

CHILD AND THERAPIST MODERATING FACTORS SCALE

The Child and Therapist Moderating Factors Scale is comprised of scaling and evaluative questions to aid you in making clinical decisions and help you to identify the *who, what, when, why, and how* when using the Play Therapy Dimensions Model. The scales help you to identify client, therapist, and treatment interaction factors.

Please review your child client profile and score each of the following on a scale of 1 to 5. The scale may be filled out after the first session and/or session to session. The scale will provide the therapist with an overview of a child's overall presentation and identifies areas of potential need or focus for therapy.

CHILD MODERATING FACTORS

Play Skills

1	2	3	4	5
Low level play skills noted for age of child. Child's play significantly delayed or demonstrates severe trauma response such as immobilization or constriction. Play needs scaffolding to increase skill/play abilities.		Moderate play skills— some imaginative play ability observed. Child's play needs some scaffolding to increase play ability/complexity.		High play skills—creative, imaginative complex play themes observed. Child is spontaneous and can direct the play.

Communication Skills (rate verbal/non-verbal)

1	2	3	4	5
Limited communication skills—verbal and/or non-verbal difficulties noted. Limited demonstration of self-expression.		Moderate communication ability—some verbal and/or non-verbal skills to self-express observed.		High ability to communicate—demonstrates self-understanding and some conscious awareness.

Development

1	2	3	4	5
Significant delay in cognitive, emotional, and/or physical development noted. Play skills are also delayed		Moderate delay in cognitive, emotional and/or physical development. Minor play skill delay.		Developmentally on track or advanced in one or more areas. High level play skills.

Emotional Expression (rate verbal/non-verbal)

1	2	3	4	5
Limited emotional expression verbally and/or non-verbally. Flat, non-responsive presentation.		Moderate emotional expression noted (verbally/non-verbally).		High ability to express emotionally. Knows feeling language and is both verbally/non-verbally expressive.

Self-regulation Ability

1	2	3	4	5
Low ability to self-regulate—lability, impulsivity, emotionally reactive or abreactive, etc. Moves quickly along stress continuum with slow recovery rate.		Moderate ability, can manage to self-regulate most of the time. Mostly dysregulation is situational. Moderate recovery speed noted.		High ability to self-regulate—even under stressful circumstances. Rapid recovery rate noted.

Attachment Organization—External Reports

1	2	3	4	5
Significant attachment difficulties noted—may be diagnosed as disordered, or caregivers may report significant relationship difficulties related to attachment.		Some attachment difficulties reported/observed. Has at least one primary or secondary attachment figure. Some level of security with that person observed.		Secure attachment relationships reported/observed. No attachment difficulties reported.

Relational Skills

1	2	3	4	5
Reported difficulties in numerous relationships—peers, family members. Low reported/observed relational skills. Low re: positive engagement skills.		Moderate difficulties reported with at least one significant relationship or relationship group.		High skill level for positive engagement with others. Good relationship skills reported overall.

World-View: Cognitive Schema

1	2	3	4	5
Child has negative world-view, negative sense of self and others. Does not view world as a safe place. May not trust others, views self as having little control or as needing to take control.		Moderate negative worldview may be context-specific or person-specific.		Positive worldview even in the face of adversity. Reframes experiences into the positive.

Defense Mechanisms

1	2	3	4	5
Significant defense mechanisms observed or reported. May be signs of reactive defenses such as denial, sublimation, dissociation, aggression.		Some evidence of defense mechanisms in place—may be context-specific or person-specific.		Positive use of defense mechanisms. Not interfering with daily functioning.

Resilience

1	2	3	4	5
Low resilience—fragile overall self-definition and response pattern to adversity. Slow to recover from difficult, hurtful experiences and defines self negatively in the face of these experiences.		Some evidence of moderate recovery from adverse circumstances. Selective ability to re-group.		High resilience—quick recovery with positive, non-debilitating outcome.

Support Network

1	2	3	4	5
Very few or no long-term supports available. Uncertain plan re: caregiving. Isolated, lack of acceptance of support, few resources.		A few reliable support services or supportive people exist. The child accepts help and care from these supports—including friends.		Significant supports exist in the child's immediate environment. Supports are viewed as acceptable and important.

THERAPIST MODERATING FACTORS

Please assess yourself by giving yourself a score between 1 to 5 on the following items:

Connection/Relationship to Client

1	2	3	4	5
Limited connection—could be based on inconsistent contact; difficult system or parent; child is non-engaging; child is rejecting therapy or therapist; child qualities; just beginning with child.		Moderate connection—still finding ways to make contact and interact—inconsistent connection.		Highly connected. Mutual desire to be together. Therapeutic synchrony.

