference; the next time you show the video, you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION
Pause the video at different points to elicit viewers’ observations and reactions to the concepts presented. The Discussion Questions section suggests key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS
Encourage viewers to voice their opinions; no therapy or consultation is perfect! What are viewers’ impressions of what was discussed in the video? We learn as much from our mistakes as our successes; it is crucial for students and therapists to develop the ability to effectively critique this work as well as their own.

4. SUGGEST READINGS TO ENRICH VIDEO MATERIAL
Assign readings from Related Websites, Videos, and Further Reading prior to or after viewing.

5. ASSIGN A REACTION PAPER
See suggestions in the Reaction Paper section.
PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personalities. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique, and research that fits their own personal styles and the needs of their clients.
Gestalt Therapy with Children and Adolescents: The Violet Oaklander Approach
by Violet Oaklander, PhD

This is an approach to working with children and adolescents that involves a variety of creative, expressive, and projective techniques, with Gestalt Therapy theory, philosophy, and practice as the underlying framework. The focus of the approach is to provide the client with a means for expressing his or her innermost feelings, to foster self-awareness and an understanding of their relationship to others and the world around them. The Oaklander model of the therapeutic process is a major aspect of this approach, a process that fits organically with the major principles of Gestalt Therapy.

The developmental process of infants and children is amazingly akin to the principles of Gestalt Therapy. The process is not linear, and the relationship between the client and therapist is a vital prerequisite. Further aspects of the process include the issues of contact and resistance; awareness and experience; the use of the senses and the body; the sense of self; emotional expression (particularly anger); the focus on negative introjects; and the role of self-acceptance and self-nurturing leading to integration. The techniques used are often the very essence of the work, providing bridges to the child’s inner self and affording powerful expression. Some of the techniques that may be used include a variety of materials and media: graphic arts, clay, storytelling, puppetry, the sand tray, music, fantasy and imagery, and more. The work can be used in individual therapy and in a variety of settings. It can be used with all stages of development, including adolescence and adulthood, since “meeting the client where he or she is” is of great importance in this work, and is what makes it so effective. As mentioned earlier, the only prerequisite is the relationship—if it’s not there, its absence becomes the focus of the therapy.
Gestalt Therapy
Basically, Gestalt therapy is a process-oriented mode of therapy that focuses attention on the healthy, integrated functioning of the total organism, comprised of the senses, the body, the emotions, and the intellect. A major focus is to help clients become aware of what they are doing, how they are doing it, and how they can change themselves to feel more satisfied in life, while at the same time learning to accept and value themselves. The model focuses more on process than content (though content may be used as examples of one’s process). What is directly perceived, felt, and experienced is considered more relevant than explanations and interpretations.

THE THERAPEUTIC PROCESS

The Relationship
Nothing happens without at least the thread of a relationship. To bring this about, the therapist must be authentic, non-manipulative, respectful, and fully present regardless of the child’s behavior. This stance on the part of the therapist will promote a healthy relationship.

Contact
Contact involves the ability of the child to be fully present in our interaction. Most children have difficulty sustaining contact, particularly if they are worried, anxious, fearful, grieving, or angry. The therapist, of course, is contactful at all times, putting aside her own thoughts and problems. Contact at the beginning is approached gently, perhaps involving some nonthreatening activities. A severely abused 10-year-old girl was able to stay in contact with the therapist in early sessions by coloring with the therapist in an attractive coloring book. Contact involves having access to all aspects of the organism (senses, body emotions, intellect), and children protectively cut themselves off (often seen as resistance). Sometimes focusing on parts of the self that are inhibited helps increase contact, such as sensory or body activities. Deeper experiences, such as expressing emotions, come when the relationship is good and the child can sustain contact with the therapist and the self. When the child breaks contact, it is her way of taking care of herself. Contact is evaluated at each session.
The Self
When the self is strengthened, it gives the child support to express blocked emotions. As the child begins to know and define himself through expression of wishes, wants, needs, likes, dislikes, ideas, and opinions, he gains self-support. Providing the child with experiences of making choices, and supporting the child in achieving a sense of mastery and power, aid in this process. Many games and activities are used to facilitate self-support and enhance the self. Focusing on the senses—looking, listening, touching, tasting, smelling—as well as body awareness activities may be utilized as needed.

Emotional Expression
Self-support is a prerequisite for the expression of blocked emotions, which interfere with the child’s healthy functioning and growth. Emotional expression work also involves helping children understand what feelings are, learning to know their own feelings and where they are stored in the body, and learning skills to express feelings, such as anger, in safe, healthy ways. A variety of creative, expressive, and projective modalities are used to facilitate this work.

Dealing with Negative Introjects and Self-Nurturing Work
The focus of this work is to help the child dig up and reframe those negative messages about the self that the child generally absorbs at an earlier age. Flushing out those negative parts of self and learning to be nurturing to those parts is the essence of this powerful work.

These therapeutic process steps are not linear once the relationship has been established.

Working with the family, parents and teachers are adjuncts to the process.
I Don’t Fix Kids

by Violet Oaklander, PhD

I usually ask parents in our first session together, “What are you wanting by coming here?” (or something to that effect). The response is generally something like, “I want her to start doing her homework,” or, “I want him to stop having tantrums,” or, “I want her to stop being so sensitive,” or . . . (substitute any of the variety of symptoms or behaviors that bring children into therapy).

My response is, “I need to tell you that I don’t fix kids.” At this point, I have the parents’ full attention.

“But let me tell you what I DO do.”

1. One thing I do is help your child feel better about herself—to feel stronger inside and have a clear sense of herself.

2. Another thing I do is try to help your child feel happier, more peaceful in life, and to make better contact with his environment and the people in his life.

3. I work toward helping your child express deep feelings, particularly anger, in safe, appropriate ways. Some of these feelings may be old, buried ones that create problems when held inside for a long time. I also want to give your child skills for expressing feelings that come up in everyday situations, in healthy, non-hurtful ways.

4. Sometimes I need to give your child experiences with aspects of himself or herself that he or she has cut off, restricted, blocked. When children are inhibited in this way, they tend to veer off their healthy path of growth. My job is to help them get back to this path.

5. I will work with you to help you set clear limits for your child. These consistent, fair limits are important for your child to find his or her own boundary of self.
We often use many tools to achieve these goals geared to your child’s interest and developmental stage. These creative and expressive techniques include graphic arts, clay, sand scenes, puppets, music, creative dramatics, and various games.

As we do these things, very often the behaviors and symptoms that worry you, that seem to need fixing, melt away, disappear. And if they don’t, we—you and I—will need to look hard and fast at what we are doing, or not doing, to perpetuate these behaviors and symptoms.
Reaction Paper for Classes and Training

Video: Child Therapy Case Consultation with Violet Oaklander, PhD

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.

- **Suggestions for Viewers:** Take notes on these questions while viewing the video, and complete the reaction paper afterwards. Respond to each question below.

- **Length and Style:** 2 to 4 pages double-spaced. Be concise. Do NOT provide a full synopsis of the video. This is meant to be a brief paper that you write soon after watching the video—we want your ideas and reactions.

**What to Write:** Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about child therapy? What stands out to you about how Oaklander works?

2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives did you find helpful and might you use in your own work? What challenged you to think about something in a new way?

3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?

4. **How I would do it differently:** What might you do differently from what Oaklander recommended in the sessions discussed in the video? Be specific about what different approaches, interventions, and techniques you might have applied.

5. **Other questions/reactions:** What questions or reactions did you have as you viewed the video? Other comments, thoughts, or feelings?
Related Websites, Videos, and Further Reading

**Web resources**
Violet Solomon Oaklander Foundation website
   www.vsof.org
Violet Oaklander website
   www.violetoaklander.org
The Gestalt Therapy Page
   www.gestalt.org
The Association for the Advancement of Gestalt Therapy
   www.aagt.org
Gestalt Press (part of the Gestalt Institute of Cleveland)
   www.gestaltcleveland.org/bookstore
The Gestalt Journal Press
   www.gjpstore.com
The International Gestalt Journal
   www.igjournal.org

**Related Videos Available at www.psychotherapy.net**
Gestalt Therapy with Children, with Violet Oaklander
Child Therapy with the Experts—11-DVD Series
PTSD in Children: Move in the Rhythm of the Child, with Frank Ochberg
Creative Healing in Mental Health: Art & Drama in Assessment & Therapy,
   with Judith Rubin and Eleanor Irwin
James Bugental: Live Case Consultation
Otto Kernberg: Live Case Consultation
Arnold Lazarus: Live Case Consultation
Irvin Yalom: Live Case Consultation
Recommended Readings


Discussion Questions

Professors, training directors, and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

CASE ONE: IN BETWEEN TWO APARTMENTS

1. “I’m fine”: Sue spoke about an 11-year-old boy who said he was “fine,” but Sue suspected there was more going on beneath the surface. What did you think of Oaklander’s suggestions for uncovering his emotional experience, such as asking more questions about the rosebush drawing, using a card question game, and incorporating clay? What are some of your strategies for building rapport with children and getting to know what’s going on for them beneath the surface? What comes up for you when children say, “I’m fine,” when you suspect they’re not?

2. Separation: What did you think of Oaklander’s opinion that it’s likely that children of divorce/separation believe it is their fault? What experiences have you had working with children whose parents are separated or divorced? How do you help children explore the myriad feelings they may have about their parents’ separation?

3. Anger: Sue was concerned about how to help her client connect to his anger and express it appropriately, and how to address his parents’ concerns that getting him to express more anger is not a good thing. What did you think of how Oaklander responded to Sue’s concerns about her client expressing anger at home? Do you agree that helping this boy express his anger in session and/or at home is a good idea? If you were this child’s therapist, what might you say to his parents to address their concerns about him connecting more to his anger?

4. Parent involvement: One of the most challenging aspects of child therapy for many therapists is dealing with the parents. What do you think about bringing the other family members into the therapy? What are some challenges you have faced in dealing with children’s parents, and how have you dealt with these challenges?
5. **No-secrets policy**: Oaklander spoke about her policy about secrets and how she communicates this to the family. What do you think of her policy? What do you think the advantages and disadvantages are of such a policy? How do you handle family secrets? Do you have a similar policy? Why or why not?

6. **“I don’t fix kids”**: What do you think of how Oaklander tells parents that she doesn’t fix kids, and that she has a handout to explain this? How have you handled parents who expect you to “fix” their children? How do you describe your role to parents who question what you do?

**CASE TWO: TAKE ME AWAY, TAKE ME AWAY**

7. **Foster care**: What experiences have you had working with children in foster care? Do you agree with Oaklander that young children in foster care often believe they were taken away because they’re bad? How do you address this self-blame with your foster children clients? What did you like and dislike about Oaklander’s suggestions for helping Amy’s client?

8. **Drawing**: What did you think of the drawing exercise that Oaklander led Amy through? Do you agree with Oaklander that this is a useful technique for finding out a lot about a client in a short time? Can you see yourself incorporating this technique into your work with any of the children you see? What were your impressions of the way Oaklander engaged Amy in talking about her drawing? Did you like Oaklander’s consultation technique of relating with Amy as if she were a client? Why or why not?

