

The Essential Ingredients Needed in Becoming a Play Therapist

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PLAY???

My Journey Into Play Therapy

- What led me to play therapy?
- What have I learned about play therapy?
- What have I learned about the kids that I have provided play therapy services to?
- What have I learned about the caregivers that I have provided play therapy services to their child?
- What I still hope to gain.

Overview of Children

- Who are they?
- What do they do?
- What do they say?
- What do they hear?
- How do they feel?
- What do they sound like?
- What do they think about?

Overview of Children

- Ages & Stages
 - Physical
 - Cognitive
 - Emotional
 - Social
 - Behavioral
 - Developmental

Overview of Children

- Freud
- Erikson
- Kohlberg
- Vygotsky
- Bandura
- Piaget
- Others

Overview of Children

Adjusted Children

- Conversational
- Free and spontaneous in play
- Use a variety of play materials
- Use various play strategies
- Express feelings concretely
- Not serious and intense in Feelings
- Express negative attitudes less often
- Have more focus and direction in play

Overview of Children

Maladjusted Children

- Often remain silent or rapid fire questions
- Initial reactions often cautious and deliberate
- Use a few toys in a small area
- Often want to be told what to do
- Express feelings symbolically
- Reactions are often intense
- Express negative attitudes more frequently, intensely with less focus
- More dysphoric feelings, conflictual themes, play disruptions and negative self disclosing statements

Internalizing vs. Externalizing Disorders/Presenting Issues

- Internalizing
- Externalizing
- Stress Reactions

Popcorn and Molasses

- Some children are like popcorn
- Some children are like molasses

Resiliency of Children

- Children are resilient
- Posses an inner strength to bounce back
- Abuse (no psychological beating down), poverty (rich in spirit), substance abuse (no co-dependency, well adjusted), emotionally disturbed rearing (quite successful)

Play Reveals...

- What the child has experienced
- Reactions to what was experienced
- Feelings about what was experienced
- What the child wishes, wants, or needs
- The child's perception of self

Play in Therapy vs. Play Therapy

- Using toys to get kids to talk
- Letting kids play and revealing:
 - o What the child has experienced
 - o Reactions to what was experienced
 - o Feelings about what was experienced
 - o What the child wishes, wants, or needs
 - o The child's perception of self

Functions of Play

- Unmanageable in reality to manageable situations
- Children express themselves more fully and more directly through self-initiated spontaneous play
- Play involves the child's physical, mental, and emotional self in creative expression and can involve social interaction
- Play = language; Toys = words

History

- Virginia Axline
- Founding Fathers
- Theoretical Orientations
- Settings
- Association for Play Therapy
- University of North Texas
- State Branches

PLAY THERAPY

- An approach to counseling young children in which the counselor uses toys, art supplies, games, and other play media to communicate with clients using the “language” of child – the “language of play.

Play Therapy Defined

“Play therapy is based upon the fact that play is the child’s natural medium of self expression. It is an opportunity given to the child to ‘play out’ his feelings and problems just as, in certain types of adult therapy, an individual ‘talks out’ his difficulties.”

“A therapist who is too literal minded and cannot tolerate a child’s flight into fantasy without ordering it into adult meaningfulness might well be lost at times.”

» Virginia Axline

Play Therapy Defined

“ Play therapy is defined as a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully explore self (feelings, thoughts, experiences, and behaviors) through play, the child’s natural medium of communication, for optimal growth and development.”

– Gary Landreth

CHILDREN UNDER THE AGE OF 12

- Limited ability to verbalize their feelings and thoughts and to use abstract verbal reasoning
- Lack the ability to come into a counseling session, sit down and use words to tell the therapist their problems.
- Lack the introspective and interactional skills required to take full advantage of the “talking cure”.