Confidence/Competence

1	2	3	4	5
Child profile is complex. Uncertain what approach to use. How to use self is uncertain Unusual profile. Lack in confidence.		Moderate level of confidence/competence. Some intuitive knowledge available.		High level of confidence/competence. Have worked with others who are similar.

Skills/Training/Experience

1	2	3	4	5
Beginning therapist—in practice three years or less. Little opportunity to review videos of own work. Limited exposure to training in a variety of play therapy approaches.		Moderate—at least five years of practice. Supervised by Certified Play Therapist. Have been trained in and practiced at least two to three major approaches to play therapy.		Advanced play therapist—five to ten years practicing as play therapist. Supervised by Certified Play Therapist. Trained in all or most play therapy approaches.

Play Therapy Approach/Preference

1	2	3	4	5
I have been trained in one major approach to play therapy and I feel comfortable staying with that approach.		I have been trained in a number of play therapy approaches, and I prefer to use one or two approaches. I identify with either directive or non-directive play therapists.		I have been trained in most of the approaches, and I vary how I intervene depending on the referral issue and client, or I follow a particular play therapy approach that is based on a philosophical underpinning.

TREATMENT INTERACTION

Now that you have identified factors related to the client and yourself, please answer the questions that follow so that you may plan your treatment.

Where do you begin?

Prioritize the top three Child Moderating Factors (as identified above). These are factors you must consider prior to deciding how to begin/continue in a therapy session. Once you have identified the factors, you will be tracking changes in these variables such as “*increased* level of emotional expression.”

1. _____
2. _____
3. _____

Prioritize the top three Therapist Moderating Factors (as identified above). These are factors you must consider when planning “use of self.” For instance, do you need to boost your confidence through supervision?

1. _____
2. _____
3. _____

How directive should I be? What of level of consciousness is appropriate for this child?

The following two scales assist the therapist to rate themselves as to how to approach their child client along the two primary dimensions.

Degree of Directiveness

1	2	3	4	5
I will either begin, continue or shift to working non-directively with the client. The client should direct the play activities.	I will begin in a non-directive manner and decide when a more directive intervention would be useful—perhaps during the same session. I will likely remain “in the play” if I do introduce an activity or idea.			I will provide the client with some activities, guidelines or direction based on his presenting need.

Degree of Consciousness

1	2	3	4	5
I do not believe the client is ready or able to deal with the presenting problem in a highly conscious manner.	The client may gain the ability/capacity to incorporate more conscious matters over the course of therapy. Depending on the client I may decide to raise an issue or make a more direct and conscious interpretation.			The client has the capacity to deal with the presenting problem in a direct and conscious way. I will provide activities or opportunities for this to occur.

Play Therapy Approaches

Please check the approach(es) you believe may be most fitting to your client need and current level of experience/philosophical belief:

- | | |
|---|---|
| <input type="checkbox"/> Child-centered play therapy | <input type="checkbox"/> Filial play therapy |
| <input type="checkbox"/> Psychoanalytic play therapy | <input type="checkbox"/> Gestalt play therapy |
| <input type="checkbox"/> Adlerian play therapy | <input type="checkbox"/> Cognitive behavioral play therapy |
| <input type="checkbox"/> Jungian analytical play therapy | <input type="checkbox"/> Prescriptive play therapy |
| <input type="checkbox"/> Family play therapy | <input type="checkbox"/> Group play therapy |
| <input type="checkbox"/> Ecosystemic play therapy | <input type="checkbox"/> Phenomenological play therapy |
| <input type="checkbox"/> Object relations/thematic play therapy | <input type="checkbox"/> Theraplay: attachment-enhancing play therapy |
| <input type="checkbox"/> Ericksonian play therapy | |
| <input type="checkbox"/> Other _____ | |

The Four Quadrants

I will begin to work in Quadrant _____ based on the following (choose all appropriate):

- Child's age/stage of development
- Presenting problem
- My comfort level
- Play skill of the child
- Child need and style
- External system expectation
- Stage of play therapy
- Space availability
- Other _____

Therapeutic Goal Setting

Considering the three child moderating factors chosen above, list three broad therapeutic goals related to those factors:

1. _____

2. _____

3. _____

Indicators of Therapeutic Growth

For each broad goal, identify factors that would indicate therapeutic growth. How will you know the child is, for instance, becoming "more adjusted" or is "better able to manage uncomfortable feelings"?

