Play Therapy Defined

Association for Play Therapy defines play therapy as:

*The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.*

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Play Therapy

The British Association of Play Therapists define play therapy as:

*The dynamic process between child and play therapist, in which the child explores, at his or her own pace and with his or her own agenda, those issues past and current, conscious or unconscious, that are affecting the child's life in the present. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change. Play therapy is child-centered, in which play is the primary medium and speech the secondary medium.*

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Short History of Play Therapy

Compiled by James W. Drisko, PhD, LICSW – Smith College

1903 Sigmund Freud outlines stages of childhood instinctual development – oral, anal and genital.

1909 Freud first applies psychotherapy with children: his own!

1913 Hermine Hug-Hellmuth (world's first practicing child psychoanalyst) interprets play in terms of Freud’s drive theory.

1921 Hug-Hellmuth formalizes play therapy process: provides children play materials to express the self and emphasizes use of play to analyze the child.

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1925 Anna Freud uses play to better understand her child patients/facilitate positive attachment to therapist.

1927 Advocacy for High School “Counselors” to aid healthy development.

1930 Florence Goodenough (first to support life span development approach in psychology) developed the “Draw-A-Man” test for assessment.

1933 David Levy introduces the “Experimental Play” method.

1934 Jesse Taft and Frederick Allen develop Relationship Therapy - emphasis on the emotional relationship between the therapist and the child and focus on child’s freedom and strength to choose - non-interpretive play methods.

1937 Melanie Klein uses interpretations in play therapy with children under the age of six.

1938 Strong advocacy for the use of play in the growing Child Guidance Movement.

1939 Levy’s “Release Therapy” (structured approach): a child, who had experienced a specific stressful situation, would be allowed to engage in free play. Subsequently, the therapist would introduce play materials related to the stress-evoking situation allowing the child to reenact the traumatic event and release the associated emotions.

1940 Arnold Gesell and Frances Ilg establish developmental norms from birth to 10.

1940s Carl Rogers – “Client Centered Therapy” and “unconditional positive regard.”
1944 Dora Kalff founds Sandplay therapy.  
1949 John Buck’s “House-Tree-Person” Technique (art therapy) – most widely used projective test.  
1950s Virginia Axline summarizes 8 principles of play therapy and her non-directive approach.  
1955 Gove Hambidge expanded on Levy’s work emphasizing a “Structured Play Therapy” model - instructing the child to enact specified situations.  
1956 Margaret Mahler develops theories of Symbiosis and Separation/Individuation.  
1957 Levitt’s review suggests child therapy is ineffective.  

1958 John Bowlby outlines Attachment Theory and later, Separation and Loss follows from research.  
1960s Fritz Redl writes pioneering work about treating children in residential settings.  
1960s Bernard and Louise Guerney develop Filial therapy, a new innovation in play therapy.  
1961 Hiam Ginott advocates widespread use of play: “The play of a child is talk with toys as words.”  
1962 Piaget defines children’s cognitive development and differences by age spans.  
1964 Winnicott’s Squiggle technique.  
1970 Dinkmeyer’s portable play kit, the DUSO [Developing Understanding for Self and Others]  
1971 Gardner’s “Mutual Storytelling Technique.”  
1971 David Davidson involves mothers directly in play therapy.  
1971 Donald Winnicott expounds concepts of “transitional objects” and “transitional space.”  
1972 Wolfman uses hand puppets in play therapy.  
1972 Heimlich introduces “Paraverbal Therapy,” using music, dance, and drama.  
1970s Brief and Time Limited models of play therapy developed by Rosenthal & Levine and Proskauer.  
1980s Structured storytelling applied to trauma treatment.  
1985 Costantino and Malagay’s Cuento Therapy emphasizes cultural connections (specific to Puerto Rican children).  

1990s Tremendous growth in books, games and charts linked to techniques of play (but not to theories or named approaches to therapy – often more educational in nature than psychotherapeutic).  
1990s Growth in services to mothers and toddlers using the child’s play to help parents understand their infants and toddlers better.  
1992 Standardized training in play therapy begins.  
1990s Growth of managed care emphasizes “results” on specific issues, cognitive approaches gain favor, play approaches wane in public sector.  
1998 LeBlanc shows .66 standard deviation effect size for play therapy. (This is comparable to effect sizes for other effective therapies.)  