TREATMENT OF CHOICE FOR

- Adjustment disorder
- PTSD
- Dissociative disorder
- Depressive episodes
- Specific fears and phobias
- Aggressive, acting-out behavior
- Anxiety and withdrawn behavior
- Abuse and/or neglect
- Divorce of parents
- Family violence and other family problems
- Grief issues
- Adoption and foster care related issues
- Hospitalization
- Severe trauma – war, natural disasters
- Chronic or terminal illness
- Attachment disorder
- Selective Mutism

TREATMENT OF CHOICE WHEN COMBINED WITH OTHER TREATMENTS

- Attention deficit
- Hyperactivity disorder
- Major depressive disorder
- Separation anxiety disorder
- Enuresis or encopresis
- Learning disabilities
- Mental retardation
- Physical handicaps

PLAY THERAPY WOULD NOT BE THE TREATMENT OF CHOICE FOR

- Severe conduct disorder
- Severe attachment disorder
- Manifest signs of psychosis

...QUESTIONS

- Can the child tolerate/form/utilize a relationship with an adult?
- Can the child tolerate/accept a protective environment?
- Does the child have the capacity for learning new methods of dealing with the presenting problems?
- Does the child have the capacity for insight into his or her behavior and motivation and into the behavior and motivation of others.
 - Anderson & Richards, 1995

Questions...

- Does the child have the capacity for sufficient attention and/or cognitive organization to engage in therapeutic activities?
- Is play therapy an effective/efficient way to address this child's problems?
- Are there conditions in the child's environment over which the therapist will not have control that will have a negative impact on the therapy process?

Anderson & Richards, 1995

Play Therapy

- Toys in the room => Child's Words
- Play in the room => Child's Language

Principles for Relationships with Children

- I am not all knowing. Therefore, I will not even attempt to be.
- I need to be loved. Therefore, I will open to loving children.
- I want to be more accepting of the child in me. Therefore, I will with wonder and awe allow children to illuminate my world.
- I know so little about the complex intricacies of childhood. Therefore, I will allow children to teach me.

Principles of Relationships with Children

- I learn best from and am impacted most by my personal struggles. Therefore, I will join with children in their struggles.
- I sometimes need a refuge. Therefore, I will provide a refuge for children.
- I like it when I am fully accepted as the person I am. Therefore, I will strive to experience and appreciate the person of the child.

Principles of Relationships with Children

- I make mistakes. They are a declaration of the way I am – human and fallible. Therefore, I will be tolerant of the humanness of children.
- I react with emotional internalization and expression to my world of reality. Therefore, I will relinquish the grasp I have on reality and try to enter the world as experienced by the child.
- It feels good to be an authority, to provide answers. Therefore, I will need to work hard to protect children from me!
- I am more fully me when I feel safe. Therefore, I will be consistent in my interactions with children.

Principles of Relationships with Children

- I am the only person who can live my life. Therefore, I will not attempt to rule a child's life.
- I have learned most of what I know from experiencing. Therefore, I will allow children to experience.
- The hope I experience and the will to live come from within me. Therefore, I will recognize and affirm the child's will and selfhood.

Principles of Relationships with Children

- I cannot make children's hurts and fears and frustrations and disappointments go away. Therefore, I will soften the blow.
- I experience fear when I am vulnerable. Therefore, I will with kindness, gentleness, and tenderness touch the inner world of the vulnerable child.

Objectives of Child-Centered Play Therapy

1. Develop a more positive self-concept
2. Assume greater self responsibility
3. Become more self-directing
4. Become more self-accepting
5. Become more self-reliant
6. Engage in self-determined decision making
7. Experience a feeling of control
8. Become sensitive to the process of coping
9. Develop an internal source of evaluation, and
10. Become more trusting of self

Play Therapy

<https://www.youtube.com/watch?v=fmKxvTtSWoc>

Relationship always focused on the present, living experience....

- Person... rather than... problem
- Present... rather than... past
- Feelings.... Rather than... thoughts or acts
- Understanding... rather than... explaining
- Accepting.. Rather than... correcting
- Child's direction.. Rather than... therapist's reaction
- Child's wisdom... rather than... therapist's knowledge

Tenets for Relating to Children

- Children are not miniature adults
- Children are people
- Children are unique and worthy of respect
- Children are resilient
- Children have an inherent tendency toward growth and maturity
- Children are capable of positive self-direction
- Children's natural language is play
- Children have a right to remain silent
- Children will take the therapeutic experience to where they need to be
- Children's growth cannot be speeded up

Therapeutic Powers of Play

- Self-Expression
- Access to Unconscious
- Direct and Indirect Teaching
- Abreaction
- Stress Inoculation
- Mastering of Fears and Counterconditioning of Negative Affect
- Catharsis

