

A workshop presented for

Oakton Community
College

Play Therapy

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COURSE DESCRIPTION

- This workshop will present clinical aspects of play therapy for children. Methods of play therapy and equipment that is needed, i.e. sand tables, doll and puppet play, and art media will be covered. Video tapes of play therapy will be presented as aids. A focus and discussion on both individual child-centered play therapy, group play therapy, play therapy with families, and brief play therapy will present clinicians with several vehicles of practice. An off-site practice session with a child will be assigned.

COURSE OBJECTIVES:

- At the conclusion of the course, the participant will be able to:
 - 1. understand the historical roots of play therapy;
 - 2. be able to articulate at least three models of play therapy;
 - 3. know the pertinent research regarding the usefulness of play therapy and other models of therapy with children;
 - 4. be able to discriminate between when different forms of therapy are useful with which groups of children, and under what circumstances;

COURSE OBJECTIVES

- 3. acquire beginning understanding of how to use play therapy skills;
- 4. acquire a working model of the tools needed to conduct a successful play therapy session;
- 5. To tailor make the last session to the needs of the class. Or to brainstorm what might be useful for:
“The Portable Play Therapist: Tools in the Bag.”

Play a Group Game



Part One

History, Models, and Beginning

A Short History of Work with Children

- Child Guidance Movement – 40' s and 50' s
- Hospitalization
- Community Mental Health – 60' s and 70' s
- Schools seen as primary prevention and assessment sources – 80' s –
- Youth Service bureau movement
- Family Systems Movement
- Psychiatry and Managed Care – Era of mental health as big business.

A Short History of Models of Play Therapy

- Little Hans - Freud's work with a phobia
- Virginia Axline (1947) - Play Therapy
- Bernard G. Guerney, Jr. (1964). Filial therapy
- Clark Moustakes, (1973). Children in Play Therapy - relationship based
- D.W. Winnicott, (1977). The Piggie: The psychoanalytic treatment of a little girl.
- A.M. Jernberg, (1979). Theraplay

- Schaefer, C.E. & O'Connor, K. J. (Eds), 1983). Handbook of Play Therapy
- Combrinck-Graham, L. (1989) (ed). Children in Family Context
- O'Connor, K. J. (1991). The Play Therapy Primer
- McMahon, L. (1992). The Handbook of Play Therapy
- Landreth, Gary ()

- Nemiroff, M.A., Annunziata, J., & Scott, M. (1990). A child's first book about play therapy. Washington, DC: American Psychological Association.

Play therapy is

- Symbolic
- The world of the child
- Acts out real life conflicts and issues
- Fun
- Play therapy is just that -- it is not a talking therapy, but it can lead to that.

Typical Goals of Therapy

- Enhance child's self control, self-concept, and self-efficacy.
- Help child become aware of his or her feelings.
- Have a place where child can feel safe in exploration of self.
- Learn and practice self-control and alternative behaviors.
- Develop capacity to trust adults.
- Develop capacity to relate to an adult in an open, positive and caring manner.

Frameworks

- Psychoanalytic
- Relational
- Jungian
- Adlerian
- Gestalt
- Family Systems
- Client Centered - Child Centered

Frameworks

- Cognitive - Behavioral
- Solution Focused
- Narrative
- Strength-Based
- Theraplay

Children who are appropriate for Play Therapy

1. The child can tolerate and use a relationship with an adult;
2. Has the capacity for learning new behaviors;
3. Can have insight into motivations of him or her self and others
4. Has the ability to pay attention and have cognitive organization skills.

Children who are appropriate for Play Therapy

4. Play is the most appropriate method of treatment at this time;
5. There is someone available, and with the skills or has access to training and supervision.

Equipment

- Puppets
- Art
- Sand Play
- Games
- Doll Houses
- Almost any toys
- Paper and Crayons
- Cars and Trucks
- Toy guns and knives
- Costumes, dress-up
- Play Doh
- Water play
- Games, i.e, cards, checkers, etc.