9. **Expressing feelings**: Do you agree with Oaklander that a focus in child therapy should be on helping children express their “innermost feelings”? Why or why not? What are some of your favorite ways of helping children do this? If this is not your focus when working with your children, what is your focus?

10. **Sense of self**: Oaklander makes a connection between children’s behavior and their sense of self and inner strength, emphasizing the importance of helping children “gain more of a self.” Do you look at behavioral problems in the same way? Why or why not? If
you disagree, what are your thoughts on behavior problems and how to help change children’s behavior?

CASE THREE: THE BALLOON INSIDE ME

11. Negotiating: What did you think of Oaklander’s suggestion to negotiate with “resistant” children without pushing too much? How do you respond when children just want to play games in session? Do you negotiate with them like Oaklander does? How has this gone for you? What are some of your preferred strategies for engaging children who are “resistant”?

12. Subtle change: What did you think of Oaklander’s comment that “the work with kids is so subtle”? Do you agree with her that “it’s not like you suddenly see this breakthrough—it’s little steps”? Did you find this validating based on any of your experiences working with children? Can you talk about a child you have worked with where the change has been subtle? How do you stay motivated when you wish the work would progress faster or go deeper?

13. The molest: Given what Cathy described about her client, do you agree with Oaklander’s suggestion not to try to talk about the molest? Why or why not? What are some experiences you have had working with children who have been sexually abused? How important do you think it is for the child to talk about the prior abuse? What are some of the ways you have engaged or would like to engage your child clients around this topic?

CONCLUSION

14. Consultation vs. therapy: Oaklander spoke about her goals with therapists in consultation and how she sees her role as a consultant. When you go to consultants or supervisors, what do you see their role being? What do you expect or hope for from your consultants or supervisors? If you have experience providing clinical supervision, how have you found it to be similar or different from therapy?

15. Contact: What do you think of Oaklander’s emphasis on the therapeutic relationship? Do you agree with her that the
relationship is primary and that without a solid therapeutic relationship, nothing can really happen? What are some ways you help children make contact with you in child therapy?

16. **More directive:** How did you react to Oaklander’s statement that child therapists often need to learn how to be more directive? Do you agree with her that child therapy is a dance, where sometimes the child leads and sometimes the therapist leads, or do you think the child should always lead? How do you decide when to direct and when to let the child lead?

17. **Overall impressions:** What were your overall impressions of these consultation sessions? Do you think that Oaklander was helpful to each of the therapists? Did you like her style of asking questions and gathering information, as well as giving input? What about her style or contributions stood out to you as particularly helpful or unhelpful?

18. **Approach:** Based on these consultations, how would you describe Oaklander’s approach to psychotherapy? How is her style and approach similar to and different from yours? What aspects of her approach and/or style might you incorporate into your work?

19. **Personal reaction:** How would you feel about having Oaklander as your consultant or supervisor? How about as your therapist? Do you think she could build a solid alliance with you? Would she be effective with you? Why or why not?
Violet Oaklander: Hello, I’m Violet Oaklander, and you’re about to see three case consultations with child therapists. The first one has consulted and trained with me for many years. The other two I just met today. So let’s watch the video, and I’ll be back at the end with some comments.

CASE ONE: IN BETWEEN TWO APARTMENTS

Oaklander: Okay, it’s so great to be here with you guys. We’ll start with you, Sue, okay? Tell me about the case you would like to talk about today.

Sue Ellen Talley: I’m working with an 11-year-old boy who was referred to me by the school because he was acting out with his peers and not paying attention in class. And it got so bad to the point where they actually asked him to leave school—this was a private school. And then, when he started at the next private school, the same thing happened.

When I first met him, he said to me, “These kids tease me, so I get mad at them.” And I asked him for examples of what he would do when he’d get angry. And he said, “I shook the jungle gym so hard that a kid fell off of it.” Well, that was enough for him to be asked to leave that school.

So the parents are really concerned. They’re concerned about his anger. They’re concerned about how he expresses it. And it’s interesting because a lot of this behavior started right around the time that the parents separated. And when I asked him about their separation and the divorce, I said, “How do you feel about that?” And he said, “Oh, I’m fine. I’m fine.”

So the behaviors at school—there’s really kind of a disconnect in terms of what’s going on with him.

Oaklander: So is he an only child?
Talley: No, he has a younger brother who’s seven years old, who isn’t having the same kinds of behavioral issues, but he has some learning issues, and I think they’ve diagnosed him with dyslexia.

Oaklander: And how long have you been seeing him now?

Talley: I’ve been seeing him for a couple of months at this point. And the parents are very reasonable people. They’re very motivated to help him. He was in therapy before, in a group therapy setting, to help with social skills interaction.

And it was a group of boys his age, but it didn’t seem to be getting at these more deep core issues around these feelings that he has.

Oaklander: So do you have a question about this case? Why are you bringing it up?

Talley: Well, I’m concerned about how to help him connect to his anger and express his anger appropriately. The parents are concerned that getting him to express more anger is actually not a good thing because they feel that he’s out of control most of the time. So they’re a little hesitant to go with something where it’s going to cause him to express any more anger than what they’re already dealing with at school. So I think part of it is going to be educating them, too—how to help him with that.

Oaklander: What anger’s all about. So it’s looking at, maybe, the issues involved with this kid, standing—how long have the parents been separated?

Talley: Two years now. And they’re both involved with other people, and my client says he’s fine with that.

Oaklander: Yeah. And this behavior, how long has this been happening?

Talley: About two years.

Oaklander: About the same time.

Talley: Yeah. And when he talks about it, he says the kids are mean to him, so he just has to defend himself.

Oaklander: Well, kids always try to make sense of what they’re doing, so he’s giving you a reason why he’s acting this way. So what have you
done so far with him?

Talley: Initially, I had a family session. I asked the parents, and I asked to bring both children in for the initial session, because I wanted to get a feel for what was going on—the dynamics within the family—and see what that environment was like for him.

And in the first session—it’s kind of an icebreaker—but you’ve talked about having everyone go and pick an object—I have a playroom—go and pick an object that represents each person in your family, including yourself, and then when you’ve done that, come back in and we’ll all sit down with these objects.

[00:05:00]

So they did that. And what came up out of that was that there’s a lot of anger—Dad expresses a lot of anger—and that that’s hard for the kids. And then the younger brother said that the thing that he really doesn’t like about his brother is that he’s very angry and he tries to hurt him sometimes. But when we did the exercise, I had each person talk about why they picked that object, and then say one thing they liked and then one thing they didn’t like. And when talking about what they didn’t like, it came up several times about Dad getting angry, and then about my client getting angry and trying to hurt his brother.

Oaklander: Yeah, like anger’s the—

Talley: Anger’s the elephant in the living room here, right?

Oaklander: Right. So then you saw him alone after—

Talley: I saw him alone. And it’s interesting, because whenever we talk about the divorce, he’s just very, “I’m fine. I’m fine with that. It’s not a problem.” A lot of, “That’s not what’s going on for me.”

Oaklander: Well, that’s pretty typical of that age, anyway. You have to look at what’s happening—the behavior, the symptoms. He’s not going to probably, yet, tell you how he really feels about it.

Talley: He doesn’t really know me that well, either.

Oaklander: Right. But you’re feeling that you have a relationship with him—a good relationship?
Talley: I do. He seems excited to come and hang out for the session.

Oaklander: And when he’s in the session, he’s pretty contactful—makes good contact with you?

Talley: He can get distracted. He’ll stay with me for a while, but then he’ll get distracted and move around and want to play with different things. And I have to kind of pull him back into—

Oaklander: Have you noticed when that happens—like maybe after you’ve asked him about the divorce or—

Talley: Yeah, I haven’t really paid a lot of attention to that, but—

Oaklander: When he moves away from—

Talley: Cuts—

Oaklander: Yeah, cuts off contact.

Talley: I’ll have to pay more attention to that.

Oaklander: Well, it would just be an indication. What causes him to break contact? What is happening when that happens? That would be important to do—pay attention to that.

Talley: Okay.

Oaklander: So then, I notice you’ve brought in a drawing.

Talley: Yeah. I thought, “I’ll ask him to do a drawing of the parents’ divorce.” And before the session, when I thought about it, I thought, “No, maybe I’ll try the rosebush because I don’t feel like I have enough of a rapport even, yet, and all of the responses I’ve been getting from him are, ‘Well, I’m fine, I’m fine.’”

So I thought, “Okay, let me try the rosebush.” So I had him sit down and get in a comfortable position and close his eyes and take a couple of deep breaths, and then I had him imagine that he was a rosebush. And then I asked him to picture what was around him and what was it like where he was. Was he alone? Were there other plants? And sort of went through this visualization with him. And I said, “When you have an idea of where you are and what’s around you, open your eyes and—”

Oaklander: What you look like.
**Talley:** “—what you look like, and I’d like you to draw it.” So I was really amazed with what came up. And I wanted to share this drawing with you.

**Oaklander:** Okay. Then what did you do with this?

**Talley:** Well, I asked him to be the rosebush. And then I took notes while he—and he was a little, at first he was, like, “What?” And I said, “No, I’d like you to just say, ‘I am a rosebush.’ Okay? And then I’d like you to start talking about what’s going on.” And the way we did it was—and I think this is helpful with kids, especially—is I would say, “Okay, where are you, what are you doing, what’s around you?”

**Oaklander:** Dialoguing with them about the rosebush.

**Talley:** Dialoging. And then I took notes, and I wanted to share the notes with you.

**Oaklander:** Sure.

**Talley:** Okay. So, he said, “I’m in between two apartments. I’m lonely. I was planted here by the owner of the apartment on the left. I’m the only rosebush. I’ve been there for about ten years. No one takes care of me. The sun and the rain take care of me.” And I asked him if he felt safe there, and he said, “I feel pretty safe.”

**Oaklander:** Just a minute. So a lot of this came out because you were dialoging. “Are you alone? Is anybody with you? Who takes care of you?”

**Talley:** Yes, because, with an 11-year-old boy he would be, like, “Okay.”

**Oaklander:** Yeah, it would be hard for him to say all this without you dialoging with him.

**Talley:** Yes, and I feel a lot of times like I’m a reporter, like, “Okay, who’s there? What’s going on?”

**[00:10:00]**

But these were the responses that I got that I was just so blown away with. But he did say he was pretty safe. But he said, “No one bothers me,” so I think that was his idea of being pretty safe. And he said, “I
like it where I am sometimes, but I don’t like it that no one takes care
of me, but I do like it that no one bothers me.”

He said it rains a lot, and the apartment buildings have been there a
long time, but the people don’t come out. So I asked him to describe
himself, like what kind of rosebush was he, and he said, “I have no
thorns.”

Oaklander: No thorns.

Talley: Isn’t that interesting? “I’m a red rose and my stem is green.”

