

International Harp Therapy Program
Counseling and Psychology Skills

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Developmental Perspectives in Counseling

Using a developmental and social base, this course focuses on developing skill for understanding the dynamics of client behavior whether in a counseling session, a classroom setting, or other context. Major attention will be given to understanding the development of unique lifestyle and the various observable cues which suggest the basic conclusions which underlie client behaviors. We will focus on non-verbal communication, understanding of linguistic patterns, significance of family context, utilization of memories, fantasies, and dreams, and use of lifestyle/lifescrit assessment, both formal and informal. The course is appropriate for any helping professional.

Measurable Objectives:

1. Given case data related to disturbing behavior, the student will be able to analyze and explain correctly, based upon the approach used in this course, the dynamics of the client's behavior. *Assessing what you've got*
2. Given the details of a case involving maladaptive behavior, the student will be able to suggest logical ways of facilitating positive behavior change in the client. *ways to get client unstuck*

Suggested Reading:

Dinkmeyer, Don & Gary McKay. The Parent's Handbook, 3rd Ed. (Circle Pines, MN: American Guidance Service, 1989)

Goulding, Mary & Robert Goulding. Changing Lives Through Redecision Therapy (New York: Brunner/Mazel, 1979)

Levin, Pamela. Cycles of Power. (Health Comm., Inc.: Deerfield Beach, FL., 1988) *(Bradshaw also: Becoming the way we are)*

Stewart, Ian & Vann Joines. T A Today: A New Introduction to Transactional Analysis (Chapel Hill, N.C.: Lifespace Publishing Co., 1987)

Why is this course important to us as we study to become Certified Therapeutic Harp Practitioners?

Many times when working in hospitals, hospices, rehabilitation centers, cancer support centers, after school at-risk programs for children, you will come upon many situations where understanding where the patient/client is coming from, how they are interacting with you, and how they need positive encouragement will be of the most utmost importance. There will be times when you will need to bring in the psychologist or social worker. But when you begin to understand the signs and words of the person with whom you are interacting, you can make all the difference in the world. This study will give you a sound basis for interacting in positive ways and creating an enabling language.

Library Reserve List

Adler, Alfred	<u>The Ind. Psychology of Alfred Adler</u>
Adler, Alfred	<u>The Problem Child</u>
Adler, Alfred	<u>The Science of Living</u>
Babcock, Dorothy	<u>Raising Kids O.K.</u>
Barnes, Graham	<u>T.A. After Eric Berne</u>
Berne, Eric	<u>Beyond Games and Scripts</u>
Berne, Eric	<u>What Do You Say After You've Said Hello?</u>
Birnbaum, Jack	<u>Cry Anger</u>
Dinkmeyer & Losoncy	<u>The Encouragement Book</u>
Dinkmeyer, Don	<u>Encouraging Children to Learn</u>
Dreikurs, Rudolf	<u>Children: The Challenge</u>
Dreikurs, Rudolf	<u>Logical Consequences: A New Approach to Discipline</u>
Dreikurs, Rudolf	<u>Psychodynamics, Psychotherapy and Counseling</u>
Dreikurs, Rudolf	<u>Social Equality: The Challenge of Today</u>
Haimowitz, Morris	<u>Suffering is Optional</u>
Hesterly, O.	<u>How to Use T.A. in the Public School</u>
James, Muriel	<u>The O.K. Boss</u>
James, Muriel	<u>Techniques in T.A.</u>
James, Muriel	<u>T.A. for Moms and Dads</u>
Levin, Pamela	<u>Cycles of Power</u>
Nikelly, Arthur	<u>Techniques for Behavior Change</u>
Schiff, Jacqui	<u>All My Children</u>
Schiff, Jacqui	<u>Cathexis, Reader</u>
Steere, David	<u>Bodily Expressions In Psychotherapy</u>
Steiner, Claude	<u>Scripts People Live</u>

Recommended Reading

Caplan, Frank, ed., The First Twelve Months of Life, Grosset & Dunlap, c. 1973. (paper)

Schiff, Jacqui Lee et al, Cathexis Reader: Transactional Analysis Treatment of Psychosis, Harper & Row, c. 1975.