Play Therapy – History  

Other important figures in play therapy:  
– Clark Moustakas  
– Ann Cattanach  
– Charles Schaefer  
– Heidi Kaduson  
– Gary Landreth  
– Eliana Gil  

Theoretical Orientations  

• Play therapy approaches have diverse philosophical viewpoints about the therapist’s role, goals of therapy, and use of structuring in play therapy.  
• While each approach aims to help children cope with emotional difficulties, the methods employed and the play therapy process differ substantially across each of the theories.
Psychoanalytic Play Therapy
Anna Freud, Melanie Klein, and Donald Winnicott

Freud’s student, Klein, initiated therapeutic play methods with children. She used play as a vehicle for free association. Her goal was to help children bring the unconscious to the conscious. She hypothesized that play was the vehicle. Anna Freud used play to build relationships with children before moving on to interpret their unconscious motivations.

Article: Psychoanalytic Play Therapy - Bromfield

Psychoanalytic Play Therapy
Anna Freud, Melanie Klein, and Donald Winnicott

Therapist encourages development of a transference relationship - child projects early experiences, feelings, and thoughts onto the psychoanalyst. Main objective of this method is to promote communication of wishes and fantasies so that children develop a tolerance of their feelings and can function fully at their level of cognitive development. Emphasis of therapeutic structure in psychoanalytic play therapy is upon consistency in the play setting. Klein - adults use language for free association and explaining problems, children use play.

Jungian Play Therapy
Carl Jung and John Allan

Developed by Carl Jung in 1912. Jung worked with Freud - different views of play therapy. Jung felt the therapist is important and has an active role as a facilitator and interactor with the child but not as leader. Emphasizes symbolic meanings. Jung said the child’s psyche knows where it needs to go, and it is the therapist’s job to follow it there. Jungian play therapy depends on the therapist to build trust with the child and to have discussion with the child about their play with sensitivity and skill.

Article: Jungian Play Therapy: Bridging the Theoretical to the Practical - Green

Release/Structured Play Therapy
David Levy and Gove Hambidge

Levy (1938) created Release Therapy, a structured approach. In Release Therapy children engage in free play until they become comfortable in the playroom. Therapists then use play to re-enact stressful situations. The goal of this intervention was to bring about release of troubling emotions children experience. Hambidge (1955) expanded Levy’s work developing Structured Play Therapy; a directive approach. He would recreate the anxiety producing situation and then encourage free play. The premise being children would resolve issues connected with traumatic events.

Article: Structured Play Therapy: A Model for Choosing Topics and Activities - Jones, Casado, Robinson

Relationship Play Therapy
Jesse Taft, Frederick Allen, Clark Moustakas

Taft (1933) and later Allen (1942) were the early forerunners of Relationship Play Therapy. Each de-emphasized past events and focused on present relationships to bring about healing. It was Moustakas who repealed his non-directive training in favor of Relationship Play Therapy, writing eloquently in his book of that name about RPT, “The essential ingredients of change were rooted in the interactions between child and therapist, in the developing relationship” Moustakas, 1997, p. 5. Book: Relationship Play Therapy - Moustakas

Child Centered Play Therapy
Virginia Axline and Garry Landreth

Rogers developed Nondirective Therapy, also referred to as Person Centered Therapy. Axline applied Rogerian constructs and pioneered Nondirective or Child Centered Play Therapy. Landreth expanded upon Axline’s work. The play therapy relationship must be different from anything else the child has experienced. Because of this difference in the relationship a child can explore new ways of being and potentially unblock innate potentials.
Child Centered Play Therapy
Virginia Axline and Garry Landreth

The client-centered method emphasizes the facilitative role of the therapist including the qualities of genuineness, unconditional positive regard, and empathic understanding. This approach’s primary goal is self-directed growth and change in the child.

In child-centered play therapy, structuring is considered an important process early in play therapy.

Article: Child-Centered Play Therapy - Guerney

Filial Play Therapy
Bernard/Louise Guerney, Risé VanFleet

The Guerneys (1964) developed Filial Therapy, a time-limited therapy focused on teaching parents effective ways of working and playing with their children. Filial therapy joins two important strategies: play therapy for children and psychoeducation for parents. The therapist directs the intervention, serving as teacher and empathic support person for parents. Both parents and children make progress. The parent-child relationship is enhanced.

Filial therapy empowers parents by actively involving them in their child’s treatment.

Article: Filial Therapy into the 21st Century - Guerney

Adlerian Play Therapy
Terry Kottman

Adlerian Play Therapy combines both Individual Psychology and a Child Centered focus. It includes four phases: 1) building egalitarian relationships, 2) exploring lifestyles, 3) promoting insight, and 4) providing reorientation and reeducation. Therapists incorporate encouragement, empowerment and relationship building throughout. Therapists guide children towards constructive goals.