Therapeutic Powers of Play

- Positive Emotion
- Competence and Self-Control
- Sublimation
- Attachment Formation
- Rapport Building and Relationship Enhancement
- Moral Judgment and Behavior Rehearsal

Therapeutic Powers of Play

- Empathy and Perspective Taking
- Power/Control
- Sense of Self
- Creative Problem Solving
- Reality Testing
- Fantasy Compensation

Personal Qualities of a Play Therapist

- Like children and treat them with kindness and respect
- Have a sense of humor and be willing to laugh at himself or herself
- Be playful and fun loving
- Be open and honest
- Be flexible and able to deal with a certain level of ambiguity
- Be accepting of others' perceptions of reality without feeling threatened or judgmental
- Be willing to use play and metaphors to communicate
- Be comfortable with children and have experience reacting with them
- Be able to firmly and kindly set limits and maintain personal boundaries
- Be self aware and open to taking interpersonal risks and exploring his or her own personal issues.

The Play Therapist

- A unique adult in children's lives
- Therapist responds out of his own humanness to the person of the child

The Play Therapist

- Creating Differences
- Being There
- Personality Characteristics
 - How the therapist feels about a child is more important than what the therapist knows about the child

The Play Therapist

- Therapist Self-Understanding
 - What needs of mine are being met in play therapy?
 - How strong is my need to be needed?
 - Do I like this child?
 - What impact do my attitudes and feelings have on this child?
 - How does this child perceive me?

The Play Therapist

- Therapist Self-Understanding
 - Is your intent to change the child?
 - Do you hope the child will play?
 - Are you more accepting of some behaviors than others?
 - Do you have a low tolerance for messiness?
 - Do you have a need to rescue the child from pain or difficulty?
 - Do you have a need to be liked by the child?
 - Do you feel safe with the child?
 - Do you trust the child?
 - Do you expect the child to deal with certain issues?

The Play Therapist

- Therapist Self-Acceptance
 - Only when the child feels free not to change is genuine change possible
 - You cannot accept another person's weakness until you are able to accept you own.

The Play Therapist

- Role of the Play Therapist
 - Lack of direction
 - Wisdom of the child
 - Child's direction
 - Child's creativity
 - Not a supervisor, teacher, peer, babysitter, or parent substitute
 - Doesn't solve problems, explain behavior, interpret motivation, or questions intent

Therapeutic Conditions for Growth

- The Therapeutic Relationship
 - *I trust the child to lead our experience together to where the child needs to be. I am not wise enough to know where a child should be in our relationship, or what a child should do.*
 - *When we focus on the problem, we lost sight of the child.*

The Play Therapist

- The Inner Struggle of a Beginning Play Therapist
 - Play Therapy – What’s That, Really?
 - Recommended Training Program
 - Observe play therapy sessions
 - Observe/critique play therapy session
 - Role play counselor role
 - Role play in pairs
 - Conduct play sessions

Playroom Relationship

The “be with” attitudes:

I’m here.

I hear you.

I understand.

I care.

Play Therapy Dimensions Model

- Active Utilization (nondirective/conscious)
 - Therapist follows child's lead but occasionally makes interpretive comments designed to trigger conscious responses from the child
- Open Discussion and Exploration (directive/conscious)
 - Therapist immersed in the play, providing structure and direction as well as openly and directly discussing issues and making interpretations with the purpose of inviting the child to consciously process material that might have previously been less consciously available to the child

Play Therapy Dimensions Model

- Nonintrusive Responding (nondirective/unconscious)
 - Therapist maintains a stance of non-evaluative acceptance and serves as a nonintrusive witness who follows the child's lead while the child initiates and directs the play
 - **CCPT
- Co-facilitation (directive/unconscious)
 - Therapist shares the power with the child in an egalitarian relationship, serving as a co-facilitator of the play, playing with the child and deliberately staying in the child's metaphor with interpretations and directions

Basic Skills in Play Therapy

- Tracking
- Restating Content
- Reflecting Feelings
- Returning Responsibility
- Limit Setting
- Choice Giving
- Dealing with Questions

Determining Progress

- Is the child using a different tone of voice now?
- Is there resolution to a problem?
- Is there a difference in intensity when the play behavior occurs?
- Is the theme delivered in more or less time?
- Is there more or less verbalization with the theme?