Oaklander: And your?

Talley: And my stem is green.

Oaklander: Your stem is green.

Talley: So, I asked him if there was anything else he wanted to share
with the picture, and he said no. And then I said, “Well, is there
anything about this picture that reminds you of your life?”

Because I’m just hoping, “Okay, now we’re going to talk about the
divorce.” And he said, “Well, I’m a little lonely sometimes and I don’t
have any friends, except Parker, who lives across the street from my
mom’s house where I grew up.”

Oaklander: You know, sometimes I repeat each sentence. Like, what’s
the first sentence?

Talley: The first sentence was, “I’m in between two apartments.”

Oaklander: Yeah, sometimes I’ll say, “You said you were in between
two apartments. Does that remind you of anything in your life?” And
I’ll do each one, because it’s too much for him at one time to go back.
So, he might have said, “Well, I’m in between my mom and my dad,”
that kind of thing. A lot more information comes out when you do it
that way.

Talley: Do you think it’s okay to bring the drawing back into a later
session and look at it or is it—?

Oaklander: Sometimes it is, but you’ll have to—you could tell by
how he responds. You could say, “I want to talk some more about
your drawing. I was really looking at it, and I wanted to ask you more
things. “And if his energy drops and he just doesn’t seem to be very
contactful with you about it, then you know he’s not really interested.
And then you say, “Oh, well, never mind. Let’s do something else.” But
he might be interested. He might be happy that you’re interested in his
drawing. And you could say, “I was thinking about some of the things
you said,” and would repeat each thing.

And sometimes I would even say, if you said, “I’m between two
apartments,” and he says, “No, that doesn’t fit for my life,” I might
even say, “I was wondering, because I know your parents have
separated, so you must go back and forth. Somehow that made me
think of that. What about you? Does that fit in any way for you?”
Often, they’ll say, “Oh, yeah. I never thought of that.”

**Talley:** So you can muse out loud about what you think he might be
thinking.

**Oaklander:** Yeah, and then if he says no, just let it go and go on to the
next—what’s the next sentence?

**Talley:** “I’m lonely. I was planted here by the owner of the apartment
on the left.”

**Oaklander:** So he did talk about his loneliness.

**Talley:** Yes. And then he associated the loneliness with not having any
friends, which fits with the problems going on at school, because he’s
really having trouble relating to the children at school.

**Oaklander:** And so on and so forth. He said a lot of things.

**Talley:** Yeah, he did say a lot. He said he was the only rosebush, which
is interesting. There’s no sibling in that.

**Oaklander:** Yeah. “I notice you didn’t put your—your brother’s not
here.” And he might say, “Oh, I hate him,” or something like that. I
don’t know—if you felt like saying that.

**Talley:** Or that “I notice there’s just one rosebush, and you do have a
brother.”

**Oaklander:** Yeah, or say even, “Where would your brother be, here?”
He might say, “I didn’t want to put him in.” Because you did say, “You
are the rosebush.” You didn’t bring in the family.
Talley: No, you’re right.

Oaklander: So he may not have thought of—but he said, “I’m all alone here,” so. Or you might say, “Would it be helpful if your brother was here, too, as a rosebush?” Then you’d get some information about that relationship. He might say, “Oh, I didn’t think you wanted it,” or he might say, “No, that wouldn’t be helpful.” I don’t know what he would say.

[00:15:00]

Talley: He’d probably say, “No. There are no other sibling roses here.” I didn’t know about all the rain. I didn’t ask him—it looked like there’s a lot of rain.

Oaklander: Oh, it’s raining.

Talley: Raining a lot.

Oaklander: He didn’t mention that, yeah. Well, he did say the rain takes care of him.

Talley: It takes care of him, but he did say it rains a lot. So I could ask him about that, too.

Oaklander: You could go with that a little bit, yeah. So to take each statement separately really gives you more information. So was this the last time you saw him or—?

Talley: No, I’ve seen him a couple of times since. But he really, after this drawing, wanted to just play. I don’t mean “just,” but he likes to play this game called Rat-a-Tat Cat. So we played a card game, and it kept it more surface.

Oaklander: Many times when a kid divulges more—and he probably was feeling more than he was saying, anyway—they withdraw to a safer situation, like playing a certain game or something that’s very safe. So after a while maybe I’ll say, “You know, we could play that game, but there’s something I’d like us to do before that.” You know, the thing about the divorce situation—this kind of projective work is really useful, because they’ll always say, “Fine,” especially at 11—having them do a sand tray about the divorce.

I had a kid, I asked him to do a sand tray about the divorce, and he
put two tanks in the sand with a little rabbit in the middle. He said, “That’s the divorce and that’s me. They’re always fighting over me.” That kind of thing. They’ll do amazing things in the sand. And I know you use the sand tray.

Talley: Yeah, the sand tray would be helpful for that.

Oaklander: It’s interesting to stand back and look at the issues involved in his kind of situation. We know there’s some kind of anger. There’s a lot of expression of anger. And we know that this expression of anger is not really getting out his deeper angers, because when he begins to be able to express his deeper angers, he feels calm and peaceful, not more angry. So my guess is there’s stuff in there that he’s angry about—or grieving about, because they’re both kind of opposite sides of the coin—that he needs to have some expression. But it will come out eventually, little by little, like in the sand, or even in the clay. It’ll emerge in some way. And you just have to recognize it and focus on it.

Talley: Take it at his pace.

Oaklander: Yeah. So that would be one issue. Another issue, of course, is all kids think it’s their fault when there’s a divorce. So there’s something there about responsibility for what’s happening. Find an exercise that will get him to what he’s responsible for, or responsibility for this—it’s his fault in some way.

Talley: What do you think might be helpful in that?

Oaklander: With an 11-year-old, yeah. If you could have some of those card games that ask different questions, and hopefully, there’s a question in there about, “Is there anything in your life that you feel responsible for?”

And if he says no, then you say, “Well, I was just wondering, because a lot of kids that I work with, their parents are separated and they often feel like they did something—it’s their fault.”

Sometimes it’ll come out on its own, but sometimes you have to focus on it. So he’s got that issue. He’s got the issue of his brother. You really don’t know, yet, what that situation is. I mean, he’s dyslexic, but his behavior’s okay. So they may be giving—and he’s seven, four years
younger. He may be getting a lot of attention, that this boy is getting a lot of anger and frustration from his parents because of—I mean, being expelled from a private school is an interesting—they don’t usually do that so quickly.

And his father and mother—I mean, there’s some issue there. His father’s expressing a lot of anger. I think that exercise you did with the figures is great, because they had a chance to say what they didn’t like. What did they say that they liked—the kids?

Talley: I can’t remember what they said. I don’t remember.

[00:20:00]

Oaklander: Well, you might try using clay. I think clay is the best thing to use for a boy his age.

Talley: I’ve got the modeling clay, some mallets and other—

Oaklander: Yeah real clay. Pottery clay. And get him to play around with the tools, and then have him make his family. Or if he doesn’t want to do it, you can do it. Just make very rough figures—his father, his mother, his brother, and himself. And then you do that exercise again—”One thing I like and one thing I don’t like” to each one. “I know we did this the first time, but let’s do this again.”

Talley: In a different way.

Oaklander: Yeah, and because he didn’t even know you at all the first time.

Talley: What if he’s really angry and he wants to smash the—with the mallet?

Oaklander: Well, I would encourage it, because the kid is always being yelled at for being angry and hurting other kids or whatever, but this situation would have him do it in a very safe way, in contact with you. And if he wants to smash, if I could sense that that’s what he wants—you could feel it, see it in his body—I would even say, “Hey, let’s smash some clay.” I’d move the figures away and I’d smash—

Talley: Don’t smash the family.

Oaklander: Well, some kids even do that. But I’d get some clay, and
I would say, “Let’s smash it. I want to see how hard you can hit this clay.” And then, “Is there anything you’re thinking while you’re—” after he smashes it. “Does that remind you of anything? Who do you think of when you’re smashing? You don’t have to tell me. Is there somebody in here that you would like to smash like this?” He doesn’t have to tell you.

So I think he needs to be able to do some aggressive energy work with you in a safe way.

Talley: For example, back to smashing the family members, if he wanted to do that, is there something that I would say to him—”It’s okay, these aren’t—"

Oaklander: I would say to him, “You know, we’d never really do this. It’s just clay and you can do it with clay. But we’d never really do it, right?”

Talley: Yeah, right. Take the mallet home with you.

Oaklander: But it’s safe to do it with figures, in contact with you. The whole idea is if he did it on his own, even with clay, it doesn’t have the therapeutic value that it has because he’s in contact with you.

Talley: A safe container.

Oaklander: Yeah, a safe container. And you’re even encouraging him. I would even do some things with him, even though he’s an aggressive kid, that expresses his aggression, like a bataka fight. You know what bataka is? Those foam bats. “Let’s have a bataka fight and here’s the rules. No head hitting, no front hitting. Just in this area. Come on, let’s go.” And and you laugh and you do it, but it’s a safe way to do it.

I’ve even done it where I’ve said, “Make believe I’m school. Let’s go at it,” or that kind of thing—sort of a generalized thing. Because what you’re doing is you’re helping him get that energy out, but in a safe way, and then that promotes talking. After that you could say, “How do you really feel about school?” or, “Boy, that must be hard for you that you’ve been thrown out of school. That must make you feel bad.” My guess is, and another issue is, that he doesn’t have very good feelings about himself. I’m sure he has bad feelings about himself. His sense of self is diminished because—
Talley: I was going to say he’s been asked to sit outside when his behavior is not appropriate, so that’s got to—

Oaklander: And kids can’t change their behavior with awareness. They can’t say, “Oh, I shouldn’t be doing this,” because when they’re so upset they’re just going to respond without thinking. So it’s kind of like his feeling of self—he must feel really bad about himself. And his parents are angry at him, his teachers at him, everybody’s angry at him. So that building his sense of self is really important. And sometimes, doing this aggressive energy work, because it’s a safe container, you’re in contact, and he feels accepted by you, that he’s showing you all this power and you’re okay with it.

[00:25:00]

Talley: I’m giving him permission to express his anger? Is that—

Oaklander: Right. And he then can talk. He might cry. He might tell you, when you say, “Boy, it must be hard for you to be thrown out of school,” he could cry or he could—you don’t know what his response will be, but at that point, he’ll really feel heard by you. So that’s some ways you can go and see where it leads.

Talley: I have a question with the parents, because the parents are educating them about this kind of aggressive energy and helping them facilitate this kind of expression of aggressive energy at home. Do you think that would be helpful for them to—

Oaklander: No.

Talley: No? Okay.

Oaklander: I really don’t think it’s going to be helpful if they start doing this kind of therapeutic work. But I do think it would be helpful for you to explain to them, maybe bring them in or some way, what you’re doing—not what he says to you and all that, but the process of what you’re doing, about big bursts of energy, and his self-image is pretty low, and you’re trying to help him feel that inner power in a safe way, and that will help him begin to express what he’s really feeling. Maybe they’ll—

Talley: What if he’s at home and he just wants to beat his brother up? What’s a good redirection for the parents?
Oaklander: They could give him a pillow and say, “You can smash this pillow, but you can’t smash your brother.” I had parents go out and buy batakas.