Equipment

- Sock Puppets
- Art - House Tree
Person, Family
- Play Mobile Dolls

Play Therapy Space

- 12 by 15 foot room
- Sand Table
- Sink
- Privacy
- Doll House
- Secure shelves for holding favorite objects
- Counter Top space, with table and chairs

Research

- Only efficacy studies show positive outcome
- Filial Therapy has higher evidence of positive outcome than individual play therapy, and;
- Family Treatment of children's problems have a greater positive outcome with certain problems

Research

- Association for Play Therapy and their Research studies.
- <http://www.iapt.org/index.html>

Research

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Reasons for Play therapy

- Used when there is an individual vs. systemic orientation towards psychotherapy and counseling.
- When there is limited contact with family members, i.e., when child is in foster care, residential treatment, victim of abusive, or when parents are otherwise unavailable to treatment.
- When funding source insists on this form of therapy as a preferred mode of treatment.

Four different models

- Virginia Axlin, (1947).
- Clark Moustakes, (1973). Children in Play Therapy - relationship based
- Bernard G. Guerney, Jr. (1964). Filial therapy
- Family Play Therapy

Model One

Child-Centered Play Therapy

Virginia Axline

Virginia Axlin

Child-Centered Play Therapy



Major Premises of Theory

- Comes from Rogerian model.
- Called child-centered play therapy.
- Is Non-directive
- Reflects feelings, restates content, and returning responsibility to the child.
- Believes that children are able to work out their problems through use of unconditional positive regard.

Major Premises of Theory

- It is: “a philosophy resulting in attitudes and behaviors for living one’s life in relationship with children. It is both a basic philosophy of the innate human capacity of the child to strive toward growth and maturity and an attitude of deep and abiding belief in the child’s ability to be constructively self-directing. (Landreth and Sweeney, 1997)

The seminal work on play therapy with children was written by Virginia Axlin in 1947. She outlined eight principles of working with children in therapeutic relationship that makes good sense even today. They are:

- 1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
- 2. The therapist accepts the child exactly as he/she is.
- 3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his/her feelings completely.
- 4. The therapist is alert to recognize the feelings the child is expressing and reflects those feeling back to him/her in such a manner that the child gains insight into his/her behavior

- 5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so, The responsibility to make choices and to institute change is the child's.
- 6. The therapist does not attempt to direct the child's actions or conversations in any manner. The child leads the way; the therapist follows.
- 7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.

- 8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of her responsibility in the relationship.
- (Axline, 1947, pp. 73-74).

Five Phases of Child-Centered Play Therapy

- 1. Child uses play to express diffuse negative feels.
- 2. Uses play to express ambivalent feelings, i.e., anxiety, or hostility.
- 3. Express mostly negative feelings, again, but the target is now more specific, i.e., parents, sibs, or therapist
- 4. Ambivalent feelings resurface again but the target is now more specific, as in #3
- 5. Positive feelings are now predominant, but negative feelings are more grounded and realistic.

Model Two

Relationship Playtherapy

Clark Moustakas

Relationship Play Therapy



Major Premises of Theory

- Therapy happens within the context of the therapeutic relationship.
- The therapist sets limits that “do not tamper with the will of the child.”
- Therapist enacts personal limits.
- Therapist uses him or her “self” in therapy.
- Response to aggressive behavior.
- Children have within themselves the ability to control their behavior, and want to.

Video Clip

Assignment for Next Week

- Find access to a child;
- Design a first session, including equipment, model or theory you are operating from;
- With the permission of the child's parent or guardian, spend one hour with that child, practicing the fine art of play therapy;
- Be prepared to discuss this work next week.

Part Two

Practice Reports, Model, and Tailor
Made Session

Model Three

Filial Play Therapy

Bernard and Louise Gureney

Filial Therapy



Major Premises of Theory

- Was developed by Bernard and Louise Guerney, (1964).
- Combines play therapy and family therapy in a highly effective model.
- Therapist trains and supervises parents as they conduct “child-centered” play sessions with their own children.

Usefulness with:

- Strengthens family relationships that have been strained by illness.
- Provides parents of an ill child a “proactive” way to help at a time when they might feel quite helpless.
- Can provide quality time during a stressful situation.
- Can restore a sense of control during these times.