Article: Adlerian Play Therapy - Kottman

Gestalt Play Therapy
Violet Oaklander

• An existential-phenomenological approach based on the premise that individuals must be understood in the context of an ongoing relationship with the environment.
  – Move the client from environmental support to self support
  – Reintegration of disowned parts of the personality to the full self

Article: Gestalt Play Therapy - Oaklander

Gestalt Play Therapy
Violet Oaklander

• Stresses dialogue between client and therapist.
• Child’s relationship with environment is interdependent.
• Approach – Experiments are spontaneous and organic to the moment-to-moment experience of the therapeutic relationship - experiential learning. Exercises – ready-made techniques used to provoke action or to achieve a goal.
• Therapy aims at awareness and contact with environment, not analysis.

Cognitive–Behavioral PT
Susan Knell

Cognitive strategies can be effective with children if treatments are developmentally sensitive and attuned to child’s needs. Use of puppets, dolls, stuffed animals, action figures and art materials help demonstrate (model) and practice (role play) alternative ways to behave and problem-solve (coping skills). Cognitive behavioral play therapy incorporates cognitive and behavioral interventions within a play therapy paradigm. It is goal-oriented, rather than open-ended, collaborative with the client and family, guided by both child and therapist, and incorporates empirically demonstrated techniques that are psychoeducational.
Ecosystemic Play Therapy
Kevin O’Connor

EPT is an effective, multi-systemic, developmentally-focused, goal-oriented treatment modality that promotes an attuned, goal-oriented partnership between therapist and child. EPT integrates existing play therapy theories and techniques using cognitive developmental theory as an organizing framework as it maintains a broad systemic perspective. The theory emphasizes the importance of considering the multiple systems in which the child is embedded when conceptualizing cases and designing interventions.

Article: Ecosystemic Play Therapy - O’Connor

In practice, EPT is a goal-oriented model in which the play therapist works to help children find ways of getting their needs met effectively and appropriately. This is accomplished through two strategies: 1) The development of a “goal-corrected partnership” between the therapist and client. And, 2) the use of experiential and cognitive activities in play sessions that bring children to a new understanding of their life situation and, therefore, facilitate the development of a new repertoire of responses.

Directive Play Therapy

- Theory base:
  - Behaviorism studied the conditioning processes that produced behavior.
    - Pavlov and Skinner
  - Solution-Focused Therapy targets what works rather than what’s wrong.
    - Steve de Shazer and Insoo Kim Berg
  - Systems Theory stresses the interdependent and interactional nature of the relationships that exist among all components of a system.

Behavior Theory

- Psychological issues studied by observing overt behavior, without discussing internal mental states.
- Increase adaptive behavior w/ reinforcement and decrease maladaptive behavior w/ punishment.
- Functional behavioral assessment (ABC approach)
  - Antecedents - What comes directly before the behavior?
  - Behaviors - What does the behavior look like?
  - Consequences - What comes directly after the behavior?
- Data are analyzed and patterns are identified.
- Intervention then targets patterns to increase or decrease the target behavior.

7 Characteristics of Behavior Modification

1. Strong emphasis on defining problems in terms of behavior that can be measured in some way.
2. Treatment = altering an individual’s current environment to help individual function more fully.
3. Methods and rationales can be described precisely.
4. The techniques are often applied in everyday life.
5. Techniques based largely on principles of learning - specifically operant and respondent conditioning.
6. Strong emphasis on scientific demonstration that a particular technique = a particular behavior change.
7. Strong emphasis on accountability for everyone involved in a behavior modification program.

Solution-Focused Therapy

- Focuses on what clients want to achieve rather than on problem(s) brought to therapy.
- Focuses on present and future, not the past.
- Respectful curiosity invites client to envision and identify their preferred future.
- Attention to incremental movement towards future.
- Questions are asked about client’s story, strengths and resources, and about exceptions to problem/s.
- Believes that change is constant.
- EARS (Elicit, Amplify, Reinforce, and Scale)
Directive Play Therapy

- More difficult to take a child-centered stance - more stakeholders (systems) in the treatment.
- Incorporates behavior theory, systems theory, etc:
  - Focuses on presenting problem
  - Focuses on changing behavior
  - Present (not past) oriented
  - Assessment driven from multiple sources
  - Treatment interventions directed to “problem”
  - Interventions may include more than just the child
  - External locus of control
  - Relationship with therapist is secondary
  - Teaches child to adapt to environments