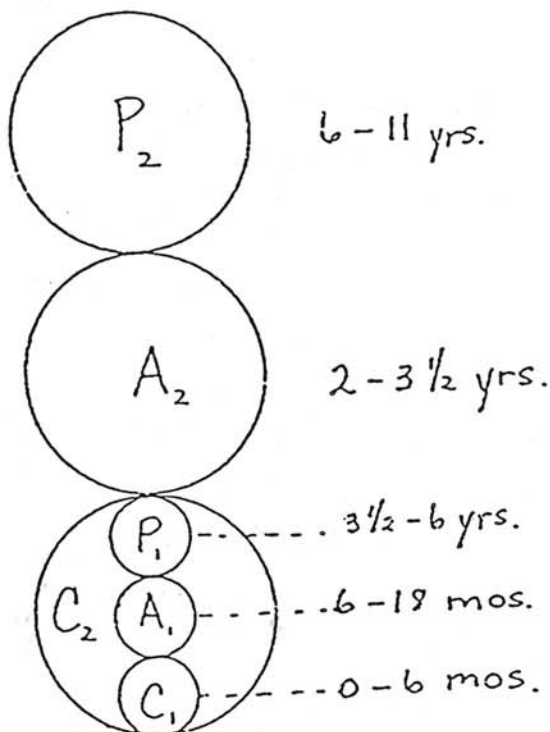
Fraiberg, Selma H., The Magic Years, Charles Scribner's Sons, c. 1959. (paper)

Maier, Henry W., Three Theories of Child Development, Harper & Row, c. 1965. (Compares Erik H. Erikson, Jean Piaget, and Robert R. Sears)

Levin, Pamela, Becoming the Way we Are, c. 1974. ((paper- pre-publication copy)

Emily works from a TA model, second order analysis, as a basis for thinking about things as she does psychotherapy.

SECOND ORDER ANALYSIS



ORDER OF DEVELOPMENT

C₁ (0-6 mos.)

A₁ (6-18 mos.)

A₂ (2-3½ yrs.)

P₁ (3½-6 yrs.)

P₂ (6-11 yrs.)

Adolescence (Recycle above stages)

C1

Feelings, needs, relating to environment in spontaneous way

Basic self and needs and feelings

Expects needs to be responded to immediately

Views world through mouth (called early oral period)

Developing a basic trust of the universe - Are my needs important? can my needs be met?

If child is over responded to, she feels like she makes no difference. makes no impact. Do I exist? Can I be heard? I don't count. Mother is worried : "I won't let this child be real."

If child is underresponded to, the decision is the same as above. Doesn't get differentiated; no sense of separateness.

Finding out about supply and demand. Is it safe to feel aggressively?

Hysterical structure - I can't stand my feelings. They are overwhelming. Real feelings are discounted. Parent took into account only those feelings the parent wanted to acknowledge and relate to.

How does this relate to doing therapy?

Notice client's body and gestures. Gestures undifferentiated, lack of directedness, droopy, low energy, exhales a lot, looks depressed, lost. Says, "I don't know why I'm here." whiney voice.

Dealing with if it's ok to feel, need.

What do you do? Needs are around stroking, not for performance, but for being there. I'm available to help you define.

Client has been getting strokes for being confused.

It's not ok for me to take in from you.

Games presented- victim, poor me, lack of energy,

Doing all sorts of things to prove they're a burden, that their parents were right, they're too much, their needs are too much.

When you start experiencing this drain and being into the game, do propose confronting: "What would it mean to you if you took in strokes?"

Be prepared for feelings of rage and terror. Taking in is frightening. Giving up control is scary. Then people get fascinated and get in touch with control and taking.

(C₁) continued

Issues: touching and feeding, control, supply and demand, trust.

Injunctions: Don't trust, don't feel

One treatment technique - giving bottles(the demand aspect is important)

Other translations from literal feeding (bottles)

Skin contact: touching in safe non-violational ways. Who's available to touch? Use skin & body lotion on self. Messages (person in charge of own needs-loving self-touching self). Baths.

(Often gets sexuality and nurturing confused. Attempts to meet all needs through sex.)

non-competitive sports requiring some contact, fruit or candy available, cooking together.

People dealing with early oral issues are usually not manipulative. They are available.

Recognize that the transference will be there. Work with it rather than deny it.

(A₁) Little Professor 6-18 mo., embryonic adult, exploratory or late oral

fun, creative, messy stage to work with.

Give protection for trying new things, taking risks. Provide limits.

Get a sense of risks in steps. What are you afraid of? What is being explored?

Script decision- Don't take risks.

Gestures- half way, no followthrough with gestures or thinking or definition of problem.

Translations - learning explosion, need to touch things, eye-hand coordination, take things apart.

Learn the basic^c laws of the universe and relationships.

Learn how others respond to us, how I learn to live in this environment.

A₁

continued

If the child is overprotected, never allowed to touch, hears NO- NO alot, he decides it's not safe to take any risks.

If the child is given no protection, the child may take real risks, get hurt, and never try again.

Both polarities result in the same decision: don't take risks.

Games: peek-a-boo, learning come closer-go away dynamic, yes but

Reality testing- how far can I go?

Schizophrenics didn't explore at all; don't assume anything but what they can see; 2 dimensions; concretivity.