Process of Filial Play Therapy

- 1. Therapist explains the rational and process of filial play therapy.
- 2. Therapist demonstrates the play therapy session, as the parents watch and record their observations.
- 3. Therapist discusses the session demonstration with parents afterward.

Process of Filial Play Therapy

- 4. Therapist trains the parents in the four basic play therapy session skills; structuring, empathic listening, child-centered imaginary play, and limit setting.
- 5. Mock play therapy session, with feedback from therapist, and discussion of session, including skills feedback..

Process of Filial Play Therapy

- 6. Parents begin play therapy sessions, under supervision of the therapist.
- 7. When parents begin to feel comfortable with the process, they begin the sessions at home. Parent(s) and therapist meet to discuss and problem solve the sessions, and generalize the skills to everyday life.
- VanFleet, (1994)

Model Four

Family Play Therapy

Family Play Therapy

- Schatz, I.M. (1998). Meeting Noodle Face Noah: Child Oriented Family Therapy. *Journal of Family Psychotherapy*. 9(2), 1-13.
- Ariel, S. (1992). Strategic family play therapy. New York: Wiley
- Chasin,

Basic Premises of Family Therapy

- Systems are a series of interconnected, inter-related, interdependent parts, whose whole is greater than the sum of it's parts.
- A change in one part of the system will result in effect the rest of the system.
- All action is recursive, there is no real cause and effect – all behavior is defined by, and understood within the context in which it occurs.
- Problems are maintained by the system.
- Psychopathology is not something that resides in someone, but occurs in relationships.

Reasons for Family Play Therapy

- Children are thus available to the counselor for direct observation and intervention.
- The family is better understood if children are “known” through direct contact, rather than hearsay.
- Children may and will have their own unique viewpoints, and contribute to sessions with their spontaneity, immediacy and candor. (Chasin, and White, 1989).

Typical Differences between Individual and Family Play Therapy

- | | |
|---------------------------|-----------------------|
| • Individual Play Therapy | • Family Play Therapy |
| • Distanced | • Involved |
| • Nondirective | • Directed |
| • Imaginative | • Factual |

Family Play Therapy

- Family Play Therapy is more directive, as in proscribing what the child and family should do, i.e., “draw a family doing something,” or in role playing, i.e., “You’ re Dad at the dinner table and your brother is Mom, who has just arrived home late form work. Make up a skit that shows us what would happen if your parents got along exactly the way mom wants them to.”

More Reasons for Family Play Therapy

- Through drawing and play, children may express more of their concerns than through mere discussions.
- Families become actively engaged and display high levels of energy.
- It is informative about everyday life.
- There is a great enthusiasm in the way family members impersonate each other, and the honesty with which they represent everyday life.

Six Phases of a Family Play Therapy Session

- 1. Orientation
- 2. Joining
- 3. Goal statements
- 4. Goal enactments
- 5. Problem exploration
- 6. Advise
- Chasin, Roth, & Bograd, (1988)

Six Phases: Orientation

- First part of session
- Introduction of therapist, and have family members introduce themselves.
- The therapist shares information that he/she has obtains previously.
- State the purpose of the session “we are here to talk about “Joy’ s behavior and how it is effecting all of the family.”
- Sets up the rules of therapy i.e., everyone will have an equal chance to talk; no ganging up on one person, no fighting, etc.

Six Phases: Joining

- Establishing a working alliance with the family, and all the members.
- First few minutes of chit chat, to relax and get to know, or later to reacquaint and get up to speed with where the family is this week.
- Set the tone for the meeting: Not an anxiety provoking situation

Six Phases: Goal statements

- Several ways of attending to this, but it is believed that by focusing on the problem at this point, a negative set may occur.
- Better to ask questions that are directed toward the here and now, such as “what is it that you would all like to accomplish here today?”
- This is easier said than done, as most families anxiety carries them to the “problem.”

Six Phases: Goal statements

Continued

- “Can you each tell me how your family can be even better than it is now? Who would like to go first?”
- Goals are most helpful when the are concrete.
- Encourage them to turn any complaints or blaming into a future goal, or accomplishment for the future - stress behaviors, not character assassinations.

