

Play Therapy Makes a Difference

Why Play?

In recent years a growing number of noted mental health professionals have observed that play is as important to human happiness and well-being as love and work (Schaefer, 1993). Some of the greatest thinkers of all time, including Aristotle and Plato, have reflected on why play is so fundamental in our lives. The following are some of the many benefits of play that have been described by play theorists.

Play is the child's language and ...

Play is a fun, enjoyable activity that elevates our spirits and brightens our outlook on life. It expands self-expression, self-knowledge, self-actualization and self-efficacy. Play relieves feelings of stress and boredom, connects us to people in a positive way, stimulates creative thinking and exploration, regulates our emotions, and boosts our ego (Landreth, 2002). In addition, play allows us to practice skills and roles needed for survival. Learning and development are best fostered through play (Russ, 2004).

Why Play in Therapy?

Play therapy is a structured, theoretically based approach to therapy that builds on the normal communicative and learning processes of children (Carmichael, 2006; Landreth, 2002; O'Connor & Schaefer, 1983). The curative powers inherent in play are used in many ways. Therapists strategically utilize play therapy to help children express what is troubling them when they do not have the verbal language to express their thoughts and feelings (Gil, 1991). In play therapy, toys are like the child's words and play is the child's language (Landreth, 2002). Through play, therapists may help children learn more adaptive behaviors when there are emotional or social skills deficits (Pedro-Carroll & Reddy, 2005). The positive relationship that develops between therapist and child during play therapy sessions can provide a corrective emotional experience necessary for healing (Moustakas, 1997). Play therapy may also be used to promote cognitive development and provide insight about and resolution of inner conflicts or dysfunctional thinking in the child (O'Connor & Schaefer, 1983; Reddy, Files-Hall, & Schaefer, 2005).

What Is Play Therapy?

... toys are the child's words!

Initially developed in the turn of the 20th century, today play therapy refers to a large number of treatment methods, all applying the therapeutic benefits of play. Play therapy differs from regular play in that the therapist helps children to address and resolve their own problems. Play therapy builds on the natural way that children learn about themselves and their relationships in the world around them (Axline, 1947; Carmichael, 2006; Landreth, 2002). Through play therapy, children learn to communicate with others, express feelings, modify behavior, develop problem-solving skills, and learn a variety of ways of relating to others. Play provides a safe psychological distance from their problems and

allows expression of thoughts and feelings appropriate to their development...

APT 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."

How Does Play Therapy Work?

Children are referred for play therapy to resolve their problems (Carmichael; 2006; Schaefer, 1993). Often, children have used up their own problem solving tools, and they misbehave, may act out at home, with friends, and at school (Landreth, 2002). Play therapy allows trained mental health practitioners who specialize in play therapy, to assess and understand children's play. Further, play therapy is utilized to help children cope with difficult emotions and find solutions to problems (Moustakas, 1997; Reddy, Files-Hall, & Schaefer, 2005). By confronting problems in the clinical Play Therapy setting, children find healthier solutions. Play therapy allows children to change the way they think about, feel toward, and resolve their concerns (Kaugars & Russ, 2001). Even the most troubling problems can be confronted in play therapy and lasting resolutions can be discovered, rehearsed, mastered and adapted into lifelong strategies (Russ, 2004).

Who Benefits from Play Therapy?

Although everyone benefits, play therapy is especially appropriate for children ages 3 through 12 years old (Carmichael, 2006; Gil, 1991; Landreth, 2002; Schaefer, 1993). Teenagers and adults have also benefited from play techniques and recreational processes. To that end, use of play therapy with adults within mental health, agency, and other healthcare contexts is increasing (Pedro-Carroll & Reddy, 2005; Schaefer, 2003). In recent years, play therapy interventions have also been applied to infants and toddlers (Schaefer et. al., 2008).

How Will Play Therapy Benefit A Child?

Play therapy is implemented as a treatment of choice in mental health, school, agency, developmental, hospital, residential, and recreational settings, with clients of all ages (Carmichael, 2006; Reddy, Files-Hall, & Schaefer, 2005).

Play therapy treatment plans have been utilized as the primary intervention or as an adjunctive therapy for multiple *Social, Emotional, and Behavioral Disorders* (Bratton, Ray, Rhine, & Jones, 2005; LeBlanc & Ritchie, 2001; Lin & Bratton, 2015; Ray, Armstrong, Balkin, & Jayne, 2015; Reddy, Files-Hall, & Schaefer, 2005), e.g. anxiety disorders, obsessive-compulsive disorders, depression, attention deficit hyperactivity, autism spectrum, oppositional defiant and conduct disorders, anger management, crisis and trauma, grief and loss, divorce and family dissolution, academic and social developmental, and physical and learning disabilities.