Talley: So that’s okay at home, for them to have their own batakas?

Oaklander: Yeah, to redirect that kind of thing, yeah. Is that what you meant before?

Talley: Yeah, something, because they’re dealing with a lot of aggression at home as well as at school.

Oaklander: I’ve had parents—because we’ve talked about this—who have asked their kids to go in the other room and draw a picture about how mad they are at them. And that dissipates the anger for the moment.

I’m wondering if you have any questions or comments or reactions?

Catherine Little: I do have one question. Sue had mentioned that, the very first session, she had brought in the parents and the brother, and the whole family was there. And it sounds like since then, it’s just been with the child. What do you think about bringing the other family members into the therapy?

Oaklander: Well, I often start, when I’ve started with a kid, will bring the parents in with the child. I don’t necessarily bring the whole family unless that’s the presenting problem—”We’re all mad at each other.” But I like to start with the presenting problem and the parents. And I’ll usually say, “So what’s happening? Why are you here?” And they’ll talk about how angry they are, usually, at this child. But, for me, it’s important for the child to hear what the parents tell me.

I don’t want them to try to think or imagine what their parents have told me because, frankly, they usually think much worse. And I’ll sometimes turn to the child and I’ll say, “What do you think about that?” They’ll say, “Nothing,” or, “I’m fine.” And I’ll say, “Well, it must be hard to hear that.”

And I’ll just turn back, and we have a session. I like them to tell me in front of the kid what’s going on. I don’t like to see the parents first and then bring the child in. But bringing the whole family in is good, too,
sometimes, if you feel that it is a family situation. You have to use your judgment.

**Little:** Can I ask a follow-up question to that? Do you gather any information from the parents in between sessions or anything? Do you encourage them to give you—

**Oaklander:** Well, I do an intake thing, and I don’t know if you did that. I have questions I’ll ask, but I usually ask the child while the parents are sitting there. “How do you eat? How do you sleep? Do you have friends?” And then I’ll tell the parents they can come in if they want to and add more stuff, but I like to do that—ask the child—because, especially if they’re 11, they’ll say, “Oh, I have friends,” and the mother will say, “No, you don’t. You don’t have any friends.” So I’m hearing some things here, in the interaction, the dynamics. And I’ll say, “Oh, you don’t think so and you do? Okay.” That’s information.

And the parents often will call me to tell me stuff, and I’ll usually say, “My policy is that the child hear what you have to say. I don’t want secrets, because otherwise there are secrets.”

[00:30:00]

And I say, “So if it’s okay with you, then, if you don’t want to come in with him to tell me, I’ll tell him what you said.” And I’ll tell the kid, “Your mother called me and she said that you do this, that, and the other thing.” I don’t like to have secrets. So that’s been my policy. Every now and then, there’s an exception, of course. I know that. But basically.

**Amy Brace:** That leads me to a question that I have—a concern about what if you have a parent who is very derogatory in front of the child? Then, I’m curious, would you set limits on that parent and what they have to say while the child is present? That’s something that I struggled with before, so sometimes I do meet with the parent alone because they may say some things that are hurtful to the child.

**Oaklander:** Well, in that first session, they come in, they really don’t know me, or maybe they do, but the child doesn’t. And I’ve had parents be just so angry. And I usually let them say—I mean, the child
is experiencing that. And I’ll say to the child, “Well, that must be really hard to hear all that.” And, of course, the parent hears me say that to the child. They always sort of pull back a little. But if it goes on forever, naturally I’d say, “I’d like to have you come in next week by yourself. Obviously, there’s something here.” But mostly, I just let it happen. I usually tell parents, “What is it you’re really wanting?” And they’ll say, “I want him to stop doing this.” And I’ll say, “I don’t fix kids.” And I actually say that to them. And then I say, “Let me tell you what I do.”

And I’ll say, “Well, it’s obvious to me,” I say to the kid, unless they’re really—“that you don’t feel good about yourself. You may not agree with me,” I say to the parent, “but I can tell that.” I say to the parent, “One of my jobs is to help him feel better about himself.” And I say to the kid, “It’s obvious to me you’re not too happy with all this going on. You don’t have to agree with me, but I see that.” I say to the parent, “One of my jobs is to help him feel happier in life.” And then I say to everybody, “Another job I have is to help you and the child express some of the feelings he’s keeping deep down and that’s causing him to behave in the way he is, because he is unable to express what he’s really feeling, and especially angry feelings. And those are some of the things that I do.” I actually have a handout that I give about that to parents. “I don’t fix kids,” it’s called. And I always have their attention when I say that, because that’s what they want. And you begin to see, “There’s so much anger in this family, I’d better see them separately and find out what’s really going on.” Yeah, sure, you use your judgment.

**Brace:** I also have another question about her case. If she’s teaching the child or allowing the child some of the anger outlets, I have a lot of parents who are concerned about that, saying, “Well, then I’m afraid they’re going to do those things at home or it’s going to get out of control.” Or I also have children who may do that in my office, and then they can’t down-regulate. They continue to up-regulate after they leave the office. So I’m just curious if you would recommend then also teaching some down-regulation skills, as well as the anger outlets.

**Oaklander:** Well, it’s really important, as I say, when you do this anger they’re expressing like pounding clay, that it’s done in contact. You’re
not just standing there watching them. You’re saying “Oh, yeah, give it to them.” You’re making it into a game. And the feeling that there are rules and it’s safe—if they go beyond boundaries, you stop it. And then you do have to wind some kids down, and how I do that, I have all kids help me clean up. I don’t have them go out and then I clean up. They help me put the clay back and whatever. And then I’ll sit down and I’ll say, “Well, where are you going from here?” or, “Did you have dinner yet?” or, “What did you have for—?” We talk about real life. And that grounds them, hopefully. And I do have to talk to parents about the kind of work I do and what we’re doing. And I have to actually talk a lot about that and what we’re doing in this process, and what anger is all about.

Okay, any other fast questions? Okay, why don’t we stop this?

Talley: Thank you.

[00:35:00]

Oaklander: I hope it’s helpful.

Talley: It’s very helpful.

Oaklander: Okay. I’ll be waiting to hear.

Talley: Okay, I’ll let you know.

CASE TWO: TAKE ME AWAY, TAKE ME AWAY

Oaklander: Okay, Amy, do you have a case?

Brace: Yes, I do. The case I’d like to talk about involves a six-year-old biracial girl. And she has been in foster care for three years now, which is quite an extended period of time in our state. They don’t look highly upon that. They like things to be completed within a year. So it’s been a very difficult situation. I started working with her six months ago, and she’s been in other treatments before with other people. And she would be having temper tantrums, not wanting to go into the office.

I know she went to a specialized treatment place for sexual abuse victims, and they said that they felt they got as far as they could with her. So I started with her about six months ago, and she is currently in her fifth placement within the three years. And she was referred by a foster care worker to our program. At the agency I work at, we have
a program that uses trauma-focused cognitive behavioral therapy, so the child is getting that treatment at the same time the birth parent is getting the treatment. And the hope is that that will help the parent resolve some of their issues so they can better parent the child.

So we started that process, but it’s been really difficult taking such a direct approach with her. I do a lot of child-centered play therapy, so I’ve been trying to kind of mix that into the TFCBT. And she loves anything that’s expressive, that has to do with drawing or coloring or making things.

The reason she was referred is because she has significant behavioral problems, not necessarily at school, but primarily out in the community and in the home. And that’s why she also has had to move a few of the placements—because of her behaviors in the homes. When she has what they call a meltdown, she will basically lose control and become aggressive, throw things. She’s been in restaurants before throwing silverware and forks and knives. Whatever is within her grasp she will throw.

She was put into care due to domestic violence in the home, and the mom also has a history of domestic violence from the father to the mother.

**Oaklander:** Now, are you talking about the birth mother?

**Brace:** Yes, the birth mother and the birth father. He was abusive to the birth mother and she witnessed that. The mother also had a history of prostitution and significant trauma of her own.

The place where I’m at right now is we’re working on reunification with the birth mom. And this child—she’s incredibly articulate, incredibly intelligent at six years old. She just turned six. And she has been adamant—she’s told me many, many, many times, “I don’t want to go back.” And that’s fairly unusual for me to hear that from a child. Usually, if I’m working with a lot of foster kids, they want to go back no matter what has happened them.

So I take what she has to say very—it’s very significant to me. She has been having visits, and has experienced some negative times with birth mom that scared her. She’s very scared around birth mom,
does not feel like she can protect her, so our goal is to help her have positive experiences with birth mom where she feels protected. But there have been a few incidents where she hasn’t felt protected—in fact, one where a CPS report was made, because she was left with an unauthorized person and that person didn’t watch them either.

So I guess one of the things that I’ve really been struggling with in my work with her is it feels like she and I have developed a very positive relationship. She likes to draw things or make things, and she’ll leave them with me. She one time said to me, “You know I’m evil, but not in here.” And then she said to me, “Oh, I’m just teasing.” And then a few times she has, two or three different sessions, just spontaneously started singing. And this is the song she sings. She says, “Take me away, take me away,” and she just repeats it over and over again.

And I think in the back of my mind, that is a song that’s on the radio right now, so I thought maybe she was repeating a song she had heard. But when I asked her, “Oh, is that a song that you’ve heard on the radio?” she goes, “No, it’s just a song I made up.” And so I’m thinking, “Where do you want to be taken away from, or where do you want to be taken to?” And she says, “Foster Mom’s house.”

[00:40:00]

And so there’s this real conflict for me in trying to help her feel comfortable with Birth Mom and feel safe, because I don’t want to betray the trust that she’s put in me.

Oaklander: It’s like the unification is the prime thing, not the child and what’s happening with the child. And that’s kind of sad. But you have this job to work with her. I, frankly, don’t think that unification will be possible until this child feels stronger and better about herself. Just imagine, here is a six-year-old. She’s been in how many?

Brace: Three years. Five different placements.

Oaklander: Five different placements. She must have started when—

Brace: She was three.

Oaklander: Three, right. And when you’re three years old and you get taken away, regardless of anything you feel, the egocentricity, which
is normal for the child, is that “it’s my fault,” that “I’m bad. I’m taken away because I did something wrong.” Even if her parents were doing wrong things, the child always blames the self. They don’t have that cognitive ability to say, “Well, they’re doing such and such and that’s why.” They feel it’s that they’ve done something bad.

So here’s a kid who feels really bad about herself, and she keeps getting moved, which I don’t understand that, but maybe because her behavior accelerates.

And that’s what happens. The behavior accelerates. It doesn’t go away unless the right intervention happens. It seems to me that you have a good relationship. That’s important to know. And when she’s with you, she’s pretty contactful. She relates to you. She hears you, listens to you, you listen to her. There’s contact there.

