

Session Supervision Form

Please include this form with each session

Name Name of Student Date _____

Supervisor: Supervisor Name

Session 4

At the beginning of each case, please send the following materials in addition to the materials required for on-going sessions:

_____ Background/ intake information on child and family, last names removed for confidentiality

_____ Video of MIM session, along with the MIM analysis form – already provided

_____ Consent form signed by the parent(s) giving permission to videotape and share the video and information about the family with the supervisor (DO NOT send to TTI)

Please include the following: Child's age: 7 Child's school grade (if applicable) 2

(Please circle one) Biological/Foster Child /Adopted Child

If not biological child, please include any information about removed and placement history:

Child was brought into care last year due to concerns within the family around dysfunctional sexual relationships. Child has an older brother sister and one younger sister. None of the siblings currently reside together but they are all in the care system. His younger sister had made an allegation against child of inappropriately touching her. He was described by the carer as not knowing how to play when placed. He had also previously kept things such as empty toilet rolls. He still likes to collect/hoard items and finds it difficult to throw things away. Child originally had nightmares, these stopped but have recently returned.

I met child last year due to concerns expressed by his school with regard to him saying "nobody keeps him safe"; a deterioration in his emotional presentation; stating that he hated himself; stating that he wanted to die and would strangle himself. Child presented as very immature emotionally, cognitively and physically. Child was also very confused and guarded at the time and was expressing a high level of distress. He was unable to fully utilize the adults around him for comfort or support. Child engaged in self injury behaviour when angry and distressed along with some suicidal ideation.

The current placement is the child's second as the first placement broke down last year. This placement is his long term placement and there's hope is that he will remain with his current carer into adulthood.

Current family constellation: This child is the only child in the current placement at the moment and his carer is a single carer. She does have an adult daughter who does not live with her. The carer is an experienced carer and this is not her first placement. She is committed to the child and wants to be supported to keep him into adulthood.

A. Specific goals for this session:

Nurture, Engagement and emotional regulation.

B.

| <u>List of activities planned:</u> | <u>As actually happened in the session*:</u> |
|------------------------------------|--|
| Three steps into the room | Hello song |
| Hello song | Check ins |
| Check ins | Bubbles |
| Beep Honk | Feeding |
| Sticker match | Sticker match |
| Bubbles | Swinging jumps |
| Row row your boat | Crawling race |
| feeding | Fanning |
| Good bye song | Cushion balance |
| | Goodbye song |

***Please describe briefly why you made the decision to change from the planned activity/activities. What were your thoughts, goals, etc.**

Child was very angry and unregulated today when he first came into the room. He was saying that I did not help and that I made things worst. He did not want to talk about anything and he had not wanted to come. He said that he had a good day at school and it had been ruined being brought to see me. He was telling me to stop talking and that he did not want to think about his mum and dad or what is in his head anymore. He eventually ran out of the room and I spoke to him at eye level in the corridor saying that if he did not want to talk he did not have to that we could play some games. I suggested the bubbles as I know he likes this activity. He came back into the room and gave both me and Marissa a sweet (making reparation) and then played with the bubbles for a while. Lots of praise was given and he enjoyed the challenge and being able to attain it.

C. Your assessment of your work in the following areas
(Give specific examples by activity):

1) Your efforts to keep child optimally regulated:

I believe that I managed to regulate him by suggesting the bubbles which I know he is good at so was an attainable challenge for him. I also felt that this would support him in regulating his emotions as he likes to catch them on the wand which takes some concentration. I also introduced feeding much earlier than usual in order to support emotional regulation (drinking can help to regulate) The swinging jumps and crawling races were also used to emotionally regulate child as we did these activities at times when he was moving around.

2) Your pacing of activities:

I tried hard to keep up with child's pace but to also encourage some gentle activities in order to support him emotionally regulating and being able to then accept nurture and engagement.

3) Variety and sequence of activities (example, balance between nurture/ structure, quiet/ boisterous, faster/calmer):

Child is able to accept structure but his difficulties lie in accepting nurture and engagement. As such I was attempting to create lots of opportunities for nurture and engagement but also introducing more activities to support emotional regulation when required. I also introduced challenge as child responds positively to this when attainable.