Goal 1: Factors related to growth

Goal 2: Factors related to growth

Goal 3: Factors related to growth

DEGREE OF IMMERSION

THERAPIST USE OF SELF SCALE

Instructions: Please consider the following ways you use yourself during a play therapy session with a child and mark on the line the degree to which you evaluate your immersion.

1. Verbal Discussion: During the session, what was the degree to which you were involved in verbal discussion about the child's life or about the child's presenting problem (outside of the play activity)?

1	2	3	4	5
Low Almost not at all. Primarily observed child and tracked the child's play.		Moderate Some discussion observed, usually led by the child or therapist-led direct discussion while child was in play.		High Spent significant part of session outside play in direct discussion.

Child's Response: Please rate the effectiveness of your use of **verbal discussion**.

- Low** (child's response to therapist demonstrates your actions were not facilitative)
- Moderate** (child's response demonstrated some engagement and facilitation)
- High** (child's response demonstrated high engagement and therapeutic elaboration took place)

Provide three examples that provide clinical indications for your rating:

1. _____

2. _____

3. _____

2. Reflective Statements: What is the degree to which you used reflections during the session?

1	2	3	4	5
Low Primarily observed child. Rarely used reflective statements and infrequently tracked the child's play.		Moderate Intermittently tracked the child's play and reflected content, feelings and behaviors of the child.		High Frequently used reflective statements and included more levels of reflection related to decision-making, esteem-building and relationship building (in or outside of the play).

Child's Response: Please rate the effectiveness of use of **reflective statements**.

- Low** (child's response to therapist demonstrates your actions were not facilitative)
- Moderate** (child's response demonstrated some engagement and facilitation)
- High** (child's response demonstrated high engagement and therapeutic elaboration took place)

Provide three clinical indications to defend your rating:

1. _____

2. _____

3. _____

3. Emotionality: What is the degree to which you provided emotionally-based reflections or responses (either directly to the child or through the play metaphor) during the session? Your rating will consider voice tone, cadence, intensity, volume and rhythm in addition to facial expressions and gestures.

1	2	3	4	5
Low		Moderate		High
Primarily observed child. Rarely reflected emotions of child or play figures. Did not interject. Emotionally based responses. Noticed self as emotionally reserved.		Intermittently reflected/mirrored emotions of child and/or reflected emotions of characters in play. Noticed my use of emotion through my voice, face and/or gestures. Congruent responding noted.		Interjected comments/ emotional responses to elaborate emotional expression of child and/or tested for affect tolerance. Noticed self as highly emotionally engaged (voice, face, and body language). Congruent responding noted.

Child's Response: Please rate the effectiveness of use of **emotionality**.

- Low** (child's response to therapist demonstrates your actions were not facilitative)
- Moderate** (child's response demonstrated some engagement and facilitation)
- High** (child's response demonstrated high engagement and therapeutic elaboration took place)

Provide three clinical indications to defend your rating:

1. _____

2. _____

3. _____

4. Physical Self: What is the degree to which you were physically involved during the session? Physical self includes: physical movement in play activities, physical proximity or touch, and level of physical energy.

1	2	3	4	5
Low		Moderate		High
Almost not at all. Primarily observed child. Did not engage in play activities even when invited by the child. Utilized therapist chair.		Engaged in physical play only when directly invited to do so. Some physical play with moderate contact. Moved around room with child. Moderate energy observed.		Fully engaged in play. Physical contact part of play session. Lot of physical action noted with high levels of energy observed.

Child's Response: Please rate the effectiveness of use of **physical self**.

- Low** (child's response to therapist demonstrates your actions were not facilitative)
- Moderate** (child's response demonstrated some engagement and facilitation)
- High** (child's response demonstrated high engagement and therapeutic elaboration took place)

Provide three clinical indications to defend your rating:

1. _____

2. _____

3. _____

5. Interpretations: What is the degree to which you have been utilizing interpretations during the session?

1	2	3	4	5
Low Almost not at all— too soon to utilize an interpretation—still tracking play to formulate hypothesis.		Moderate Have formulated a number of soft hypotheses and am now using characters to test hypotheses and make interpretations—this is done within the play metaphor. Or, have made thought, feeling or motive reflections.		High Directly made an interpretation(s) and raised a matter(s) to conscious awareness. Pointed out a pattern, dynamic, or historical connection to the child.

Child's Response: Please rate the effectiveness of use of **interpretations**?