Brace: Yes.

Oaklander: Okay, so next we’re going to move into helping her express her emotions and feel better about herself. And it’s a subtle, slower process with a kid like this. She’s had a lot of trauma. And to expect her to suddenly just say, “Okay, sure, I’ll go back to my mother,” it’s strange. And she is saying that she doesn’t want to go back, which is unusual, as you said, too. I very rarely have heard that, that she’s happy with the placement she has.

Brace: Well, she just got moved for the last time a couple weeks ago. So it’s really new.

Oaklander: That’s what’s new. Oh, my God.

Brace: But she’s had the behavioral problems in an ongoing manner.

Oaklander: Since the whole thing has started.

Brace: Yes.

Oaklander: Well, I’d probably backtrack a little and start—I would have her do a drawing that I’m going to have you do to see what it feels like to do it, okay?

Brace: Okay.

Oaklander: I would actually do this with her. So I’m going to give you
paper, and I’m going to give you some pastels here. I like to use pastels instead of crayons because all kids use crayons. If I give them a choice, they’ll pick pastels or markers. They won’t even pick the crayons. Because there’s more of a sensory experience with pastels.

So what I want you to do is close your eyes for a minute, and imagine that you could go to a safe place, a place where you would feel safe, whatever that means for you. And I want you to—it could be an inside place or an outside place, or a place you remember from childhood, or a place in your life, or a place you make up, where you would feel safe if you were there. It could be a made-up place. And just go there and look around. You might see what colors, lines, or shapes are in this place, what smells might be in this place, or touch some things for texture in this place, and if you hear any sounds in this place. And I’d like you to draw this place, but I want you to remember I don’t have to know what this place is. You might just use colors, lines, shapes. You’ll know what it is, but I don’t have to know what it is. You can do it in any way you want. And I don’t want you to do your best because we don’t have a lot of time, so just a quick drawing of your safe place.

**Brace:** Draw a safe place.

**[00:45:00]**

Is this the same color I just used?

**Okay.**

**Oaklander:** You’re finished?

**Brace:** Pretty much.

**Oaklander:** Okay, why don’t you turn it so I can see it, and tell me about your safe place?

**Brace:** My safe place is a barn with my horse. And there are also other animals—dogs and cats. And it’s open to the outdoors. And I can smell the smell of the barn, and feel what my horse feels like, and sit and have the animals come up to me and get some attention.

**Oaklander:** Is this a place you know?

**Brace:** It’s a place I’ve actually been, yeah.

**Oaklander:** Back from your childhood.
Brace: It was from my childhood. The one I was drawing right now is actually a current place, but also it was—

Oaklander: Oh, I see. You have this place now, too?

Brace: Yeah, it’s a different place, but—

Oaklander: But it’s with a horse.

Brace: It’s still the same idea, yeah.

Oaklander: That’s a very good horse. You were worried about that. I don’t think I could draw a horse as good as that. Anyway, you feel that was a place you felt good when you were there.

Brace: Yeah.

Oaklander: When you were a kid.

Brace: It feels comfortable and calming.

Oaklander: It felt good for you. So if you were a child and I asked you to draw, like this client—what’s her name?

Brace: Stephanie.

Oaklander: Stephanie to draw a safe place, she sounds bright enough to be able to follow that instruction. And it would mean a lot to her, I imagine. I could feel your energy when you talk about this place. And I don’t know how you’re feeling after drawing this place.

Brace: It felt good, especially when you asked me about the different senses, because that made me feel like I was there even more. And it made it more enjoyable to think about it versus, at first, the initial image. It just expanded the whole experience.

Oaklander: Yeah. And when did you go to this place when you were a kid? It was a part of your everyday life?

Brace: Pretty much, yeah.

Oaklander: So you had a horse, your own horse.

Brace: Mm-hm.

Oaklander: Yeah. And you don’t have that horse anymore.

Brace: No, not the same one.
Oaklander: You had that horse. And you would ride it when you were a child?

Brace: Yeah.

Oaklander: So be the horse and tell me about yourself. Say, “I’m this horse.” Just say, “I’m this horse.”

Brace: Okay. I’m this horse.

Oaklander: And tell me about yourself, horse. What’s your life like?

Brace: Well, I like looking outside. I like going outside. I get to go outside, but not as much as I would like to, but I do get to go outside. And I like it when my owner takes me out and lets me graze in the grass, and when we get to go outside and ride, although, sometimes I’m a little naughty and I will buck a little, but—

Oaklander: And does Amy ride you?

Brace: Yes.

Oaklander: Yeah, is that good? Do you like that?

Brace: Most of the time, except when she kicks me and I’m tired and I don’t want to go anymore.

Oaklander: Yeah. It looks like a nice life. How do you get along with the dogs and other animals?

Brace: I really like them a lot.

Oaklander: You like them.

Brace: Yeah, I like to put my head down and sniff them, and they get a little scared because I’m quite a bit bigger than them, but then they realize that I’m not going to hurt them. So I’m very curious about them, and I like it when the cat jumps up here and I can smell the cat and blow on the cat.

[00:50:00]

Oaklander: Yeah, so it’s a good—a place where you really do feel happy and safe when you go there.

Brace: Mm-hmm.

Oaklander: I’m just wondering, if I were to ask you to draw a place—
and I’m not going to ask you to draw this—a place where you don’t feel safe, what would you think you might draw?

Brace: Just off the top of my head?

Oaklander: Yeah.

Brace: Well, near the barn where I keep my horse is a pretty busy road. And, in fact, one of the very dear cats from the barn got hit by a car on the road. So if I were to think of—I mean, the cat that was very sweet got hit by a car a few months ago and died. So if I were going to think about an unsafe place, I might think about that road.

Oaklander: And did you have that cat when you were a child?

Brace: No, it was a—

Oaklander: No, this is today?

Brace: Yes.

Oaklander: Oh, that must have been hard for you.

Brace: It’s sad because I would visit her every night and she’d come and say hi, get her treat and things. So, yeah, that would be an unsafe place.

Oaklander: Do you feel other losses in your life, in your life today? Beside the cat, have you had other losses?

Brace: Sure, yeah.

Oaklander: How are you feeling right now?

Brace: Right now?

Oaklander: Yeah.

Brace: I’m feeling okay. I’m thinking about what it would be like for my client to be experiencing this.

Oaklander: So what are you thinking about that—about your client doing this?

Brace: I think I really want to try it. I guess I’m a little bit concerned of what if she says to me, “I can’t think of a safe place to draw”? Just have her imagine something?
Oaklander: Yeah. You’d say, “Make up a place where you think you might feel safe. Make up a place.”

And my guess is she—and if she doesn’t want to draw, maybe she could tell you about it, rather than—she might feel uncomfortable doing it. Because what I think I’m getting at here—besides I wanted you to experience what, I don’t know if you can tell, but, to me, this is very powerful. I’ve learned so much about you just in these few minutes that we’ve done this—that you would find out some things about her in a very short time, because the picture’s safe to talk about.

It’s not safe to talk about your own—if I were to say to you without the picture—and I started to—“Have you had other losses?” But I could feel you kind of pull in. It’s not that simple. It’s much easier to talk about the projection of the picture.

And I think what’s important here is to kind of look at the issues, as I always do, with this child that you’re working with—how the trauma of moving, of being taken from her parents, and going to five different places starting at age three—and how that must feel for her—the feeling of abandonment, the feeling of loss, the feeling of, “Who am I?” And it’s amazing—kids are so resilient—that she is so feisty and fighting for survival, you could say, and able to tell you what she wants.

It’s to help her express some of those deeper feelings, but I don’t think you can expect her to talk about it. I think you have to focus on—and you use a lot of nondirective play, but I don’t think it’s going to come out with that. I think you need to be more directive, like this kind of a drawing or—

Brace: But something that’s just play, because any time it’s her talking about anything then she’ll avoid it. So if it were something like this—

Oaklander: But if it’s a picture, it’s not really—it’s, we call it sometimes, the third thing. In other words, there’s you and me, and then this third thing that we can talk about. There’s an expression of the self through that picture. And sometimes that leads to—even if you’ve said to her, “Do you wish you could be in a safe place?” and she’d say yes, and then close down—that would be progress, because
she’s telling you a feeling.

[00:55:00]

Or if you asked her to draw an unsafe place after she drew this—
because this gives her support to draw, maybe, an unsafe feeling
or an unsafe place—she might not do it, but you could say, “Oh,
it’s okay, you don’t have to.” It’s like a try. And I think she needs to
express those innermost, deeper feelings. And this is a way, too, of her
building herself.

And in my work—you might not have the time, because you’re limited
in your work with her, the time. I would do a lot of sensory work with
her, body work, to help her feel more of herself—touching and tasting
and smelling.

Brace: Yeah, she’s just naturally drawn to that. She loves that kind of
thing.

Oaklander: Yeah. And that kind of thing would give her a stronger
feeling of who she is, of herself, just as it does for us when we do
it. And then, “What do you like? What are your favorite things?
What you like, what you don’t like, what’s your favorite color, what’s
your”—games that involve that kind of making definitions, making
statements about the self, so that she gets a feeling of you’re interested,
and who she is.

Brace: We actually did something like that, and she loved it and when
we were done with the session, she ended up going down the hallway,
skipping down the hallway, going, “These are all my happy things.” It
was the cutest thing ever. But that really boosted her, too.

Oaklander: And what is that song again that she sings?

Brace: “Take me away.”

Oaklander: “Take me away.” That’s so interesting. I wonder. I don’t
know, we don’t know quite what that means for her. “Take me away.”

Brace: She said it’s just one she made up.

Oaklander: To a safe place.

Brace: Well, that’s what I’m thinking, too, yeah.
Oaklander: Yeah, it may be. And what we do is we kind of do some of that self-support work, like, “What do you like? What do you not like?” which you’ve done, and she’s really responded to it. And we do it sometimes with games or cards or even play figures, to focus on that. And then moving into some emotional expression, and then going back and forth that way, because it’s that that gives her the support to say, “I’m sad,” or, “I’m mad.” She must be—have you done some anger work with her?

Brace: Mm-hmm.

Oaklander: Like what?

Brace: Well, as far as drawing different colors, and, “What does this color mean?” But she’s done it so many times, I’m sure, with other therapists, that she just, “Well, this color means that, and this color means, that and this color—” so it doesn’t feel authentic or genuine. But she loves drawing hearts. Anytime she goes to any kind of craft thing, it’s a heart, it’s a heart, it’s a heart, over and over and over.

So one day we made a little heart necklace. It had this little ceramic heart and she painted it, and on one side she painted it all, she started out with angry and then she added one color after another, layer after layer after layer, and then she said, “It’s all just a whole bunch of feelings. Mixed-up feelings.”

Oaklander: Well, she probably has a lot of mixed-up feelings.

Brace: Absolutely, yeah.