4) Your overall use of Engagement (use of surprise, "moments of meeting", etc):

I tried hard to notice those opportunities for engagement and moments of meeting however child is so resistant to this and finds it difficult to tolerate. I wonder if these times trigger him? For example, he

could tolerate the sticker match activity but quickly became unregulated resulting in him placing all the stickers onto the carer and handling her quite roughly (hitting?).

5) Your attention to child's nonverbal signals:

Child was growling at me and scowling at me today. He was angry at me and refusing to engage with me in the activities. He seemed to be feeling quite traumatised and unsafe within the setting. I tried to make my interactions with him quite calm and unthreatening with lots of reassurance such as coming down to his level. Although it felt uncomfortable to me given that he was so angry and rejecting of the session I felt it was important to continue to try to engage with him as I felt that this was perhaps his strategy of trying to push adults away/stay safe.

6) Your modifications for trauma history:

As described in point 5 I continued to persevere in attempting to engage with child. I also did not continue with the DDP as he was clearly stating that he could no longer tolerate this at this time. I concentrated instead on trying to provide him with positive engagement and nurture to the point of his tolerance. I also provided challenge that I thought was attainable in order to provide him with lots of opportunities for praise.

7) Would you work differently with this child in the future; if so how?

I think at this time that I will continue to not utilise too much DDP at this stage and instead focus a little more on the activities in order to build on his attachment behaviours with his carer in the hope that he will feel more secure with her, that is build on his feelings of safety/trust. I have not necessarily planned too much challenge into the sessions previously but having seen how positively he responds to this I will probably try to incorporate more of a balance between nurture, engagement and challenge.

D. Comments on the child's behaviour:

Child was clearly finding it very difficult today to engage in the session and this mirrors the behaviour that has been seen at home. However he managed to engage in some sessions and apparently told his carer at home that he had enjoyed the session's activities. Child will sometimes try to harm himself within the sessions and this is quite distressing for the carer.

E. Parent involvement:

1) Your efforts to provide structure for the parent (i.e., Did the parent have a comfortable place to sit? Did parent know what was expected/how to do the activities? Did you provide enough direct coaching/guidance to parent?):

Yes, I was encouraging of the parent and provided clear instructions when I wanted her to engage/be involved. I tried to ensure that I reflected with the carer and provided clear instruction when I wanted her to get involved or to notice anything. I also ensure that I make contact with the carer outside of the sessions for feedback and due to the difficult behaviours at the moment this is occurring on a number of occasions within a week.

2) Your facilitation of parent-child engagement:

I tried to create lots of incidents of engagement within the session. If I notice too many moments of meeting between them this can trigger child.

3) Parent's reaction to child:

The carer is nurturing and engaging with child. She comes across as quite containing and is accepting of his behaviours. I believe that this may be confusing for child.

F. Transference/Countertransference issues:

I still get quite anxious before the sessions. I worry that I am triggering child without realising. I felt quite sad for him during this session and wanted to give him a cuddle and nurture him but obviously he would not be able to tolerate this. He makes me feel like I want to take care of him. I feel frustrated as I feel powerless in helping him to feel able to make sense of what is in his head.

G. Plan for the next session:

I want to keep some repetition for safety and introduce some more challenge.

- 3 big steps into the room
- Hello song
- Check ins
- Swinging (jumping or blanket)
- Cushion balance
- Basket toss
- Bubbles
- Feeding
- Goodbye song

H. Questions for the supervisor:

1. I am deeply concerned about the deterioration in child's behaviour at home and I am wondering if Theraplay is the right thing for him at this time?
 - If so, what further modifications can I make for his trauma history?
 - What further support/suggestions can I make for the carer at home?
2. I would welcome support around emotional regulation techniques. That is, when the children I work with such as child, become over active for example, running around the room or climbing on the windows, kicking and throwing items. I feel I am still quite weak in this area, I feel like I have lost control during these moments.