Research supports the effectiveness of play therapy with children experiencing a wide variety of social, emotional, behavioral, and learning problems, including: children whose problems are related to life stressors, such as divorce, death, relocation, hospitalization,

chronic illness, assimilate stressful experiences, physical and sexual abuse, domestic violence, and natural disasters (Bratton, Ray, Rhine, & Jones, 2005; LeBlanc & Ritchie, 2001; Lin & Bratton, 2015; Ray, Armstrong, Balkin, & Jayne, 2015; Reddy, Files-Hall, & Schaefer, 2005). Play therapy helps children:

- Become more responsible for behaviors and develop more successful strategies.
- Develop new and creative solutions to problems.
- Develop respect and acceptance of self and others.
- Learn to experience and express emotion.
- Cultivate empathy and respect for thoughts and feelings of others.
- Learn new social skills and relational skills with family.
- Develop self-efficacy and thus a better assuredness about their abilities.

Meta-analytic reviews of over 100 play therapy outcome studies (Bratton, Ray, Rhine, & Jones, 2005; LeBlanc & Ritchie, 2001; Lin & Bratton, 2015; Ray, Armstrong, Balkin, & Jayne, 2015). have found that the over-all treatment effect of play therapy ranges from moderate to high positive effects. Play therapy has proven equally effective across age, gender, and presenting problem. Additionally, positive treatment effects were found to be greatest when there was a parent actively involved in the child's treatment.

How Long Does Play Therapy Take?

Each play therapy session varies in length but usually last about 30 to 50 minutes. Sessions are usually held weekly. Research suggests that it takes an average of 20 play therapy sessions to resolve the problems of the typical child referred for treatment. Of course, some children may improve much faster while more serious or ongoing problems may take longer to resolve (Carmichael, 2006; Landreth, 2002).

How May My Family Be Involved in Play Therapy?

Families play an important role in children's healing processes. The interaction between children's problems and their families is always complex. Sometimes children develop problems as a way of signaling that there is something wrong in the family. Other times the entire family becomes distressed because the child's problems are so disruptive. In all cases, children and families heal faster when they work together.

The play therapist will make some decisions about how and when to involve some or all members of the family in the play therapy. At a minimum, the therapist will want to communicate regularly with the child's caretakers to develop a plan for resolving problems as they are identified and to monitor the progress of the treatment. Other options might include involving a) the parents or caretakers directly in the treatment by modifying how they interact with the child at home and b) the whole family in family play therapy (Guerney, 2000). Whatever the level of involvement of the family members, they typically play an important role in the child's healing (Carey & Schaefer, 1994; Gil & Drewes, 2004).

Who Practices Play Therapy?

The practice of play therapy requires extensive specialized education, training, and experience. A play therapist is a licensed mental health professional who has earned a Master's or Doctorate degree in a mental health field with considerable general clinical

experience and supervision.

With advanced, specialized training, experience, and supervision, mental health professionals may also earn the Registered Play Therapist (RPT), Registered Play Therapist-Supervisor (RPT-S) or School-Based Registered Play Therapist (SB-RPT) credentials¹ conferred by the Association for Play Therapy (APT).

Authors

The information displayed for the general public and mental health professionals in this section was initially crafted by JP Lilly, LCSW, RPT-S, Kevin O'Connor, PhD, RPT-S, and Teri Krull, LCSW, RPT-S and later revised in part by Charles Schaefer, PhD, RPT-S, Garry Landreth, EdD, LPC, RPT-S, and Dale-Elizabeth Pehrsson, EdD, LPC, RPT-S. Linked mental health conditions and concerns and behavioral disorders were drafted by Pehrsson and Karla Carmichael, PhD, LPC, RPT-S respectively. Research citations were compiled by Pehrsson and Oregon State University graduate assistant Mary Aguilera. Updated mental health classifications and reorganization were provided by Franc Hudspeth, PhD, NCC, LPC-S, ACS, RPh, RPT-S. APT sincerely thanks these individuals for their contributions!

CONTACT US

Association for Play Therapy, Inc.
401 Clovis Avenue, Suite 107
Clovis, CA 93612
Phone: 559.298.3400 Fax: 559.298.3410

Six Creative Ways to Explain Play Therapy to Parents

Amy Wickstrom, PhD, MFT, RPT-S
More Than a Toy (www.morethanatoy.com)

An eight year old boy suddenly stopped painting at the easel in the playroom and froze. The look in his eyes revealed shame, embarrassment, and terror as urine flowed down his legs and made a puddle onto the floor around his feet. This was his fourth session, but unfortunately he was not going to be brought back for another. Instead, I received an email from his parents disclosing their belief that therapy wasn't really getting past their son's surface issues. In fact, they didn't think play was really helpful to him at all, and they wanted a recommendation for a psychologist who would talk with him more. They felt talk therapy would be the most effective way to get to his core issues. To say I was disappointed is an understatement. I spent two days thinking about the email and conversing with colleagues before I drafted my response to his parents. Yet one question evaded an answer: how do I convey the value of play therapy to parents so that they get it...*really* get it? My answer to this question is still developing, but I'll share my thoughts thus far.