Non-Directive Play Therapy

- Theory base:
  - Psychoanalysis focused on understanding unconscious motivations that drive behavior:
    - Sigmund Freud and Carl Jung
  - Existentialism acknowledged human choice and the tragic aspects of human existence:
    - Kierkegaard, Nietzsche, Heidegger, Sartre
  - Humanistic Psychology centered on capacity for self-direction, understanding of one’s own development:
    - Carl Rogers, Abraham Maslow, Rollo May, Clark Moustakas

Humanistic Therapy

- Designed to help clients find a stronger and healthier sense of self or self-actualization.
- Believes in ability of client to make his or her own choices and to control their future.
- Involves making clients aware of hidden emotions and desires.
- Insight oriented but present (not past) focused.
- Vast importance of the therapist-client relationship.
- The relationship is the treatment.
- Goal of treatment is to place more autonomy in the hands of the client so the client can help herself.

The Five Postulates of Humanistic Psychology


1. Human beings cannot be reduced to components.
2. Human beings have in them a uniquely human context.
3. Human consciousness includes an awareness of oneself in the context of other people.
4. Human beings have choices and non-desired responsibilities.
5. Human beings are intentional, they seek meaning, value, and creativity.

Non-Directive Play Therapy

- Based in Humanistic Psychology:
  - The stance is “Unconditional Positive Regard” - Rogers
  - Focuses on the child, not the problem
  - Focuses on the present, not the past
  - Focuses on the relationship and being with the child through the process
  - Increases ego strength for the child, forming an internal locus of control
  - Allows the child to self-actualize
  - Listening, watching, supporting child’s unfolding story
Non-Directive Play Therapy

- Utilizes a thorough initial assessment provided by caregivers related to child development.
- Seldom/never uses therapist-guided formal assessment tools and techniques with the child.
- Treatment rests in the trusting relationship child develops with the therapist.
- Caregivers provide safe holding environment for child - maximizes child’s use of playroom.
- Trusts the child to find their own way.
- Playroom available for child to use for self-promotion.

The Eight Basic Principles of Non-Directive Therapy

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 s/he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.

Four Basic Principles (continued)

4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to her/him in such a manner that s/he gains insight into her/his behavior.
5. The therapist maintains a deep respect for the child’s ability to solve her/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 conversation in any manner. The child leads the way; the therapist follows.

Eight Basic Principles (continued)

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 his responsibility in the relationship.

Another Set of Ten Basic Principles in Child-Centered TX

1. Give the child an opportunity to be him or herself in an accepting and permissive atmosphere.
2. Give the child the security of a few limitations that are consistent and sensible so that the play experience is anchored in reality.
3. Give her or him the kinds of toys that s/he can use to project outwardly her or his feelings and attitudes.

Ten Basic Principles (continued)

4. Let the child take her/his time and do it her/his own way. Don’t probe and/or pry into what s/he is doing and/or saying. S/he will share her/his thoughts and feelings if and when s/he feels sufficiently secure in the relationship.
5. Respect the child and give her/him the experience of being accepted as s/he is, of being considered a person of worth, of being competent enough to assume some responsibility for her/himself.
Ten Basic Principles (continued)

6. Let her/him explore her/his own little world and experiment with it to her/his heart’s content.
7. Let her/him take her/his time, and let her/him speak like a child, think as a child, understand like a child.
8. Let her/him learn to live her/his life fully, happily and spontaneously. Give her/him opportunities to think creatively and expansively.

Ten Basic Principles (continued)

9. Remember that the child develops attitudes of respect, acceptance, and responsibility through experiences in the home, in schools, in community. Attitudes are caught. We do not autocratically dominate her/him, think for her/him, shove her/him around, and, by so doing, develop an independent, responsible, thinking individual.

Ten Basic Principles (continued)

10. Remember that attitudes and feelings that are denied expression openly and freely are not removed. Instead of being removed, they usually go underground and grow out of proportion to the initial cause of the feeling. So if opportunities are given for the child to express her/his feelings, and help is given to enable her/him to clarify and objectify her/his feelings, s/he will be better able to control those feelings and use her/his emotions constructively.

Prescriptive Play Therapy

Kaduson, Cangelosi, and Schaefer (1997) recommend the use of multiple constructs. They claim strict adherence to one theory may be less effective for treating children. Therefore, counselors need to be knowledgeable regarding many approaches and obtain extensive supervision, training, and education in a variety of theories and applications.

