

Completion instructions

Developmental Sequences Tracker (DST) - INDIVIDUAL

DST goals

An individual tracking page for developmental sequences (DST) must be completed for one specific character in the town. The page must be completed after every session, such that each session has one tracking page. The first goal of the tracking page is to focus the view of the player-therapist, to obtain a basic understanding of the mental status of the player and to diagnose his emotional-social condition at a given time. This page enables a specific essence of the player, and the manner in which he conducts himself in a specific session, to be briefly captured for a specific point in time.

The second goal of this page is to enable the player-therapist to refine his goals, prepare the emotional infrastructure (hereinafter Category 1 - Developmental Sequences) and differentiate between them and the client's goals (hereinafter Category 2 - Symptoms). This differentiation reminds the player-therapist to enable the player to treat his symptoms himself. The third goal is to make it possible, at the end of the treatment, to track the process that the player you are working with has undergone. Completion of the page the first few times takes longer, until the general picture stabilizes. After that, it is only necessary to update the page after each session. At advanced stages, the player-therapist can complete a tracking page after every session for the character he himself is playing, as well.

General instructions:

Mythology/Indian name - A short descriptive name made up of a few words, which describes the character. For example: "Deep Roots", "Dancing Flame", "Sphinx". Make sure to differentiate this name from the sequences and not write it as an oxymoron.

- Read and complete the table as rows - horizontally, from right to left, and not as columns. There are 5 sections: (1) Developmental Sequences & Transition Types, (2) Symptoms & Signs, (3) Mood and Affect, (4) Social Status, (5) Relationship with the Player-Therapist.
- Each section is divided into two rows. The upper row is for grading of the status, and the lower row is for illustration.
- In the upper row, briefly note the status. In the lower rows, explain and illustrate what you wrote by actions, behavior or events portrayed during play. Make sure not to give the same example for different sections. The page must be rich and clear; and yet precise and concise.

How to fill the table cells

(1) Developmental Sequences - Stage A: Write one primary sequence and two secondary sequences. For each pole, provide a stand-alone name and do not write it in a negative way. For example, instead of coward.... fearless, write: coward.... brave. During the first meetings, check whether the choice of sequences is precise; remember that they can always be refined and changed. Stage B: Between the two poles, illustrate the type of relevant transition for the session, in accordance with the legend at the bottom of the tracking page: blocked, sudden, hesitant, or harmonious.

- At more advanced stages, for each sequence - primary or secondary, sub-sequences can be added and the degree of distance between each pole noted.

(2) Symptoms & Signs - (A) The symptoms are the complaints due to which the treatment is being held: lack of confidence, controlling behavior, fury etc. There are three types of symptoms - I. Player symptoms - for example, I can't manage relationships, I am not developing professionally; I can't express myself, and so on. II. Environment symptoms that affect the player, or in other words, "the reason for the referral" - for example, my wife sent me or else she will break up the relationship; a consultant that thinks her child is withdrawn; a child whose parents think he needs help, etc.. III. Therapist symptoms: For example, I can't create significant relationships; everything is fine between us but there is the feeling that the treatment is not progressing; he overwhelms me and I can't stop thinking about it during the week, etc.

All of the symptoms have positive or negative signs. (A) A positive sign is a behavior which is in excess, for example, talking too much, non-stop. (B) A negative sign is a behavior which is lacking or which displays a regression; for example, staying in a room for hours on end without doing anything. The positive / negative indices do not refer to good or bad, but note a high or low degree of a certain activity. For example, a positive sign of a tendency toward controlling behavior is making unilateral decisions during play and establishing facts on the ground that affect everyone; a negative sign of difficulty forming social relationships is helplessly walking about the town and inaction.

The negative signs indicate a higher degree of severity than the positive signs, since they are not obvious, are elusive, and tend to "incubate" over time. They are sometimes used as a precursor

to a disease outbreak. Since they are quiet, they can be likened to cold and chronic illnesses such as asthma, diabetes, and so on. When these signs appear, the level of alertness must be increased. In conclusion, it can be said that symptoms are of high importance to the human psyche. Lacan explains that the therapist must hurry to get rid of them, since blocking them can lead to the mental deterioration of the patient.

- (3) **Mood and Affect** - (A) The mood is the feeling reported by the player: “I feel wonderful, everything is fine”. The level can change between high and low. (B) Affect is the feeling observed by the player-therapist. For example, the player seems a bit depressed to the player-therapist. The level can change between high and low. (C) When the player reports he is pleased, and the player-therapist has the same impression, then the mood matches the affect. However, when the player claims his mood is fine and the player-therapist notices that the player is depressed, the mood does not match the affect. In this situation, we must increase our degree of alertness to the player’s condition. At times, the lack of compatibility can be indicative of the severity of the symptom.
- (4) **Social Status** - (A) Note what the player’s social status is. Is he popular with those playing with him? Is he rejected? Does he isolate himself? Do people want his company, and does he refuse such offers? Does he try to get close to other players? And so forth. (B) Among those playing, who are his friends, and who is opposed to him? Are there players who he makes angry? (C) What is the quality of the relationships he forms? Does he get close, and then suddenly pull away? Are the relationships superficial or deep? Does he get too close? And so forth.
- (5) **Relationship with the Player-Therapist** - (A) Note the quality and type of relationship with the player-therapist. For example, closeness, trust, rejection, suspicion, etc. (B) Note the type of support required of the player-therapist. Remote support, close supervision, dependency, excessive closeness, distance, advice, mediation with other characters, support to make himself heard, personal conversations, listening, etc. (C) Note the developmental sequences of the player-therapist that arise in relation to the player, and the type of transition between them.