Six Phases: Goal Enactments

- Role play how those goals may look.
- Directing a movie, i.e., “show us what that would be like. How would your mother be acting towards your brother, if this was to happen.”
- Michael White calls these preferred outcomes.
- Again, get specific when it comes to behaviors, so that the family might “move” into them.

Six Phases: Problem exploration

- 1. Does a problem really exist?
- 2. What are the cycles or sequences that are associated with the family problem?
- When and in what context does the problem exist? What are the constraints?
- What has been done to solve the problem?
- What are the belief systems that prevent the family from finding a solution?

Six Phases: Advise

- Summary statement should include:
- 1. A respectful acknowledgement of the family's strengths.
- 2. A Brief summary of the family's wishes and fears.
- 3. One or two hypothesis that connect the problem with well-intended and wise traditions (that are not currently working)
- A clear recommendation for future action, and a rationale. (Chasin & White, 1989)

Video Clips

Model Five

Group Play Therapy

A Few Management Strategies for Group Play Therapy

- Rules;
- 1. Limit rules to four to six, so they may be remembered.
- 2. Phrase rules in the positive (to do) rather than (don't do).
- 3. Refer to specific observable behavior (Hand to yourself)
- 4. Positive consequences (praise and rewards) for following rules, with negative consequences (private reprimand, brief time outs) to rule violations.

A Few Management Strategies for Group Play Therapy

- Review rules at beginning of each session, with each child choosing a rule to explain.
- Make rules short and to the point.
 - Wait your turn
 - Stay in your seat
 - Talk quietly
 - Hands to yourself
 - Raise your hand

A Few Management Strategies for Group Play Therapy

- Use social rewards, such as praise, smiles, “thank you.”
- Single every child out for some praise and attention.
- Become spontaneous with praises.
- Send a frequent note home to children's parents when they have behaved well.
- Use of one-two-three magic is useful. Specify consequences and then follow through when there is a need.

Michael White's Play Therapy for Encopresis

- Externalize the problem.
- Remember that the child is NOT the problem, the problem is the problem.
- Help child discover times when they have had victory or where able to defeat the problem.
- Devise strategies to overcome the externalized problem, and map them out.
- Elicit the parents support in this endeavor.

The Portable Play Therapist

- Suitcase or something to hold all the play equipment.
- Pad of manila paper;
- Big 54 box of crayons
- Three or more sock puppets
- Several sets of Play Mobiles – families and specific focus sets.

The Portable Play Therapist

- Play Doh
- Squirt Guns
- Cards
- Battle Ship
- Rubber knife
- Therapeutic books
- The Ungame

Managed Care Expectations

- 1. Do the symptoms or complaints require treatment?
- 2. If so, how does one gauge outcome and effectiveness of treatment?
- 3. Why pay for play therapy (family play therapy) when medication or other media are seen as the current appropriate mode of treatment?

Managed Care Expectations

- Why is treatment necessary? How is it life or function threatening?
- Can you demonstrate how the problem impacts on development and/or future growth cognitive and emotional and behavioral performance?

Managed Care Expectations

- Demonstration of Efficacy and Outcome Effectiveness.
- Well documented evaluation indicating that there are no other likely medical or psychiatric causes of the problem.
- Very specific behaviors among family members are shown to be contributing to problem, thus need for treatment.
- Various measures of outcome can be tracked, indicating improvement, i.e., school performance, like absenteeism, school incidents, improvement in academic performance, etc.

Web Site Resources

- Association for Play Therapy
- <http://www.iapt.org/>
- Filial Therapy
- <http://www.play-therapy.com/>
- Canadian Play Therapy Association
- <http://www.playtherapy.org>
- Midwest Play Therapy Institute
- <http://ccpe.smsu.edu/mpti/>
- Transpersonal Sandplay
- <http://www.sandplay.net/>

That's all for now, folks !

- This workshop was presented by the good folks at Oakton Community College.
- Dr. Jeffrey K. Edwards, LMFT is presented through the cooperation of Northeastern Illinois University, Department of Counselor Education, Family Counseling Program. 773-442-5541
- Dr. Edwards is available for workshops and clinical supervision.