Oaklander: So we want to begin to—you know, I just had a thought that might appeal to her, since she’s made up a song and all that. I’d bring in a drum—maybe you have a drum, or a couple of drums or other instruments—percussion instruments. And I use a lot of percussion instruments, but the drum is great. And, “Let’s play some feelings.”

Ask her, “What’s a feeling?” Maybe you could start by saying, “Let’s play happy.” “Let’s play sad.” “Let’s play mad.” Maybe you can do it with her. You do it with her. At some point you could even say—maybe not that session, but maybe another—”What are some of the things that make you mad? I’m going to make a list.” And you write
down what she dictates to you.

“What makes you mad?” That kind of thing, to be more specific, more definite. She’s all mixed up. Giving her permission to express those feelings with the drums or the other instruments like that. But how does that sound?

**Brace:** That sounds like a really good idea. I think she would like that.

**Oaklander:** She likes singing, so I think she might like that kind of thing. Try it.

**Brace:** Yeah, I’m going to.

**Oaklander:** So, next time we meet, I want you to tell me what happened. I want to know where this went.

I’m really interested if you have any reactions, questions, comments.

**[01:00:00]**

**Talley:** I have a question. How do you think it would be to have a session with the child and the biological mother?

**Oaklander:** Well, from what I heard, she’s already in therapy, so you’d have to communicate with—my guess is that you’d be working in very different ways. The therapist is doing cognitive behavioral stuff. That’s hard when another therapist is working, because you don’t know what they’re doing.

**Brace:** Actually, that’s an interesting question because we have started that recently, having joint sessions, but it’s more following a filial routine, where we’re having Mom have play sessions with the child and then coaching Mom on how she can be more in tune and engaging with her daughter. So trying to teach her some of those more bonding,—

**Oaklander:** How to play with her kid.

**Brace:**—how to play with her kid, because I don’t think Mom knows how to play either.

**Oaklander:** Have you been involved with that?

**Brace:** Yeah.
Oaklander: How is that going?

Brace: Well, we have done it one time so far and we have another one scheduled. And was a little bit difficult, because Mom said she was very tired, so she was pretty disengaged and was doing a lot of yawning. But eventually, she was able to participate in some of the play with her daughter. So I think that meant a lot to her daughter.

Oaklander: That’s kind of a good idea. And mom would need, if the child goes back, some—I don’t think the child is ready to go back to her mother. She needs to gain more strength, support. That’s my sense, I don’t know.

Little: I’m curious with the drawing, and bringing her—if she used it with her six-year-old in creating this safe place that she can now envision, how would you use that in the future?

Oaklander: I wouldn’t. It’s just something you would do to help her express herself. Put it in a file. It’s not something—with a six-year-old, they’re living in the moment. If you bring out the picture, they may smile, “Oh, that’s my picture.” But I don’t think you could work with it again.

Little: Okay, so it’s not a safe place you would reference again for her later?

Oaklander: No. It’s just at the moment to help her express something. And that’s a safe, easy way—it’s a safe exercise to do a safe place.

Talley: With the safe place, if it was an older child, would you reference it or have them—?

Oaklander: I’ve never gone back like that, no, unless I have a really big question. I was working with a 13-year-old girl who was also—actually, she was in five foster homes, and more than that. She was abandoned by her mother, and she didn’t have a father. And it started when she was six, that she was in all—and she also accelerated her behavior, so she would be put in another home because they didn’t want her.

By the time I saw her, she was going to be placed in an adolescent—who were acting out—an adolescent treatment center in a hospital.
And we did an exercise like this at one point, near the beginning, actually, more just so we could make contact and she could feel my interest in her. I don’t even remember what she drew, but what I do remember at the end, the last session I had with her, which she did not go to the hospital. She did go to another foster home for her own request, because she said they saw her as a bad kid. We went over what we had done, and I showed her her file, because I kept all her pictures. She said, “I’ll never forget that session.” It was the first session, actually. “I’ll never forget it.” I said, “Well, how come?” And she said, “Because you didn’t lecture me. We just did this picture.” She said, “I thought that was so weird that you didn’t lecture me,” like everybody else was saying, “Shape up, stop doing—go to school, shape up,” and all that. She didn’t know how to change her behavior until she gained more of herself and her strength. That was so interesting.

Any other comments? Other questions?

Brace: Thank you.

Oaklander: Okay. Well, we’ll stop for the moment.

CASE THREE: THE BALLOON INSIDE ME

Oaklander: Cathy, tell us about your case.

[01:05:00]

Little: I’ve been working with an 11-year-old boy. He was ten when I started working with him. He just turned 11. I’ve been working with him about four months. His mother brought him in to me. Her presenting problem with him was that he is now getting close to entering puberty, and she’s concerned about some long-term effects from his childhood.

At age four, he had been molested by a neighbor, and he went to therapy for three years with two different therapists immediately afterwards, and never talked about the molest. She said that they did an interview at a children’s interview center, and her words were he freaked out at the interview. And then he was in therapy with these therapists who he reports liking very much, mostly because one of them gave him food. But he never talked about the molest. And she
brought him in now that he’s entering puberty, because she’s really not sure how to address, I think, any sexual issues that might come up. And she’s concerned.

The interesting thing is that there was another trigger that occurred right before she brought him in—another situation is that the parents are divorced. They divorced a couple weeks after he had shared the molest, so back when he was four years old. And just this summer, end of spring, his father’s home became an unsafe place.

The father’s brother, which would be my client’s uncle, had moved into the home. And he’s been very violent. And there’s been a lot of aggression and yelling. And I wasn’t privy to how much violence until just recently, but enough so that the parents decided it was unsafe for my client or his younger brother to spend the nights with his father any longer.

So I started seeing him in July with the assumption that my directive with him was to help him process any issues from this prior molest as he moves into puberty. What’s been happening, and this is where I’m really stuck, is that—he’s a very engaging boy.

He’s a joy to be with. He’s very talkative. He loves coming to therapy and, really wants to be there, loves to talk, but he won’t go deep. He likes to play games, but he likes to play non-directive games. He will do some therapeutic card-type games that are out there, that will dig a little deeper for feelings, but he tends to want to make everything okay. He always has the right answer. “What would you do in this situation?”—if we’re playing an angry card game. And it’s always, he would be the good kid and he would make it all, it would all be okay. He would never be the one acting out. There’s never any—he’s not okay with going to see himself as not okay.

I’ve tried to do some of your projective exercises with him, and I did bring some of the pictures that he’s done. I tried to do the scribble with him, or, I guess, I did do the scribble with him, and I did do the “draw your family as animals.”

Oaklander: Shall we see them?

Little: Sure. So this is his scribble. This was done, oh, I think about
two months ago. He had a really hard time wanting to do it. He
doesn’t want to do anything that I suggest. He wants to do the games
he picks. And I said, “Well, for me, let’s try to do this first.” And he sat
down and scribbled. But, as you can see, it’s a very short scribble. And
then I asked him to tell me what he saw, if there was any pictures or
anything in here.

And what he came up with is actually, I thought, pretty interesting. He
said, “This is a shark.” So, here’s the eyes, and there’s the mouth and
the teeth. And his initial story, when I asked him to tell me about the
shark, was that when the shark was born, as he was being born, both
his parents died, and that the shark was alone. And then he changed
the story and said, “Oh, no, no, no, wait.” And he changed it, and it
was that the father died by being eaten by a big whale as the shark
was born, and that the mother lived until old age when the shark was
one, which is sort of incongruent right there. And then at the age of
one, the mother died of old age, and the shark was left alone. And he
said the shark has no siblings and no other family, and that what the
mother did do in that year was teach the shark how to take care of
himself. And that was his—

[01:10:00]
Oaklander: So a lot came out of that. Okay, and then what was the
time difference between this one and the other drawings?

Little: About two months.

Oaklander: So did you do anything with the story? Where did you go
with it?

Little: You know, he didn’t really want to go any further with it. I hate
to use the term “resistance,” but he keeps not wanting to go beyond
things being on the surface.

Oaklander: I understand.

Little: You know, the one thing that did happen, and I think it did
happen between the two drawings, too, is that he had requested his
mother join us in therapy. She had come to the initial session with
him, but then I was working with just him, one on one.
So we talked about that, and what we agreed on is that she comes once a month. So I see him every week, and she comes the last week of the month.

Oaklander: With him.

Little: With him, and we all go in the playroom together. And what I think is very interesting is that she’s pretty open, and she really tries to be present and to be honest. And she will talk about how she had been abusive towards him—that up until he was age two, she had hit him and yelled at him and didn’t know how to be a good parent, and that, at the age of two, she got help with that, and that she feels she’s been better.

Oaklander: She said this with him?

Little: In front of him. He doesn’t want to acknowledge it. He wants it to all be okay.

Oaklander: Everything has to be okay. Everything is fine. Everything is okay.

Little: Everything’s okay. I guess where I feel stuck and I’ve been working on this trying to get him to talk about the molest, and trying to figure out or talk about his issues with sexuality or his feelings about sex or sexuality. One of the things that’s interesting is we were playing one of the therapeutic card games, and a question came up about, “What do you think about a boy who plays with his penis?” And he got so offended. And he was, like, “That’s horrible. No, that shouldn’t happen and that’s bad.” And we’ve done some talking about that, but he doesn’t really want to go there.

Oaklander: I’ll just tell you a little bit of my reaction so far. One is, of course, if a kid is totally “everything’s fine” and they don’t want to go any deeper, that tells you right away that there’s a lot of stuff there that he’s not dealing with, that’s not so fine, but he can’t handle it—not ready, or has enough support to deal with what’s not fine. So he goes with the surface stuff. And how did he react, after you had that game and that card? Afterwards? Was he okay, or did he seem more withdrawn, or?

Little: He was fine for that session. He continued to play other things.
He finished that game and he played other games. The next week when we met is I brought it up again and I said, “I know that you were uncomfortable with that.” And what we did talk about was, does he have anybody to talk about what we call—I think we called them boy issues.

**Oaklander:** Boy issues.

**Little:** Yeah, we talked about, “Your body’s going to be changing,” and he said he really doesn’t have anybody to talk to about those types of things, that he would never talk to his father about it and that he just doesn’t talk to his mother about it.

**Oaklander:** And did he wish he had somebody, or he didn’t say?

**Little:** No. I think it scares him.

**Oaklander:** Yeah, well, it’s good that he even admitted that. Well, one thing—this is just a thought I had. Sometimes when I work with kids who just want to play games all the time, they don’t want to do this kind of stuff, I usually negotiate with them. I’ll say, “You come here because there are some things we have to deal with and look at. So I’ll tell you what. We’ll divide the time. We’ll play a game and we’ll do what I want us to do half the time, then half the time we’ll play a game.

So do you want to go first or do you want to do that first?” And then I set a timer. When the timer goes off, then we have to do the rest of the stuff. Or sometimes you say, “I’d like us to do this first, and then we’ll set the timer to make sure you have a game.” So that’s just a little technique I use negotiating with them. That’s just off the thing.