***Monitoring changes in play themes requires the use of video recording sessions

9 Categories of Therapeutic Verbal Responses

1. Tracking

2. Restating Content

9 Categories of Therapeutic Verbal Responses

Facilitating Self-Concept, Development of Self-Responsibility, Creation of Awareness, and the Building of the Therapeutic Relationship

3. Reflecting Feeling
4. Facilitating Decision Making, Returning Responsibility
5. Facilitating Creativity, Spontaneity
6. Esteem-Building, Encouraging
7. Facilitating Relationship
8. Reflecting Large Meaning
9. Limit Setting

Ginott(1961), Axline (1947), Landreth (2002), Ray (2004)

Verbal Skills

- Short therapeutic responses
- Therapist's rate of responses should match the interaction of the child

Ginott(1961), Axline (1947), Landreth (2002), Ray (2004)

Nonverbal Skills: A Way of Being

- The therapist's way of being - like the playroom environment
- Sitting in designated space, no assumption to enter child's physical space or play
- Open stance toward the child (forward leaning; convey openness)
- Attentive and appears interested
- Tone of voice - matches level of affect displayed by child (too much animation); matches therapist's own words and affect (child hits therapist on accident)

Ginott(1961), Axline (1947), Landreth (2002), Ray (2004)

Tracking

- Purpose of tracking is to let the child know that the therapist is paying attention to the child and what he or she is doing.
- Helps to build a relationship with the child.
- Therapist describes literally and without interpretation what is happening in the playroom.

TWO METHODS OF TRACKING

- Direct
 - Tracking what the child is doing
- Indirect
 - Tracking what the objects are doing

TRACKING AVOIDS LABELING

- It is helpful to avoid labeling – both nouns and verbs
 - Ex: “The horse is winning the race”
 - Ex: “That thing is moving around”
- By not labeling the verbs, the therapist encourages the child to project his or her “vision” of the relationship between the objects and to decide what each of them is doing.

Restating Content

- Purpose is to let the child know that the therapist is listening to what he/she is saying by providing child with a mirror of their remark
- Play therapist restates content when he or she paraphrases what the child has just said.
- Do not parrot child and use age-appropriate vocabulary
- Use your own intonation
- Convey respect and genuineness- get down on their level, make eye contact, have “listening” body posture.

Reflecting Feelings

- Purpose is to help children begin to understand the emotions they experience and expand their feeling vocabulary.
- The skill of reflecting feelings involves making clear and direct guesses or statements about what the therapist thinks the client is feeling.

Returning Responsibility

- Purpose is to empower the child by letting them know that the therapist believes they have the capacity for successfully executing the behavior or making the decision in question
- Therapist returns responsibility to the child when:
 - child explicitly asks for help with behavior or decisions
 - child implies that they need help with behavior or decisions
- Encourage the effort, don't praise the result

Limit Setting

- A – Acknowledge the feelings, wishes, and wants of the child (You seem really angry at me, and you want to shoot the gun at me)
- C – Communicate the limit to the child, using passive voice formulation (I am not for shooting)
- T – Target appropriate alternative behaviors (You can choose to shoot the doll or the bop bag instead)

Recapping Limits

1. Set the Limit
2. Choice Giving
3. The Ultimate Limit
4. When It All Goes Wrong

Dealing with Questions

Questions can be practical, personal, relationship focused, on-going process, and dual category

Ways therapist can respond:

- return responsibility to child
- use minimal encouragers
- restate the question
- guess about the purpose/interpret
- answer the question
- answer with a question
- decline to answer

ex: “Can I go to the bathroom?”

ex: “Do you have children?”

Setting Up the Playroom

Categories of toys

- Real life toys
- Acting-out aggressive-release toys
- Toys for creative expression and emotional release

Selecting Toys and Materials

- Do the toys and materials facilitate a wide range of creative expression/
- Do they facilitate a wide range of emotional expression?
- Do they engage children's interests?
- Do they allow for exploration and expression without verbalization?
- Do they allow for success without prescribed structure?
- Do they allow for noncommittal play?
- Do they have sturdy construction for active use?

