

**Just for Now:  
Virtual Use of the Oaklander Model in a Time of Crisis**

**The Full Nest: Working with Adolescents**

The first article of this series, “Just for Now: Virtual Use of the Oaklander Model in a Time of Crisis,” discussed employing it with children and families in the context of social distancing and the unprecedented global impact of COVID-19. As a child therapist who uses the Violet Oaklander Model of Gestalt therapy with children, I dedicate this series of articles to the wonderful child and adolescent therapists in Italy whom I’ve known for the past 7 years. My heart is with them and the children they serve. I had the privilege of sharing the first of this series via Zoom to an international group of child and adolescent therapists. Even more inspiring, I was able to include Violet Oaklander herself, who led this virtual gathering of therapists in a Safe Place drawing. I’m deeply grateful to Violet for her work, which has proven both timeless and universally effective, no matter what’s happening in the world.

This second article presents the case of 21-year-old “Bella” to define, explain, and illustrate use of the Oaklander Model in telephone or online sessions and deployment of technology to view an adolescent’s projective work. The piece begins with the model’s basic concepts regarding adolescence. It then addresses the specific challenges which returning to the home presents to the client at this developmental phase and to the family. The case study shows how current technologies and classic Oaklander techniques—the practical and the projective—can be applied successfully under extraordinary circumstances. I thank Bella and her family for graciously permitting me to reproduce her session notes, words, drawings and voice-over video to illustrate the utility of the Oaklander Model in a time of private and public stress. Finally, the article suggests other therapeutic activities for adolescents.

The series’ title, “Just for Now,” immediately suggests a way to frame therapy during this time. It reminds therapists and families that we should now embrace crisis-oriented goals and interventions that strengthen adolescents’ resilience, postponing any deeper work, to help them respond to the present situation—the most relevant and ambitious task we have.

**Therapist-Adolescent Relationship**

Especially during difficult periods, the therapist-child/adolescent relationship is paramount. For that relationship to maintain its authenticity now, adolescents need to know they are being told the full truth about what is happening, as well as being given the opportunity to discuss and ask questions. Adolescents have likely heard all the information that any adult has regarding COVID-19. Still, it’s important to ask parents how this information has been shared in the home: the tension it’s raised in the family, whether a close friend or family member has tested positive for the virus. Adolescents are in the developmental phase between childhood and adulthood, so don’t assume they are equipped for the level of stress their family may be experiencing. Knowing the atmosphere in the home will help you determine how to proceed with the adolescent in therapy, **just for now**.

### Heightened Challenges of Contact

*Contact* in Gestalt terms indicates the ability of the client to be present—to utilize physical, emotional, and intellectual powers to connect with the self and others in the present. Clearly, limitations on our physical presence in a session raises special challenges. However, even more than young children, adolescents are well-versed in communicating via technology—in fact, many have given excellent pointers to this therapist during virtual sessions!

### Egocentricity: Avoiding Guilt Feelings

Typically, adolescents might unconsciously assume responsibility for frightening events in their lives, in the (also unconscious) hopes of feeling in control facing a situation like COVID-19. They might display the polarities of either hyper-responsible behavior—taking charge of the family's health and hygiene, scrubbing with wipes, policing everyone's "social distancing"—or, conversely, withdrawal from all household activities and interactions. Even though they seem old enough to understand this, **tell adolescents they didn't cause COVID-19, can't control it, and are not to blame if a family member or friend gets sick; encourage parents to do so as well.**

### Prioritize Therapeutic Tasks

Reshape your work with a family during this crisis by prioritizing their basic, everyday logistics and by encouraging their getting along as harmoniously as possible.

- As part of your work with the adolescent, be open to helping the family make a plan to get through the crisis.
- Remind the family to set aside their differences **just for now**. In addition to COVID-19, a family may be coping with significant issues, such as divorce, loss, or trauma. On top of these, families may now be dealing with financial and emotional strains from sudden unemployment, having to leave school or other programs, or cancelled events and outings. Whenever possible, encourage families to focus on surviving the present crisis without disrupting interrelationships and daily life.

### Set Aside, but Adjust for, the Presenting Problem

Appropriate response to a crisis might mean that the therapeutic goal of treating the presenting problem must be moved aside **just for now** to help the child and family navigate current pressures. Of course, the presenting problem will be a factor in how the client reacts to the crisis. (See the first article in this series for a description of types of presenting problems and ways to manage them within a crisis-orientation mode.)