- Low** (child's response to therapist demonstrates your actions were not facilitative)
- Moderate** (child's response demonstrated some engagement and facilitation)
- High** (child's response demonstrated high engagement and therapeutic elaboration took place)

Provide three clinical indications to defend your rating:

1. _____

2. _____

3. _____

TOTAL IMMERSION SCORE →

5–10 → Low Immersion

11–18 → Moderate

19–25 → High

6. Immersion Summary: Considering the degree and type of immersion in the above areas, what would you adjust for future sessions?

- a) **Verbal Immersion:** Decrease Increase On track
- b) **Reflection Immersion:** Decrease Increase On track
- c) **Emotionality Immersion:** Decrease Increase On track
- d) **Physical Immersion:** Decrease Increase On track
- e) **Interpretation Immersion:** Decrease Increase On track

Rationale: _____

7. Based on the type and degree of immersion rating and the Play Therapy Dimensions Model, what quadrant were you primarily working in during the session?

- Quadrant I: Active utilization
- Quadrant II: Open discussion and exploration
- Quadrant III: Non-intrusive responding
- Quadrant IV: Co-facilitation

8. As you reflect on the four quadrants, did you find yourself weaving from one quadrant to another during the session?

- Yes
- No
- Unsure

What client/therapist factors contributed to your decision making? If unsure, please explain:

9. In preparation for your next session, your conceptualized goals (way of viewing the child and ways of working with the child) are:

1.

2.

3.

10. Based on the above goals, complete the following:

A. Quadrant Identification

Please choose a quadrant you will begin working in for next session:

- Quadrant I: Active utilization
- Quadrant II: Open discussion and exploration
- Quadrant III: Non-intrusive responding
- Quadrant IV: Co-facilitation

B. Degree of Immersion for Next Session

For each area of immersion that you increase or decrease in degree, describe ways you will change your behavior for the next session.

Verbal:

Reflective:

Emotionality: _____

Physical: _____

Interpetations: _____

C. Tracking

What child responses will you track in relation to changes in your behavior? If you do not make any changes, what will you continue to track?

Follow-up supervision session

Date: _____

Time: _____

TRACKING AND OBSERVATION FORM

Child's Name: _____

Therapist: _____

Location: _____

Session Date: _____

Session Goals:

1. _____

2. _____

3. _____

Check targeted play dimension(s) for session:

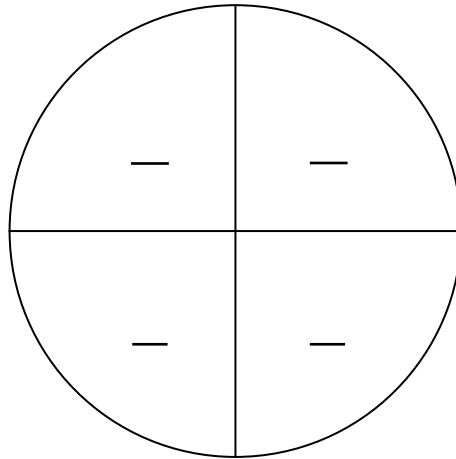
- Quadrant I: Active utilization
- Quadrant II: Open discussion and exploration
- Quadrant III: Non-intrusive responding
- Quadrant IV: Co-facilitating

Rationale: _____

1. Descriptive Analysis

QUICK VIEW (ROAD MAP)

Use the diagram below to draw the sequence of movement that occurred across the quadrants. Where possible, note the percentage of time spent in each quadrant.



If there were therapist-led shifts creating movement between quadrants, what was the nature of the child's response?

- Protest** (child's actions suggested upset and protestation; they terminated play activities)
- Ignored** (child remained with their current play activity and passively ignored therapist's initiatives)
- Moderate responsiveness/flexibility** (child took time but was gradually able to shift and incorporate new play activities/themes)
- High responsiveness/flexibility** (child readily shifted and appeared to incorporate new play activities/themes)

DEVELOPMENTAL STAGE OF PLAY

Check all that apply. Where possible, estimate the percentage of time spent in each stage.

- Exploratory/sensorimotor ____%
- Constructive ____%
- Relational ____%
- Dramatic ____%
- Games with rules ____%

PLAY PROCESSES

Briefly take note of the nature of the underlying processes that occurred.

a. *Initiation* of play activities/sequences:

- Child spontaneously and actively initiated play activities/sequences
- Child occasionally initiated play activities/sequences
- Delayed or hesitant initiation observed
- No initiation

b. Capacity to *direct and maintain* play activities:

- None** (burden of play primarily rested with therapist)
- Limited** (child rarely directed play activities or therapist's actions)
- Moderate** (child frequently gave direction)
- High** (child issued frequent/high levels of direction)
- Extreme** (level of direction was so frequent that it limited/constricted most actions by therapist (verbal and non-verbal))

c. Capacity to *maintain and complete* play sequences:

Maintained play sequences are observed when the child represents something in a logical complete manner. An example of an incomplete play sequence may be represented by a child repetitively playing out a bedtime scene in the dollhouse, but none of the characters are put to bed.