Playroom



LSUHSC Play Therapy Clinic Rooms



LSUHSC Play Therapy Clinic Rooms



Playroom and Materials

- Rationale for Selecting Toys and Materials
 - Seven essentials:
 1. Establishment of a positive relationship with the child
 2. Expression of a wide range of feelings
 3. Exploration of real life experiences
 4. Reality testing of limits
 5. Development of a positive self-image
 6. Development of understanding
 7. Opportunity to develop self-control

Engaging Caregivers in Play Therapy

- Level of Commitment/# of Sessions
- Resistance
- Caregiver's Role
 - Caregiver's Needs
- Family Play Therapy
- Filial Therapy
 - Child Parent Relationship Therapy

Engaging Caregivers in Play Therapy

- Initial Contact
- Initial Intake
 - Initial Session Checklist
- Determining a Plan
- Scheduling Sessions
- Ongoing Caregiver Consultations
- Professionals
- Termination
- Problems/Challenges
- Legal/Ethical Issues

Developmental Framework

- Engagement
- Cooperation
- Incorporation
- Termination

Engaging Caregivers

- Forms
 - Professional Feedback Form
 - Caregiver Feedback Form
 - Weekly Caregiver Update

How to Align Kids to Play Therapy

1. The child comes for help.
2. The helping situation is defined.
3. The play therapist encourages free expression of feelings by offering a permissive environment with few limits and by reflecting the child's feelings, thoughts, and actions without judgment.
4. The play therapist accepts, recognizes, and clarifies negative feelings through sending a felt sense of warmth to the child and reflecting the child's feeling and meaning behind negative or aggressive actions

How to Align Kids to Play Therapy

5. The child will begin to show positive expression of feelings.
6. The play therapist accepts positive feelings in the same manner as negative feelings.
7. This step acknowledges the development of insight and acceptance of self by the client.
8. The child will clarify possible courses of actions or decisions.

How to Align Kids to Play Therapy

9. Child begins to initiate positive action outside the therapy session.

10. Child continues to grow in self-acceptance and understanding of self.

11. Positive action increases inside and outside of session.

12. Child experiences a decreased need for the relationship with therapist, although still feels warmly toward therapist.

What is a Theme?

- Play theme – a coherent metaphor form which the child communicates the meaning he or she attributes to experience.
 - Eg: child shows little or no emotion while throwing toys around the playroom – “you can’t make me pick it all up. I can do whatever I want.”
 - Power/control - child acts aggressively to gain control over his environment.
- OR “you can’t get me again.”
- Protection theme

How To Identify Themes

- 3 Characteristics

- 2 occur within the session; 1 external to the session

- Repetition, Intensity, and Context

- Repetition: within or across sessions; child is working on an issue that is important; child is determined to express the internal struggle and possibly develop ways of managing that struggle

How To Identify Themes

- Intensity: the energy and focus applied to play behaviors within the session
- Silence or an increase in emotion
- Determine how you the play therapist is feeling
- Context: early development, personality characteristics, and significant life events; presenting problems

Rationale for Identifying Themes in Play Therapy

- They lead play therapists to a better understanding of the subjective experience of the child
- Help reveal full acceptance of what the child has attempted to express; allow for greater conceptualization of the child

Thematic Responses

- Reflecting Content
- Reflecting Feeling
- Facilitating Decision Making/Returning Responsibility
- Facilitating Creativity/Spontaneity
- Esteem Building
- Relational
- Reflecting Larger Meaning

Ray(2012) p. 109

Determining Progress

- Is the child using a different tone of voice now?
 - Is there resolution to a problem?
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- ***Monitoring changes in play themes requires the use of video recording sessions

Treatment Planning & Goal Setting

- *Advanced Play Therapy – D. Ray (2012).*
- Presenting Issues/Levels of Significance
- Number of Sessions
- Presenting Issue
- Goals/Objectives
- Intervention(s)

Treatment Planning & Goal Setting

- Involvement of Caregiver(s)
- Therapeutic Team
- Identified Client
- Professional Involvement (School, Psychologists, OT, Speech, Psychiatrist)

Registered Play Therapy Certification

- Must have completed at least 150 hours of play therapy specific instruction, not more than 50 of which may be non-contact hours, from an institution of higher education or APT approved provider of counselor education
- Must have completed at least 500 hours of supervised play therapy experience that included at least 50 hours of play therapy supervision

Trainings

- Association for Play Therapy
- State Branches
- On-Line
 - Webinars
 - DVD/Book Tests