### Help Families Set Limits to Keep Adolescents Safe and Secure

Therapists might be used to advocating for adolescent clients' increasing independence. So this crisis and the appropriate responses to it—families reuniting into a "full nest," stringent hygiene and social distancing—pose unusual challenges for therapists as well as for their adolescent clients and families. Adolescents, according to the Oaklander Model, need to separate from their parents not just physically but mentally as well, as they properly question and often rebel against parental beliefs and behaviors. Having to repopulate the once-empty

nest and to follow house rules controlling their actions and socialization is antithetical to the adolescent set of needs.

Therefore, it is important for the family to acknowledge this added stress: Along with raising health concerns and derailing social events, COVID-19 has interrupted the family's normal adjustment to the older children's building their own lives and eventually leaving the nest. This virus put everyone abruptly back in the same home, disrupting parents' plans and younger siblings' getting used to—or rejoicing over—finally having their own space in the home.

In such a scenario, some adolescents may experience more regression than resentment, expecting and wanting to be cared for as they had been when much younger. Others might assume they can behave at home as they did at college or on their own. So helping the family reestablish a regular routine that accommodates everyone as much as possible is important. For example, it may be effective to assign household chores and arrange family activities, but to put the adolescents more in charge than they had been in their earlier years.

Regular, everyday chores and activities include:

Cooking

Cleaning

Family games or movie-watching

Time and space for being alone

Activities with purpose, such as helping others

Fun

### **Case of Bella**

Twenty-one-year-old Bella's presenting problem was a "failure to launch." She came home prematurely from college and had a part-time babysitting job, despite her high levels of intelligence and academic skills. Because of COVID-19, she can no longer work as a babysitter, and is living at home with her mother, stepfather and two half-siblings aged 13 and 2. Goals of this session were to assist Bella in creating a "to-do" list to structure her time at home, find a "project with a purpose," imagine and depict a "Safe Place," and complete "The Scribble," a staple Oaklander Model projective exercise.

### Bella's To-Do List

#### Get Shit Done

- take stuff to Gerty (car)
- Organize Gerty (car)
- ~~◦ wash / dry laundry~~
- ~~◦ put away laundry~~
- set social media time limits
- create a mock schedule
- look up book Susan suggested
- create alarms
- ~~◦ sticker charts for B, L + E~~
- ~~◦ brush teeth charts~~
- remove sticky in bathroom
- ~~◦ Miguel for Lola~~
- set up piano?
- Complete documents for Cassidy
- Organize garage

Identifying, listing, and marking off her undone projects, then emailing them to me, helped Bella begin to be less overwhelmed by her tendency to respond passively to events in her life.

#### Bella's Purposeful Activity: Cleaning the Garage



Focusing and acting on Bella's desire to aid others helped counter her anxiety.

**Bella's Safe Place:  
Mural of a Forest in her Room**



This Oaklander Model activity proved particularly valuable: Because the external world now feels so scary to her, it was helpful to facilitate Bella's accessing an internal sense of safety.

**Projective Exercise: The Scribble**

In working with Bella, I followed Peter Mortola's four-step process for Oaklander Model projective exercises:

**1. IMAGINARY EXPERIENCE**

"Imagine a piece of paper in front of you. Then draw a scribble in that space in front of you."

**2. SENSORY EXPRESSION**

"Draw the object you find in your scribble."

**3. NARRATIVE / METAPHORIC ARTICULATION**

"Be it the scribble."

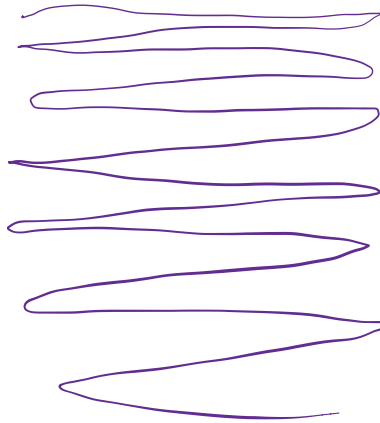
**4. SENSE-MAKING APPLICATION**

"Does it fit for you?"