1) Use Stories: The saying, "For children, toys are their words and play is their language" helps a lot of parents begin to understand play therapy (Landreth, 2002). I try to avoid clinical jargon when describing play therapy. Instead, I find myself using analogies or telling short stories (Wark, 2003). For example, I frequently tell the story about several children who witnessed 9/11 and were quickly placed in a secure, child-friendly environment until clinicians could arrive and help them process what they had seen. The adults gave them many kinds of toys to play with, but they were not allowed to have planes because the adults felt they would be re-traumatized by them. When the play therapists arrived, they were not surprised to find the children pretending that their hands and other objects were planes flying through the air and crashing into things. The clinicians explained to the adults that toys are a child's words, and the adults soon gave the children planes to play with to help them process the trauma they witnessed. Children need the opportunity to play out what they experience.

2) Use Analogies: I recently told a father to imagine feeling really angry, but when asked to describe how he felt, he could not use the word "anger." He looked at me bewildered, as if to say, "How am I supposed to tell someone I'm angry if I can't use the word "anger?" I then told him that for children, toys are their words, and not giving them an opportunity to play out their feelings with toys is like taking away his words right before asking him to describe how he feels.

3) Use Self-Disclosure: Believe it or not, I thought play therapy was a bit ridiculous when I initially learned about it! I just couldn't understand how blocks and dolls could really be clinically useful, but a new world opened up to me as my training continued. I sometimes tell parents about how I felt toward play therapy when I initially heard about it, and then I invite them to learn more about it like I did. A parent recently said to me,

“When I learned about how you thought play therapy was ridiculous and then you became a strong proponent of it, I thought to myself, “maybe I should give it a chance too. If Amy saw that it really worked, maybe I will too.’ ”

4) Provide Research and Articles: In the past year, I’ve started to provide several parents with a variety of articles from various sources, such as magazines, scholarly journals, and professional organizations. Even if parents choose not to read the information, they become aware of the existence of play therapy literature that demonstrates its clinical credibility and extensive research background. In other words, play therapy isn’t brainless or silly. It actually receives scholarly attention.

5) Tell Them What to Expect: Like therapy with most adults, play therapy with children is a process (Axline, 1947; Gil, 1994). It’s not a quick fix. Sometimes adults leave a session feeling great, but sometimes they leave a session feeling emotionally off-kilter, and children are no different. Some children change faster than others, and predictions for a child’s pace in therapy are difficult, if not impossible, to provide to parents with confidence. I find that telling this to parents at the onset of therapy can be helpful in setting their expectations.

6) Use Humor: Often times I find it helpful to use humor when explaining play therapy to parents. For example, when talking with parents during the intake session, I might ask, “How have you addressed this issue with your child in the past?” Many parents mention their efforts to talk with their children about problems. I reflect that it must be so frustrating for them to try so hard to communicate with their kids to no avail, and then I say something to the effect of, “Yeah, you know I’ve found the same thing to be true myself. I bet if we invited your child into this room, sat him on the couch with us, and asked him why he is doing what he is doing, we probably wouldn’t get too much out of him! It just doesn’t seem to work too well.” When a comment like this is said in a non-attacking, empathic, and humorous voice, parents look at each other, start to chuckle, and nod their heads as if to say, “Yeah, I guess that doesn’t really work, huh!”

As time passed, I became thankful for the email I received from that boy’s parents because it reminded me of the task that lies before play therapists: to effectively communicate the value of what we do to those around us. The future of play therapy depends on our ability to do so. I want to find a place within myself where I no longer feel the need to defend or explain play therapy. Instead, I want parents to find themselves thinking, “I want *that* for my child!” when they hear me talk naturally about what I do. I responded to the email with one of my own, wherein I thanked the parents for their honesty and acknowledged the difficulty many people have in understanding play therapy. I used humor, analogies, and self-disclosure, and I provided them with a few articles. In a follow-up phone call, the parents expressed their desire to resume therapy for their son, as well as a growing interest in this thing called play therapy. To say I was excited is an understatement. I was thrilled.