Article: Prescriptive Play Therapy - Schaeffer

Prescriptive Therapy

- Links directive and non-directive child treatment.
  - Informed by child-centered, humanistic theory
  - Child has self-actualizing potential
  - Relationship is everything
  - Play is child’s communication
- Prescribed treatment informed by:
  - On-going assessment and hypotheses generation
  - All systems surrounding child but including child
  - Problem definition
- Focuses on child with additional system input.
- Tailored to individual child, system, problem.
- Blends non-directive playroom time with specific interventions targeted to specific problem definition.

Theory and Philosophy

- Every clinician approaches therapy from a theoretical and philosophical point of view.
- Affects:
  - Ethics (e.g., boundaries, gifts, identified client)
  - Assessment (who, what, when, how much)
  - Problem/Strength definition
  - Identified goals (micro, mezzo, macro oriented)
  - Intervention (directed, non-directed, prescriptive)
  - Expectable outcome (where change occurs)
  - Evaluation (what defines success)
Play Therapy Rationale

• Urgent need for more effective interventions to help hurting children.
  – All children, whatever circumstances, whatever makes them unhappy, need someone who will listen to them, who can accept and contain the reality of the past, and free them to discover optimism in the present.
• Play is effective, and appropriate, medium of communication for most children.
  – Children are comfortable with play long before they speak; adult nuances of language are lost on them.
  – They play to show how they feel when words so often fail them.
  – The child’s play is her talk and the toys her words.

Role of Therapist

• Person of the therapist is of utmost importance.
  – The relationship, initiated and defined by the child with the therapist, is the major tool of the treatment.
  – It is through the relationship that there is therapeutic understanding.
• The particular values of the therapist pervade the relationship and determine its therapeutic effectiveness.
• Create a framework of transitional space, to accept the child, her emotions, her projections and whatever she needs to do with therapist, space, toys in order to heal.
• Therapist must provide a safe place to communicate feelings and experiences.

Media and Relationship

• Play in conjunction with the therapist provides an environment and catalyst for change.
• Play therapy, no matter the therapeutic theory, provides the child with a natural avenue of approach to the therapist.
• The child is enabled to reveal calmly and without embarrassment his or her ideas, emotions, wishes, attitudes, fantasies, and perceived reality to the therapist.
• The materials are the mode through which children communicate hurt and depression.
• The materials and the relationship are the steady forces which act upon the child.
• These constant patterns serve as sources of security for the child who is then able to achieve a clear understanding of his freedom and to state himself in his own terms.

Fundamentals

• Children hear, see, feel, and perceive deeply.
• Incredibly susceptible to physical & psychological harm by people in positions of power and authority.
• Use defense mechanisms to manage their pain.
• Children will choose the path to healing given a safe, non-judgmental, accepting environment.
• Because children choose to heal, they will choose the timing of that process for themselves.
• Children need not be directed.
• Choosing for themselves establishes a sense of mastery and control.

Fundamentals (continued)

• Toys, objects and materials are stepping stones for the child’s communication.
  But the best selected and stocked play room is of little consequence without the viable, loving, accepting person of the therapist.
• There is a great deal of diversity among children, their cultures, their needs, their experiences, their environments, their choices, and their options.
  That consideration alone must motivate me to be as diverse and eclectic in my assessment and intervention repertoire as possible.

Creating a Playroom

• Toys should be selected for the playroom rather than accumulated for it.
• The potential for the use of a toy depends far more on the child and her or his unique use of it than on the toy itself.
• The secret of selecting toys is to find objects which will enable children to express symbolically some of their fears and feelings about the abuse they have experienced.
Creating a Playroom (continued)

- Choose toys, books, and materials for the child without ulterior motive to direct the child.
- The focus and concentration in play therapy must be on the child as a person with a story to tell, not on what happens to the floor or room or toys.

Creating a Playroom (continued)

- An optimum environment for the child consists of three things:
  1. a safe place for the child, which the child recognizes as a play space.
  2. play materials which
     - facilitate embodiment of the story
     - facilitate projective play
     - facilitate symbolic play
  3. a therapist capable of providing an empathic relationship with the child.

Creating a Playroom (continued)

- The success of play therapy is based in complete acceptance of the child and a reflection of his or her inner life back to the child.
- When the therapist provides a relationship and an atmosphere of safety, the child assumes responsibility for his or her own feelings and actions and learns to express him or herself honestly and openly.