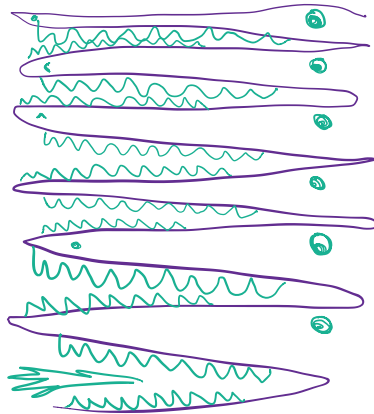
I asked Bella to do "The Scribble" in her room and to email me her drawings. I could see and hear her on FaceTime. I directed her to:

- Stand up.
- Imagine a large piece of paper that is the size of you from your head to your toes.
- Pick a colored pencil or crayon.
- Scribble with it in the air from the top of the imaginary page going down to the bottom—it helps to count to 10 (step 1).
- With the same motion you used in the air, scribble on a real piece of paper (step 2).
- Find an image/picture in the scribble and outline it with a second color.
- Describe the image verbally and/or in writing.

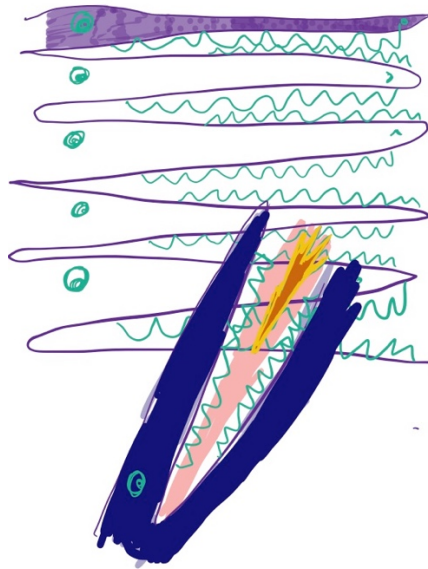
Bella's Scribble #1



Bella's Scribble #2



### Bella's Scribble #3



Bella described her Scribble #2 as “alligators on top of each other. The bottom one is the predator.” I chose to work with the polarities that emerged—the “top” alligator and the “bottom” predator alligator. When asked to be the top alligator (step 3), Bella said, “It’s good to be me, because I don’t have to work that hard and can be on top of everything. Everything is easy for me.” When asked to be the bottom alligator, Bella said, “I can breathe fire and I’m a predator, but I can’t really hunt for anything because I’m on the bottom.”

To me, a fire-breathing alligator stuck at the bottom of a stack of other alligators signaled an opportunity for Bella to express some blocked aggressive energy. I invited her to do another drawing (Scribble #3) primarily to see if she would be willing. While this was my internal agenda, I kept my verbal prompt open-ended: “If the bottom alligator could do anything it wanted, what would it do? Please show that in a third picture.”

I had no expectations of what Bella would draw; I only invited her to take that opportunity if she was feeling ready. In this case, Bella drew the predator alligator taking a huge bite of the alligators on top of her and said, “I’m the predator alligator and I’m going to get rid of all these alligators on top of me so I can be an actual predator.”

I then asked if anything about this process fit her life (step 4) and Bella said, “Yes, I’m always acting like the top alligator. Doing what comes easily to me and not making any effort. For me to get more done, I need to take action like the bottom alligator.”

### Reflections on the Session

This sample session illustrates the power of using the Oaklander Model in a crisis with an adolescent, even virtually. It helped Bella identify and sharply focus on her deep feelings about

her current situation. In addition, she could connect to her need to take personal, effective action despite the restrictions imposed by COVID-19.

### **Violet's Suggestions for Sessions with Adolescents**

#### **Drawings:**

- House Tree Person
- Rosebush
- Safe Place
- Boat in a Storm
- Symbols for Each Family Member
- How You Think You Look, Exaggerated
- How You Would Like to Look

#### **Polarities:**

- Weak/Strong
- Safe/Unsafe
- Pawnshop Fantasy

#### **Activities with Clay:**

- Eyes Closed
- Make something out of the ball of clay without looking

#### **Polarities**

- Weak/Strong
- Safe/Unsafe
- Image of Self

#### **Other Activities:**

- Medicine cards
- Checklists
- Projective tests
- Sand tray scenes, with or without themes
- Demon work (disliked part of self)

#### **Ratings:**

- Rate Your Family on a scale of 1-100
- Rate How You Feel

#### **Games and Books:**

- Charades: pantomime, roleplay
- Top dog/underdog, empty chair, dilemmas, polarities
- Self-hypnosis
- Ungame, Connect 4, Trouble
- Record themselves role-playing
- Use technology (computer, iPad, phone and any app) to see photos and videos they want to share
- Books: ask for their opinion; read a book they're reading and discuss



**Additional Sources**

Mortola, Peter. (2006). *Windowframes: Learning the Art of Gestalt Play Therapy the Oaklander Way*. Santa Cruz, CA: Gestalt Press.

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