A₂

Adult 2-3½ years old

NO Anal period (psychoanalytic terminology)

Issues: separation and autonomy

Child needs to push against someone firm who sets limits, a parent who does not collapse.

Can I be separate and safe? Will I be safe? Will you still love me?

e.g. If a parent were to get sick or die when a child is this age, the child may believe he did it.

e.g. If a parent has a new baby when the older child is this age, and says "be a big girl" with den'ts coming more often and the parent energy mainly with the new baby, the child may by-pass pushing, be good. Can I trust the other person to stay if I'm bad. Always be nice.

Go with the client's resistance. Stroke the resistance. Be willing to struggle (maintain a sense of humor).

Problem solving game: patty cake (me-you-me-you)

Initial interview-

gesture-clenched fist, very directed energy, well-coordinated, completed gestures, afraid to push, safer to be helpless. Says, "I can't do anything right" (words and gestures don't match.)

Often act as if they control everything. nothing can hurt them. They don't want to win or beat you up or have you collapse. They want you to stay around.

(A₂) continued

Sometimes if you push a client, they suddenly get "little". Someone probably collapsed early in their life. Tell the client that you will work with C₁ on early needs or with A₂, but not with sudden switches.

In resolving dependency issues with a client, you aren't going to be perfect. You will make mistakes. It's ok for both of you to be real.

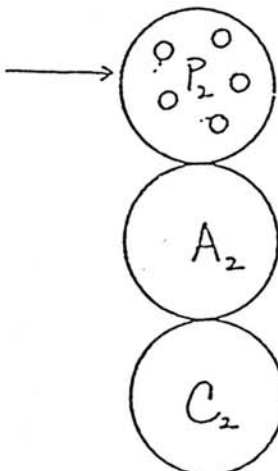
Client position-

1. I can't do it (Will you change it to I won't?)
2. I won't do it (resistance)
3. I don't want to (when client moves to this position, resolution is possible; move beyond resistance to decision, this is a position of decision.)

If none of these occur, the client may leave therapy saying, "I don't care"
This is a very defended position against anal work that hasn't been done.

Alcoholics and Drug Abusers

Situational
specific parent }



2. Build Parent second: generalize before dealing with Child. Build relationships between parts of Parent.

1. Work from Adult first

3. Work from Child third.

P₁

Magical Child 3½-6 years old

S1P2345-6

Most powerful part of scriptor. How we decide how it's going to be for us.

Phobias, obsessive, cross fingers, mythology, Jungian psychology based on this.

I have to begin to leave home and go to school so what can I do to protect myself? I produce a magical structure.

These mechanisms keep me within the rules. Mom & Dad are no longer there to keep me in line.

"If....then...." Precursor of script decision

Connection with all other human beings. We realize that we can get hurt. Confront reality.

We create magical structures to survive.

How do we accept our mortality. Realize that people die, make mistakes, parents aren't perfect. Are we human or gods?

Concept of Huberis--overweening pride. Believing you're the gods.

Magical Child also called the Electrode or WitchParent

Obsessive structure: "What if...What if...What if..." Recycles fears. Keep you stuck.

This is how we deal with the unknown. This is the spiritual part of us. Faith. Learning to live with questions rather than answers. This is where healing comes from.

Exploring (A₁) trust (C₁) yielding to the universe. Accepting that I'm part of the system and separate from it at the same time.

People defend against tapping this energy--maintains the mythology.

This is where reaction formation occurs: The too happy person; the too together person.

Time of storytelling. Age of nightmares. Dreams are important.

Reaction formation--method of denial. phobic-counter-phobic mechanism.

(P₁) continued

Gestures- Magical voice, big eyes; "I'm really scared to talk about this."

Messages- This is scary and exciting. Lot of talk about fears. Worrying.

Script is decided here out of the fantasy, the mythology.

The object of therapy is not to get over or rid of anything. Shift energy to positive vector. Energize.

Injunction? is Don't deal with loss (death)
(of omnipotence A_2)
(of narcissism A_1 C_1)
Has to do with loss, pain, hurt.

Oedipal stage

Deals with death more than sex.

(P₂) Latency (Supposed to be a lacunae between oedipal & adolescence)

Injunction: Don't succeed

A sexual period--exploration with same sex

Girls figure out how to be girls, boys how to be boys. Have a best friend. Talk together.

Exciting & cruel. A vicious & necessary time (in our culture).

Deals with

1. Sexual roles
2. Competition-public recognition
3. Learning how to make people not ok: Inclusion & exclusion
Who am I like/different
Who's good/bad
Who's right/wrong

Learning how to deal with externals.

Incorporate a peer parent.

Main question is HOW TO.... What are the rules? What should I look like?