But I’m looking at the scribble, and I’m noticing that he didn’t outline the shark. Did you have him outline it, or look at it and outline the picture you see?

**Little:** Well, I’d asked him to define the picture he sees or to add anything he wanted to add.

**[01:15:00]**

**Oaklander:** He didn’t?

**Little:** No, what he added was the eyes and the sharp teeth.
**Oaklander:** He didn’t outline it so you could see it. That’s interesting. It’s sort of in the background. I didn’t even notice the shark until you pointed it out. Well, just let’s look at the other picture first, and then we’ll talk some more.

**Little:** Well, so this was just a couple of weeks ago. I had asked him to draw his family as animals that would represent each family member. And he went into the, “Oh, I’m not a good drawer. I don’t draw well. I don’t want to do that.” And I said, “It’s not about whether I can understand what the drawing is. It’s about you just drawing. You can explain it to me. It doesn’t matter how well you draw.”

And I said, “Tell me what animals you think people would be.” And what he brought up—the only one he really identified was his uncle. And he said, “My uncle would be a tiger or a lion, because he yells and he’s loud and he’s scary.” And I said, “Can you draw them?” He said, “No.” And after he thought about it, he said, “What I will do,” he goes, “I can draw fish well. I will draw everybody as fish.” So what we got was a fish family. And he did actually draw them, which was the furthest I’ve gotten with anything, really. This is himself. This is his brother. He has a year- to two-year-younger brother, who is actually seeing another therapist for an anxiety disorder. This is his father. This is his mother, and then this is his cousin.

Now, it’s interesting. The only one he actually talked about is the one he didn’t draw on here. And he talked about, the fish that he really wanted to draw was his uncle, and his uncle would be a piranha. And his uncle would have really sharp teeth. But his uncle’s not on here.

**Oaklander:** Well, that’s good that he did that. And that’s as far as he would go with this picture?

**Little:** That’s as far as he go with this. I tried to get him to talk about this one and to tell me about the fish and he said, “No. What I want to do is draw cars.” So, on his own, same session, he switched and drew cars. And he drew his dad and himself. And he drew his dad as an old-fashioned car, and he drew himself as a hotrod, like a race car. But, again, he didn’t want to talk about—

**Oaklander:** I might have with the fish, but I don’t know if he would
have done it—I might have said, “Just say one thing to each of your fish person family. What would you say to your mother or what would you—?” I wouldn’t even say, “one thing you like or one thing you didn’t like,” because he wouldn’t do—but just say something. “You have to say something to each one of them.” I get very directive sometimes. You have to say something. I don’t know if he would have done it. It doesn’t really matter.

Now, is he a boy that does okay in school?

**Little:** He’s having—academically he’s okay. He’s not brilliant, but he’s okay. He had real trouble with a teacher last year, and had a lot of difficulty with a teacher. He’s teased a lot at school, and does not have a lot of friends. This year has been a little better. He’s in fifth grade. There are a few girls that tease him a lot. He tells me that they just think he’s weird, and he doesn’t elaborate on why they tease him.

Mom says they actually tease him about—he has a very distinct mole on his face. And Mom says that they tease him about the way he looks, but he has never broached that with me. But Mom has told me that.

**Oaklander:** So does he have other friends? Does he have friends?

**Little:** He sometimes talks about playing with other kids, but it doesn’t sound like he really does. He has a neighbor boy next door that’s a family friend that he spends some time with, but he doesn’t have play dates. He doesn’t talk about, “My friends and I did this or we did different things.” I think he’s probably very lonely.

**Oaklander:** Yeah. It’s really interesting for me, when I’m working with kids, to find out—because their life at home is one thing, but then they have this world life, school and friends. And do they do okay at school? Do they get along with their teachers? Do they have friends? And if they don’t, as you describe, he must—there’s some reaction to that.

**[01:20:00]**

He has to be feeling lonely. A boy of his age needs friends. Especially as he’s growing, he needs more friends. So that’s interesting that he’s pretty isolated that way.
So, as I said earlier, start looking at the different issues involved with this kid. One is, of course, the molest, and then another would be something about his uncle. And the fact that he has no friends, or very few. The fact that he—if he does okay academically, that’s a good thing. He’s doing his work. And he may have trouble with a teacher, but it’s not overall. And he’s being teased, especially by girls, which is a big thing at his age. So he’s got to be lonely. He’s got to feel bad about himself. He won’t go deeper. He’s very guarded, very protective of himself, because the opposite is that he has so much feeling inside of him that if he begins to talk about it, he probably feels like he’d disintegrate or he would fall apart. So he has to do that way. The good thing is that he has a good relationship with you. He makes good contact with you. He loves to come. He must get something out of your just accepting him and honoring him and being with him. And you’re not pushing him, which is—sometimes I say, “I want you to say something,” but if they get all tight, I say, “Oh, never mind.” I don’t really want to push them, but sometimes they need a little, tiny push. But if they really react to it I say, “Oh, forget it. We don’t have to do that”—watching their body to see how—so he needs a lot of work. I mean, this is not a simple situation here. You looked like you’re going to ask me—

**Little:** I was going to say, what you’re talking about, what’s really encouraging is the last two sessions—the last two weeks, I just saw him last week—is he came in with his mom two weeks ago. It was the end of the month. And I’m trying to figure out, “How can I get him to open up? Maybe I’ll ask Mom to tell me about something in her life that she would want to change.” And he said, “I don’t want to talk about that.” And he started asking me, in front of his mother, about how I parent.

**Oaklander:** Really?

**Little:** He asked me, he said, “Do you yell at your children?” And he said, “Do you hit your children?” So I started talking about how I parent. And it actually led to probably the most deep conversation we’ve had. But it was so recent, compared to all these other months, is that him and Mom then talked about the violence—and this is how I
found out how extreme the violence had been in the house, with his family.

**Oaklander:** Well, that’s great. It’s like he was telling you something right there—that he knew that there are other ways to be with kids—and that he is asking you. He cares about you and he’s interested in you. That’s pretty positive, really. And then they had a discussion about that. That’s really good. I used to see many kids’ parents once a month with their kids. It’s a really good thing to do sometimes. We’d do things—sometimes we’d draw, sometimes we’d just talk, sometimes we’d, whatever, play a game together, just to see how they are—their dynamic with each other and all that.

**Little:** Yeah, I wasn’t sure if that was a good idea. I kind of was going back and forth on it, so it’s good to hear that. But it’s been interesting because Mom, I think, doesn’t really know how to play with him. And he even finally said to me last week, he said, “Dad’s the fun one. Dad’s the fun one. Dad plays with us. Mom is the one who teaches us things.”

**Oaklander:** Yeah, so you can take advantage of that, like, “Draw something that made you mad today.” And usually, they really are interested in what their parents draw, and it’s kind of a neat way of getting them to get involved with something.

But I would begin to do some subtle anger work with him to sort of begin to help—it’s going to take a while. He’s already gone deeper. How can I say this? It’s subtle. The work with kids is so subtle. It’s not like you suddenly see this breakthrough.

[01:25:00]

It’s little steps, little steps. The work with kids is in small segments. And it’s different than with adults in many ways. That could be with adults, too, but it’s different. So I would not give up on these projective ideas. He drew those two cars—did he talk about it? The car he had and the car his father had?

**Little:** Not very much. But again, that was before these last two weeks. It felt like the session with his mom may have, like you said, gone a little deeper, because then last week I met him alone, and he came in
and he talked about—and this kind of blew me away—he talked about having a balloon inside of him, and that the balloon gets filled up with feelings, and then it explodes.

**Oaklander:** That’s profound.

**Little:** Yeah. I was, like, “Where did that come from?”

**Oaklander:** Yeah, he’s beginning to tell you he has stuff inside of him. And I would not try to talk about the molest. Every time you bring it up, he’s going to get pushed way back. He’s not wanting to talk about it, and you can’t force it.

What you can do is think about what the molest may have done to him, which is typical of kids who are molested. They feel they’re bad, because they always take responsibility. They think they’re in collusion with it, so they feel bad. He already feels bad about his body because he has this mole, and he’s teased. And that combined with being molested, and his reaction to the penis card, and he keeps a lot of feelings inside. He’s beginning to bring them up with this balloon.

The balloon, at some point, is going to burst, and that may be a scary thing for him. That’s why I would start slowly doing some fun anger work. By fun, I mean pounding clay. Do you ever use clay?

**Little:** I have Play-Doh in the room, but I don’t have clay.

**Oaklander:** Not Play-Doh. You have to go to an art store and get clay. It’s really cheap, and you keep it in a plastic bag. I used to keep it in a garbage can with a cover, or a small cooler. And it lasts months, years. And you just pour water in it when it starts to harden, or if it molds you just cut away the mold. I mean, you can use it for—and you have tools, like, a mallet, a cheese slicer, a pizza cutter, and different tools that they can fool with the clay with. A kid that age just needs clay. Clay is really the best material there is for everything.

And then, after a while, you get him, maybe make his family and talk to them, or you make while he’s playing around with the clay.

Read the chapter on clay in *Windows to Our Children*. There’s a whole chapter. But, really, clay is my favorite material, because you can do so much with it. They can take the mallet—you have to have a rubber
mallet. That’s the most important tool—and a butter knife and some of the things. And he can start—“Show me how hard you can hit that clay”—to help him just feel permission to get his body moving. He doesn’t have to give you any reasons why he’s hitting or who he’s hitting, at first. And then, at some point, see how he responds to the clay.

And, occasionally, there’s a kid that finds it messy, but that’s a whole problem in itself, because naturally kids love the clay. If they find it messy, there’s something going on here. And maybe he will. I don’t know. So you can get out a lot of his feelings through fun. It has to be done in a fun way. And I think it’s going to help him, like the drums, the musical instruments, or, “Draw a picture of something that makes you mad and something that makes you happy.” Polarities. The polarity gives him support. The happy gives him support for the mad. He might not want to draw, but you tell him, “Just draw shapes and you’ll know what it is, and you tell me what it is.”

[01:30:00]
And I would gradually do some fun work like that with him, to help him begin to open up and feel okay, that he can use his inner power with this.

I’m trying to think of some other ideas. But just gradually. I think what you’ve done so far is great. To tell you he has a balloon with a lot of feelings in it—oh, my God. Did he say anything else or did you respond?

Little: Well, it was interesting, because then he actually talked about his dad’s balloon inside his dad. And he said, “Dad has a balloon inside him, too. And Dad’s balloon gets filled up.”

Oaklander: Oh, God.

Little: Yeah, so he started—this is just the last two weeks. I’ve been working with him for four months.

Oaklander: Oh, my God. I mean, a lot. And four months is not a long time, really, with a kid who’s been molested. The insurance companies, they’ll say, “Six sessions.” They approve six sessions for a kid who’s been molested. It takes six sessions to have a relationship, for
the kid to feel trusting—at least six sessions.

**Little:** He actually asked me last week, too, he said, “How long are we going to meet?” And I said, “Well, I don’t know.” And I said, “Do you want to keep meeting or do you want to stop meeting?” And he said, “No, I want to keep meeting.”