Creating a Playroom (continued)

- Everything said or done by the child in the playroom has meaning and significance in her or his frame of reference.
- Appropriate toys make it easier for the therapist to understand the meaning of the child’s play.
- Toys facilitate interpretations that help children become more aware of themselves and their relationships with significant people.

Creating a Playroom (continued)

- Willingness to listen to a child is not enough.
- Empathy is not enough.
- Focused attention is not enough.
- Neither are warmth, kindness, honesty, safety, permissiveness, wisdom, acceptance, or exceptional training and personal experience.
- Unless the therapist understands the communications of the child, stalemate occurs.

Creating a Play Room – Books

- Play is the medium of communication for children.
- Words will always be a part of their experience, and strings of words, and stories a part of their existence. Therefore, books, as stories, are necessary for human socialization.
- But play is a segue into the world of words as communication.
- For some children the reality of movement in symbolic play is too full of fear, too anxiety provoking, too stimulating. Their anxiety levels are so high they experience life in a frozen numbness.
**Books (continued)**

- As Cattanach describes, “There are two major ways to become invisible: to disappear, or to make the loudest noise. In both situations the child is lost, out of sight in the silence or the screaming.”


- Silent children need the intermediate step of hearing experiences in the form of the written or spoken word, preferably through what Bettelheim called the “uses of enchantment.”


- Fairy tales, fantasy, enchantment, and make believe all have that wonderful element of separation for the child, where the “me” and the “not me” quality are true at the same time, so that the child can stay a step removed from the “real story” of their life until ready to face it. But the fantasies help the child come to the place of strength and acceptance.

**Creating a Play Room – Dolls**

- This medium provides the child the opportunity to talk for the dolls as well as to act for them. Children project their feelings, circumstances onto the dolls.

- Through observing doll play, it is possible to gain insight into the feelings, fantasies, and realities that underlie behavior in areas of daily life which are producing difficulties or conflicts for the child.

**Books (continued)**

- Stories can be read aloud, w/ or w/o the tangible book.

- Stories can be drawn, written, or spoken between child and therapist or among puppets and dolls.

- Possibilities:
  - voice or video recorder
  - create a book from drawn pictures or narratives copied from the child
  - pre-made paper books to write in
  - photographs of stories told on the dry erase board
  - Genograms that trigger narratives, and associations or significant people to the child

**Dolls (continued)**

- Dolls are very popular for story making and for sorting out relationships, separations, deaths, and new beginnings.

- Dolls can be bent, crushed, buried, and express complex family relationships.

- Include a car large enough to seat the dolls.
  - Children need families to make journeys.
  - Many abused children move from family to family.
  - The metaphor of journeys, searching for the lost family, the lost home, the place where I was happy, is part of finding the self.

- Children use dolls to re-construct their own pain, so sexual and physical abuse are often re-enacted, as are chronic or acute medical conditions or emergency situations.

  - Anatomically correct dolls are typically only used in forensic interviewing - not the playroom.

  - Sometimes children create hospital scenes over and over, or rescue scenes, or healing scenes.
Dolls (continued)

- Dolls can symbolize the child and various members of his/her family and the therapist.
  - Play with dolls offers an opportunity for the child to create, and to play out, all kinds of relationships on a realistic level.
  - It is a good idea to include as many dolls as possible - some children have a large number of family members and wish to depict all of them.
- It is important to have ethnic family representative dolls, a doll house, and a minimum of doll furniture.
- Children will combine ethnic family members - usually call that “adoption.”

Creating a Play Room – Puppets

- Playroom needs variety of puppets to represent those with power and those without power.
- A crocodile, for example, can be used as the abuser - biting, eating, and fighting his victims.
  - Power of the crocodile lies in his green color, his slime and phallic shape, his ravenous, open mouth and his sharp teeth (Cattanach).
  - Dinosaur with enormous teeth, lion for viscous roar, bird with large bill to shriek and scream, snakes for deadly venom, and a witch to represent the “wicked stepmother theme” or devouring mother are also good choices.

Puppets (continued)

- The vulnerable are represented by small, soft, defenseless animals like a mouse, bunny or kitten.
  - The vulnerable will all be battered and bruised through long association with the crocodiles, lions, sharks, and dinosaurs.
- The softness of the “fur” and the facial expressions of the puppets make the association of helplessness for children.
- Puppets promote the expression of a wide range of feelings.