- Low** (child did not appear to maintain or complete any play sequence or segments; highly fragmented play)
- Moderate** (child was able to maintain or complete some play sequences or segments)
- High** (child was able to maintain and complete many play sequences; play was continuous with logical cause and effect)

d. *Inhibitions and disruptions*:

Were there noteworthy instances of play that abruptly shifted, fragmented, or stopped? Did the child suddenly pivot away from the play or interrupt the play flow significantly?

- None** (no inhibitions or interruptions; play scenarios appeared to flow)
- Minor** (infrequent and/or seemingly insignificant disruptions or fragmentations)
- Moderate** (play scenarios were fragmented or disrupted to the extent that it was difficult to follow the play themes)
- Major/frequent** (significant disruptions or shifts in the play field; unable to track and follow play scenarios)

If an abrupt shift or termination occurred, identify the quadrant and the surrounding context. What hypotheses do you have concerning the timing and significance of these shifts?

e. *Endings:*

Take note of the manner of play scenario endings. Were they gradual, such that “closure” appeared to be reached? Was there a sense of completeness, or did it appear that certain feelings or impulses (e.g., anxiety, anger, fear) overwhelmed the child’s capacity to regulate his/her own experience within the context of the play?

- Closure appeared to be reached in a meaningful manner
- Closure was realized but with tensions
- Closure was only partly realized
- Closure did not occur; evidence of dysregulation

2. *Relational and Affective Markers*

This section is used to capture important elements of the child’s relational style and observed affect. Included are important markers of the therapeutic relationship.

EMOTIONAL RANGE

- Constricted** (child displayed few emotions; affect appeared blunted; low capacity for expression)
- Moderate expressiveness** (a moderate range of feeling states were represented in play; feelings states were congruent with play context)
- High expressiveness** (a broad range of feeling states were represented; high levels of capacity for expression were evidenced)

SELF-REGULATION

- Low** (highly disorganized approach to planning and goal selection; poor ability to inhibit behaviors/impulses)
- Moderate** (somewhat disorganized and impulsive but able to initiate play activities and follow play sequences)
- High** (consistently exhibits ability to organize play activities/scenarios and displays tendencies to experience mastery in play)

ENGAGEMENT

- Low** (mostly non-responsive, ignoring behavior, interpersonally disengaged)
- Medium** (moderately responsive, intermittently involved and interactive)
- High** (highly responsive, interpersonally involved and interactive)

3. Thematic Representations

The following is a list of potential themes typically observed during children's play therapy sessions. While not exhaustive, it may bring forward new understandings or insights into the child's view of the world.

- Power/Control
- Nurturance
- Rejection/Insecurity
- Loss/Abandonment
- Role reversals/Identity confusion
- Loyalty/Betrayal
- Secrecy/Coercion
- Victimization
- Empowerment/Self-esteem
- Protection
- Regression
- Confusion
- Other(s) _____

4. Summary

Child's View of World: Based on the information above, identify the child's view of self and others (relationships).

Hypotheses: Considering the child's responses and observations made about the session, are there new understandings/hypothesis that have emerged?

Plan: Consider if movement is indicated/required between quadrants. Identify strategies:

PLAYTIME EXERCISE

1. Did you have toys as a child?

- Where were they kept?

- How accessible were they to you?

- What kinds of toys did you have?

- What was your favorite toy?

2. Mark on the line below the degree of control your caregivers exercised over your play.

1	2	3	4	5
Low		Moderate		High
Extremely low control, i.e., no limits or boundaries.		Moderate control.		Extremely high control, i.e., rigid limits and boundaries.

3. As a child, what was your favorite playtime activity?

4. Did your family take time to play together? If so, what kind of play activities did you do as a family?

5. Was playtime freely granted or did you have to earn the time to play? If it was earned, how?

6. Were you encouraged to have friends over to your house to play, or did play take place mainly outside of your home?

7. Looking back...

- What are the similarities between how *your* play activities were managed as a child and how you *currently* manage play activities with the children in your care?

- What is different about the way you *now* interact with children in your care?