**Oaklander:** Yeah. Does that sound helpful to you?

**Little:** Yes. Because I’m trying to figure out to help him. I felt like I lost direction. And I think this has helped validate me that I haven’t really lost direction—that he’s not ready to go the direction I was trying to originally go, and that I need to step back and help him become more solid before he can be able to go too deep—that it’s more about helping him start to feel those feelings.

**Oaklander:** It might be good, of course, if he talked about the molest, but he’s not ready to do it. He’s not going to—that’s not the point. The point is what it had done to him. And what you need to build is self-support, and he’s got really bad feelings about himself. And the way we work with that is to do a lot of what I call self-work. Again, it’s “things you like”—to define himself—”what you don’t like,” and do that in a—I make lists. They dictate to me. I write down all the things that make them mad at school, their mother, their father, their brother. I write it all down for them and take it very seriously. And then I’ll read it back, and I say, “Any more you want to add?” and then put it in the file.

**Little:** I really like that. I noticed when you were talking with Sue earlier, Sue had written down what he said. I haven’t been doing that. I’ve been trying to remember and then making notes for myself. But I think that would really validate what he’s saying—that it’s important enough to write it down. I like that.

**Oaklander:** So try those things, little by little. His mother’s concerned about his sexual development? Well, all right, but you can’t just suddenly talk to him about it.

**Little:** Well, it’s funny, because part of it feels like—and I tried to figure this out—it feels like she wants me to teach him about puberty. So I’m trying to figure out maybe if I can do some bibliotherapy with
her—give her some reference books.

**Oaklander:** Well, what about his father? He said he enjoys being with his father.

**Little:** He loves being with his father. His father’s very inconsistent. His father will say, “I’ll come get you,” and then doesn’t.

**Oaklander:** Yeah, you could give her some, but there are some books, but I can’t think of them right now. There’s one, I’ve got in my head, but I can’t—just do a little research and try to get online and books for kids about puberty.

It would be good to—I wonder if they have anything in children’s books over there in self-esteem.

**Little:** I didn’t even think of that.

**Oaklander:** Yeah, maybe you could recommend some books for her, or you could buy it and, “Here’s a”—I always want the parents to read those book with their kids rather than me. It’s more important. But sometimes the parent doesn’t want to, so then I have to. But I have to ask. I usually say to the parent, “I’m going to read this. Is that okay with you?” or something like that. But he’s 11. So I guess, at this point, try these things.

**Little:** I think that really helps.

**[01:35:00]**

**Oaklander:** And really, I’d love to know more about what goes on. Do you have any reactions, comments, questions?

**Brace:** I’m kind of curious. It’s interesting to me that his scribble drawing is—I mean, it’s in the same family of animals. This is a shark and these are fish. Would you ever pull out another drawing and ask him if they’re connected at all?

**Oaklander:** Would I ever pull out?

**Brace:** Would you ever take out a past drawing?

**Oaklander:** I usually don’t, because the kids are really not—they’ve gone forward. They’re not that interested in what they did. I might do another scribble, often. “Let’s do another scribble, and look at it, and
find a picture, and fill it out, and color it in, and outline it, and give it a title.” But he told you wonderful story. And that’s another time you could have written the story. So another time, you write the story so you can look at it and go back and say, “Now you said”—I don’t mean another session, but at that session, unless you run out of time.

“You said your shark lost his mother and father. How does that fit for you in your life? Do you ever feel that way? I know your parents are alive, but do you ever feel you’re alone a lot?” You sort of interpret it a different way, and then you check with them. And you have it in front of you—the story. It’s a wonderful exercise. It really is.

Anything else?

Talley: I was just struck, because he was four when the molest happened. He was four years old, and that you get stuck developmentally with a trauma like that.

Oaklander: Yes, absolutely.

Talley: And so I’m wondering how you would address that in terms of the drawings or projected—

Oaklander: I feel that when there’s—it’s like when we do these projective things that begin to loosen them up, and the balloon is going to burst, and things are coming up, and that’s how you do it. There’s nothing specific about being stuck except working with the feelings. Well, there are things, but you don’t have time for everything.

Talley: The theory is what that you have to—

Oaklander: Yeah, one of the things that—I just thought of this, but one way you could, at some point, address it when you feel really that he’s comfortable—you have to feel that—is I’d say, “You know, when a little boy is four years old and something happens to them, like they’re hurt in some way or somebody touches them in a way that’s really not right, they have certain feelings. And one of them would be they feel it’s their fault, or they feel ashamed, or they feel angry. And that little boy has a lot of trouble growing because of what happened to him. And I just want you to know that I know that happened to you. And that little four-year-old is still inside of you, and you need to talk to him sometimes.”
And we’d do some of that self-nurturing—that’s in my newer book. *Hidden Treasure* has a whole chapter on self-nurturing because that’s what we do. That’s how we address that four-year-old. He’s 11 and he could easily do it—about what happened and what he needs, and all of that. I don’t know. You have to try it.

**Little:** Thank you very much.

**Oaklander:** Oh, you’re welcome.

**Little:** I’m excited to go back and try some of these things. I’ll have to hit an art store.

**Oaklander:** Okay, I guess we’ll stop, then. Thank you very much.

**DISCUSSION**

**Victor Yalom:** Hi, I’m Victor Yalom, and I’m going to take a few moments now to discuss with Violet Oaklander the consultations that we’ve just observed.

Those are three very interesting and different cases, and I was impressed with the way you worked with the therapists, in terms of your advice and your input was quite different on each case and very flexible. There was no routine or specifics in terms of applying Gestalt therapy. So we learned quite a bit of your approach through your consultation. But moving from therapy to the idea of consultation, are there major differences that you would say in terms of how you approach consultation versus how you approach therapy?

**[01:40:00]**

**Oaklander:** I think that many therapists get stuck with their work, and I think the consultation helps them to go through the barrier. When I give my views and my thoughts and maybe some suggestions, it helps them to go forth, to go a little further. It’s very easy to get caught up in working with that client without really having a perspective and looking at what’s really happening. And I think that’s what I do when I do consultation. At least, I hope so.

**Yalom:** I was interested—you used the drawing exercise, which is an exercise you use with children, and you had one of the therapists do that same exercise. What was your thinking, or what were your goals
in having the therapist do that?

**Oaklander:** I do think it’s important for therapists who work with children to experience some of the techniques that they ask children to do, to see what it’s like. In my training programs, that’s given. Everybody has to do everything that we ask children to do, so they know how powerful it is and what it leads to and what it’s like to experience it. And that was what I wanted to do with this therapist today in this video.

**Yalom:** And it seemed helpful to her.

**Oaklander:** I think it was. I think she experienced something for herself, and gives her a little more insight into maybe how the child would experience it.

**Yalom:** It would certainly seem that. In terms of Gestalt therapy, would you say there are major differences in terms of applying Gestalt therapy in working with children versus adults?

**Oaklander:** A lot of people ask me, “How can you do Gestalt therapy with children?” And I think what they’re thinking of is that Gestalt therapy is a verbal therapy that is a higher-functioning kind of therapy, when that is not what Gestalt therapy is. You can do Gestalt therapy with any population. You meet the client where they are. And when we’re working with children, we particularly use a lot of techniques that are important or inherent to the child’s development. You need to know something about child development, and you need to know a lot about children and where they’re at and what their issues are.

**Yalom:** It was clear with them you wanted to know what the age of the child was, and you were placing the consultation process depending on the age and developmental stage of the child.

**Oaklander:** They’re of the field from where the child is coming from. We use a lot of art and all kinds of projective expressive techniques to give children the experience—sometimes it’s just the experience—of parts of themselves that they’ve cut off and lost—and other times it’s because they’re powerful projection. And child’s language—it’s much easier for children to talk about the play figure or the picture or the
sand tray figures than it is to talk about themselves. We can gradually bring it back to them. And it’s more fun.

**Yalom:** And you referred to it as the third—it?

**Oaklander:** The third thing. It’s safer, easier.

**Yalom:** And of course, children are not always able to verbalize their feelings.

**Oaklander:** Right, they don’t have the ability to verbalize a lot of things. And they can express things in these projective techniques that they would never articulate. And later, they begin to look at it and it comes from inside of them, and they can really—we bring it back to them.

**Yalom:** You use the natural creativity of children that is often less accessible in adults.

**Oaklander:** Right. It works for adults, too, by the way.

**Yalom:** I’m sure. The other thing I noticed—you were very attuned to the relationship or contact between the therapist and the child.

**Oaklander:** I have to look at that before we do anything else. Is the child establishing a relationship with the therapist? Is there something there? Without that, nothing can really happen. And is the child able to sustain contact with the therapist? And if not, then the therapy becomes working on the contact, or working on a relationship. And we may use different ways of doing that rather than drawing pictures or something. But that is the important beginnings of the therapist.

**[01:45:00]**

**Yalom:** So that is clearly one core component of Gestalt therapy in adults that’s tended to in working with children.

**Oaklander:** Exactly, yeah.

**Yalom:** On a final note, what are things you’ve observed as a trainer, teacher, and consultant for many years in child therapy, where you see the therapists have particular troubles or really get stuck?

**Oaklander:** I think most child therapists are trained to be nondirective. And nothing can really happen. A child never comes
in and says, “I have to work on my molest.” That will never happen. So the therapist needs to learn how to be more directive. It’s kind of a dance. Sometimes it’s like the child leads and sometimes the therapist leads. And it’s learning when to direct and when to let the child lead.

Yalom: And you provide some structure to it, like you gave the idea that half the session—you negotiate a structure with them.

Oaklander: So I think that’s probably one of the biggest things that I come across in terms of frustrations of child therapists—how to do that.

Yalom: Thank you so much for sharing with us, and for demonstrating your consultation. I think we’ve learned a lot about consultation and also about your approach to child therapy.

Oaklander: It was a great pleasure. Thank you.

Yalom: Thank you.
Video Credits

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About the Contributors

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Violet Oaklander, PhD, is internationally renowned for her unique therapeutic approach, incorporating Gestalt therapy and expressive arts techniques with children and adolescents. She has received several awards, including the Lifetime Achievement Award from the Association of Play Therapy. Dr. Oaklander has traveled extensively in the United States as well as throughout the world giving training seminars on her approach to working with children and adolescents at numerous agencies, school settings, clinics, and professional groups. For 27 years, she conducted a highly successful two-week training program drawing people to California from all over the world. She has authored numerous articles and chapters, as well as two books: the classic *Windows to our Children: A Gestalt Therapy Approach to Children and Adolescents* and *Hidden Treasure: A Map to the Child’s Inner Self*.

Victor Yalom, PhD, is the founder, president, and resident cartoonist of Psychotherapy.net. He also maintains a part-time psychotherapy practice in San Francisco and Mill Valley, CA. He has conducted workshops in existential-humanistic and group therapy in the U.S., Mexico, and China, and also leads ongoing consultation group for therapists.

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