Puppets (continued)

- The therapist has two hands and can imitate or reflect the choices of the child.
- The therapist joins in at the invitation of the child.
- Sometimes the child assigns roles to the therapist.
- Sometimes the child needs a little help from the therapist to get started.
- Then I might choose to talk in a child voice, assign a name to one of the puppets, move and speak for the puppet at the same time, and include the puppet the child has chosen.

Creating a Play Room – Play House Materials

This includes such items as:

- a doll house - cot - spoons
- doll furniture - doll bed - plastic dishes
- variety of dolls - baby blankets - plastic food
- misc. house materials - baby bottles - pans
- second building - pacifiers - wooden stove
- farm/domestic animals - clothesline and pins - table and chairs
- masks and hats - clothes basket - tablecloth
- crowns - purses - basket
- wigs - shoes and jewelry - pillows
- costumes - mirrors - fabrics
- large variety of dress up clothes
Play House Materials (continued)

- These items recreate family living environments which leads to redefinition for the child and eventually understanding and reintegration.
- These materials provide the child an opportunity to act out a wide range of roles like cooking and serving meals, and playing mother which are good for reality testing, conflict resolution, and sublimation.
- The child has the choice of regression into early childhood and infancy that serves a reparative function and self nurturing.

Play House Materials (continued)

Children often:
- enact or recreate scenes from home, grandparents, daycare, etc.
- nurture themselves by nurturing the therapist - dinner, restaurant, picnics - eating is soothing, care-giving, nurturing
- experiment with what constitutes a “family”
- play out family dynamics in the playhouse
- play out fantasies of their future - being married, having children, being a teacher or therapist or doctor or nurse

Play Room – People, Animals, Living and Housing Materials

- This includes a sand tray (or two trays - one with dry sand and one with wet sand) and numerous small figures – people, reality and fantasy, creatures – wild, forest, and domestic, vegetation, vehicles, houses, water, rocks, shells, small containers, spoons, and digging equipment.
- With these items the child can illustrate his or her world in the sand.
- One of the advantages to small sand play is the wide range of options open to the child.

People, Animals, Living and Housing (continued)

- Their re-creations can be direct and reality based or completely symbolic.
- Figures can be buried in the sand and restored over and over and over until the child attains sufficient mastery over his or her anger and hostility and aggression.
- Sets of Playmobil figures are small, varied, sturdy, and nondescript which makes them an excellent choice for symbolic play.

People, Animals, Living and Housing

- These materials, because they are small, are more non-threatening to the child; they have more control over the stories, the way they unfold, how they feel...
- If their emotions begin to swell out of proportion, they have the power and ability to bury the scene being created.
- It gives the child a sense of mastery and success - measure the intensity and duration of affect.

Creating a Play Room – Aggressive Material

- Darts, targets, cap guns, suction-cupped projectiles, sword, whip, peg pounding bench, wooden mallet, rubber knives, soldiers, army equipment, large rubber bands, guns, handcuffs, punching balloons and bags, boxing gloves, and a large rubber inflatable ball help the child express aggression and hostility.
- It is absolutely important in therapy to offer children opportunities to enjoy forbidden pleasures in acceptable substitute ways to sublimate aggressive drives.
### Aggressive Material (continued)

- Every child should have opportunity to express needs symbolically in a great variety of ways according to their changing capacities.
- Child must be allowed to form, destroy, and reform with no fear of failure.
- Child's anger, resentment, hostility, rage need expression in direct attack - smashing, pounding, breaking, tearing, crushing, shooting, burying, biting, hitting, stabbing, building and destroying.
- Greater the child's trust in the therapist and greater the feelings of acceptance and respect, the more focused his anger will be.

### Creating a Play Room – Art Material

- Art experience allows the child to be “magical” or “giant-like” in the world of the picture she draws.
- She has magic power to control what she draws and the way she draws it.
- She can put her inner wishes and desires into everything she creates.
- Art offers children an unlimited amount of freedom.
- What a child does not permit him or herself to express in words, can be expressed in drawings, finger painting, and manipulating clay.

### Art Material (continued)

- **Recommended art materials include:**
  - art box
  - easel
  - crayons
  - fluid markers
  - colored pencils
  - paints
  - pipe cleaners
  - paint shirt
  - cutting paper
  - white and colored papers in various sizes
  - dry erase board and grease pens
  - pictures of people, houses, animals and objects

### Creating a Play Room – Sensory Material

- **Recommended sensory materials include:**
  - a bean bag chair
  - tambourine
  - drums
  - shakers
  - rain-stick
  - whistle
  - recorder
  - jelly-like balls and worms
  - clay
  - finger paints
  - play dough
  - stage make-up
  - feather boas
  - soft fur
  - tactile fabrics

### Art Material (continued)

- Art medium useful in storytelling and indirect aggression.
- Write down words or story the child uses/tells while drawing a picture.
- Make lists or columns of categories of their words.
- Have the child assign colors to emotions.
- If a child gets stuck for something to do, offer the art table. Invite them to sit down.
- A wound-up or harmfully aggressive child can be calmed by moving to the art table (similar to getting an adult to “think”).