References:

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About The Author:

Dr. Amy Wickstrom founded More Than a Toy (www.morethanatoy.com) to transform child and family therapy services into fun, practical, and less expensive products. She is a licensed Marital and Family Therapist and Registered Play Therapist-Supervisor in private practice. She was the "Family Expert" on KSON, a country radio station in San Diego and has been featured on NBC News. Her research and writing on play therapy is published in professional journals and clinical books, and she speaks at local and nationwide conferences, churches, schools, and non-profit organizations on topics relating to parenting, toys, play, and child therapy. She is also a wife and mother of two.

Conversation Cards:

Dr. Wickstrom created Conversation Cards to help clinician's creatively jumpstart conversation with children, teens, and families in therapy (<http://www.morethanatoy.com/products/conversation-cards>). This interactive activity can also be used by parents to spark good conversation with their kids, whether it's around the dinner table, passing time "on-the-go," or winding down to connect before bed. Conversation Cards offer both clinicians and parents a fun and easy way to talk to children about family values, feelings, social skills, and healthy relationships. Receive **10% off your purchase of Conversation Cards** with coupon code: CC10.

You can also **receive a free copy of Dr. Wickstrom's eBook, "Let's Talk Toys!"** when you sign up for her monthly e-newsletter at www.morethanatoy.com

Family Play Genograms

Developed by Dr. Eliana Gil, family play genograms are a natural expansion of the assessment and therapeutic benefits of the genogram. Family play genograms help both the clinician and the family gain a broader understanding of the client's family system and history, as well as organize, reflect, and gain new insights about family patterns and significant life events.

- In this technique, family members choose from an array of miniature items such as people, animals, and objects to represent each family member.
- The miniatures provide graphic but playfully small representations draw on family members' creativity, fantasy, and imagination and helps to expand their views of relationships and conflicts.
- The genogram is drawn with the family on a large sheet of easel paper or poster board
- Family members are asked to include not only biological and legal related family members, but also anyone who has been important in the family's life, including friends and pets.
- Once the drawing is complete, the clients are asked to choose an item from a selection of miniatures to represent each person on the genogram, including themselves.
- Family members are given as long as they want to make their basic choices and then asked to share their thoughts about the choices they've made.
- Family members take turns discussing their choices, which facilitates their elaboration of the meaning of items they have picked for different family members.
- The interactions among family members will inform the clinician about the family patterns relating beyond the their verbal interactions.
- Once symbols are utilized to communicate to oneself and others, different processes become available, such as externalizing the problem
- When problems feel overwhelming to a client, "miniaturizing" them can help to manage them
- Projection is another common process that occurs during play therapy
 - When clients infuse objects with emotions of personality traits – creates a safe enough distance to acknowledge, understand or address personal issues
- At the end of the session, it is helpful for the therapist to ask permission to take a photograph of the family genogram
 - Families can take the photograph home to facilitate conversation, and the therapist can keep a copy to recreate in a later session for a continuation of therapeutic dialogue

www.MulticulturalFamily.org - Resource for information and materials

The Family Floor Plan

Uses expressive technique: relies on nonverbal and paralinguistic levels of verbal speech (communication through tone, pace, and inflexion).

“Presents an experience that permits both interpersonal involvement and differentiation so vital to family functioning.” (Coppersmith, 1980)

Can be used to determine roles, implicit rules of interaction, and delineation of goals to be accomplished in treatment.

The Family Floor Plan can be drawn:

- Together as a family (shared experience when disengagement is an issue and to create family identity).
- Individually and then compared (discover implicit rules and ways family is organized).
- Parents draw while children listen (good for delineating generational boundaries; contributing to a sense of legacy—children as learners, listeners of stories; conflicting perceptions of spouses).
- Children draw while parents watch (delineates children as sibling subsystem, respects their unique views and highlights generational boundaries).

As the family or individual draws the therapist interjects with directions and questions. If more than one house was lived in pick the one that stands out in memory:

- As you draw note the mood of each room for you.
- Let yourself recall the smells, sounds, colors and people in the house
- Is/was there a particular room where people gathered?
- When extended family visited/visits where do they go?
- Were/are there rooms you could not enter?
- Did/do you have a special place in this house
- How issues of closeness and distance; privacy or lack of privacy were/are experienced in your house?
- Did/does the house fit into the neighborhood or not?
- Recall a typical event that occurred in this house, let yourself hear typical words that were spoken by family members.

Listen, watch for:

- Implicit family rules
- Interfamilial relationships – alliances, splits
- How did space serve as a metaphor for interaction
- What is the family’s context regarding extended family and outside world.
- Repertoire of allowed affect and expression evoked by memories, events.

Figure 10.4 Noguci Family With Family Play Figures