### Sensory Material (continued)

- Clay, which is pliable and flexible, is therapeutic in itself.
- The physical experience and expression with these materials allows for tremendous emotional release.
- Children use tactile material to regress to babyhood and play as messily as possible touching, throwing, smearing this material and gaining sensory pleasure from the experience.
- Children often represent their feelings about their own bodies through this material.
Sensory Material (continued)

- Slime becomes “snot,” sexual fluids, “shit,” the sticky jelly balls become sores, lumps, and wounds on the skin.
- Sexually abused young children use slime erotically.
- The therapist can help broaden the children’s range of sensory awareness and discrimination.
- Many children are intimidated by these materials at the beginning stages of treatment.
- They don’t wish to be/get “Yucky.”

Sensory Material (continued)

- Keep:
  - smooth stones and marbles in a dish
  - clay in a covered container with a garlic press
  - rhythm instruments, rain stick, keyboard, CDs, and chimes
  - shells, rocks, pine cones, and sticks
  - a feather boa, fur pieces, and large textured fabric pieces
  - cushion and squishy balls, slime and silly putty
- Adults like these tactile objects, too.

Experiential Sensory

- Sensory Integration Processing Disorder
  - Go to a good informational workshop
  - Get to know a good occupational therapist
- Use of “Smoothies” for calming
  - Pump bottle of lotion
  - Have child pump lotion onto their hands and smooth it into their skin and soothe their emotions simultaneously. Be cautious with scents and chemicals for allergies and sensitive skin.
- Try it now
- Reminder: NEVER ASK A CLIENT TO DO SOMETHING YOU’VE NEVER TRIED YOURSELF!!!

Creating a Play Room – Reality Material

- Toys should be available that provide opportunities for the child to express his or her anxiety about medical procedures, illness, death, accidents, fire, trauma, etc.
- Play aids in the recovery of sick children.
- Many children referred for play therapy have been abused or traumatized in some way.
- These materials give the child opportunity to recreate their trauma scenes.

Reality Material (continued)

- Some children cannot project intense feelings onto dolls or animals and need these materials for distance and safety.
- The process of play empowers the child, offers him or her mastery over these inexplicable events and promotes the exploration of feelings and self-awareness.
- Digital recorders, camcorders, cameras, microphones, phones, and computers furnish a medium for revealing fantasy thinking and confrontation.

Reality Material (continued)

- A list of suggested items include:
  - digital recorder
  - camera
  - stethoscope and medical kit with supplies
  - sunglasses, purses, and jewelry
  - dress-up clothes, hats and masks
  - fire truck, ambulance, rescue helicopter, police car
  - bull dozing and building equipment
  - cars, trucks, and airplanes
  - blocks
  - food, dishes, stove, and dolls
Creating a Playroom – Games

- Therapeutic games help children increase the benefits of psychotherapy a shorter time frame.
- Games help kids build confidence and develop new perspectives on interpersonal relationships.
- Games engage kids interactively with therapist.
- Games help in assessment of the nature and extent of social and cognitive development.
- Games promote clinician enjoyment, flexibility and creativity.

Games (continued)

- Games help to:
  - establish rapport with the child
  - observe child and gather information about child’ s physical and social functioning
  - observe child’ s communication style
  - increase therapeutic communication
  - uncover child’ s strengths (and/or weaknesses).
  - promote physical and mental relaxation
  - promote tension reduction
  - increase social involvement

Creating a Play Room – Final Thoughts

- The number of toys in a playroom or tote kit are not all that is important.
- The main factor is that they be arranged in an unstructured fashion, so that the child is not pressured or forced into using them in any particular way.
- The child should feel free to project her or his own feelings and attitudes onto the items in the room and to use them in whatever manner s/he chooses.

Final Thoughts (continued)

- The play things are always arranged in the same way each time the child enters the room.
- In play therapy, in the playroom, the child is the guide.
- It is the child who makes the changes, in both the external environment of the playroom, and his/her internal environment, his/her thoughts and feelings.