Play Therapy

Introduction

Play therapy is generally employed with children aged 3 through 11 and provides a way for them to express their experiences and feelings through a natural, self-guided, self-healing process. As children’s experiences and knowledge are often communicated through play, it becomes an important vehicle for them to know and accept themselves and others. This approach is commonly used with young children.

Adults have the knowledge to be able to talk their problems through, but children cannot always explain what is troubling them so the use of play to communicate is used. They are able to work at their own level and pace, without feeling threatened.

As adults we understand that play is necessary for every child’s progression in the areas of social, emotional, cognitive, physical, creative and language development. Play therapy helps children for whom verbal communication is difficult.

During play therapy children receive strong emotional support so are able to learn and understand more about their own feelings and thoughts. Often they will re-enact traumatic life experiences or other difficulties to try to make sense of these and be able to cope better in the future. They can learn to control relationships or conflicts in more appropriate ways.

The concept is to see a reduction in anxieties and raised self-esteem by changes in thoughts and behaviour. This will lead to improved relationships within the family and with friends.

Play therapists receive extensive specialist training in this subject. They really understand child development and attachment processes. Play is a child’s natural form of expression, so play therapists are trained to use this as a way to understand and communicate with children about all their good and bad emotions, thoughts and behaviours.

A play therapist will review the history behind the child's difficulties and find out about the stresses and problems within the family - past and present. They could get information from schools, G.P's and other sources. An assessment will be made of the child’s strengths, not just their difficulties.

Play therapists may work as part of a team or independently. They and may recommend a referral for other intervention as part of the support for parents or other family members.

There is no fixed number of sessions. However, 12 would be seen as a short intervention but when problems have been persistent for a long time or are complex, intervention can take many months. Sessions are usually once a week at a set time,
on the same day, in the same place. This is deemed as important for developing a trusting relationship with the child.

The child’s play therapist will meet with parents/care giver at regular intervals to discuss the child's progress in therapy sessions and to ask about improvements at home.

**Play Therapy Models**

Play therapy can be divided into two basic types: **non-directive** and **directive**.

Non-directive play therapy is a non-intrusive method in which children are encouraged to work toward their own solutions to problems through play. It is typically classified as a psychodynamic therapy. In contrast, directive play therapy is a method that includes more structure and guidance by the therapist as children work through emotional and behavioural difficulties through play.

It often contains a behavioural component and the process includes more prompting by the therapist. Directive play therapy is more likely to be classified as a type of cognitive behavioural therapy. Both types of play therapy have received at least some empirical support. On average, play therapy treatment groups, when compared to control groups, improve by 0.8 standard deviations.

**Nondirective play therapy**

Non-directive play therapy, also called client-centred and unstructured play therapy, is guided by the notion that if given the chance to speak and play freely under optimal therapeutic conditions, troubled children and young people will be able to resolve their own problems and work toward their own solutions. In other words, non-directive play therapy is regarded as non-intrusive. The hallmark of non-directive play therapy is that it has few boundary conditions and thus can be used at any age.

This therapy originates from Carl Rogers's non-directive psychotherapy and in his characterisation of the optimal therapeutic conditions. Virginia Axline adapted Carl Rogers's theories to child therapy in 1946 and is widely considered the founder of this therapy. Different techniques have since been established that fall under the realm of non-directive play therapy, including traditional sand play therapy, family therapy, and play therapy with the use of toys. Each of these forms is covered briefly below.

Play therapy using a tray of sand and miniature figures is attributed to Margaret Lowenfeld, who established her "World Technique" in 1929. Dora Kalff combined Lowenfeld's World Technique with Jung's idea of the collective unconscious and
received Lowenfeld's permission to name her version of the work "sand play" (Kalff, 1980).

As in traditional non-directive play therapy, research has shown that allowing an individual to freely play with the sand and accompanying objects in the contained space of the sand tray (22.5" x 28.5") can facilitate a healing process as the unconscious expresses itself in the sand and influences the sand player. When a client creates in the sand tray, little instruction is provided and the therapist offers little or no talk during the process.

This protocol emphasises the importance of holding what Kalff (1980) referred to as the "free and protected space" to allow the unconscious to express itself in symbolic, non-verbal play. Upon completion of a tray, the client may or may not choose to talk about his or her creation, and the therapist, without the use of directives and without touching the sand tray, may offer supportive response that does not include interpretation. The rationale is that the therapist trusts and respects the process by allowing the images in the tray to exert their influence without interference.

Sand tray therapy can be used during family therapy. The limitations presented by the boundaries of the sand tray can serve as physical and symbolic limitations to families in which boundary distinctions are an issue. Also when a family works together on a sand tray, the therapist may make several observations, such as unhealthy alliances, who works with whom, which objects are selected to be incorporated into the sand tray, and who chooses which objects. A therapist may assess these choices and intervene in an effort to guide the formation of healthier relationships.

Using toys in non-directive play therapy with children is another common method therapists employ. This method was derived from the creative toys used in Freud's theoretical orientations. The idea behind this method is that children will be better able to express their feelings toward themselves and their environment through play with toys than through verbalisation of their feelings. Through these actions, then, children may be able to experience catharsis, gain more or better insight into their consciousness, thoughts, and emotions, and test their own reality. Popular toys used during therapy are animals, dolls, hand puppets, crayons, and cars. Therapists have deemed toys such as these more likely to encourage dramatic play or creative associations, both of which are important in expression.

**Directive play therapy**

Directive play therapy is guided by the notion that using directives to guide the child through play will cause a faster change than is generated by nondirective play therapy. The therapist plays a much bigger role in directive play therapy. Therapists may use several techniques to engage the child, such as engaging in play with the
child themselves or suggesting new topics instead of letting the child direct the conversation himself. Stories read by directive therapists are more likely to have an underlying purpose, and therapists are more likely to create interpretations of stories that children tell.

In directive therapy games are generally chosen for the child, and children are given themes and character profiles when engaging in doll or puppet activities. This therapy still leaves room for free expression by the child, but it is more structured than nondirective play therapy. There are also different established techniques that are used in directive play therapy, including directed sand tray therapy and cognitive behavioural play therapy.

Directed sand tray therapy is more commonly used with trauma victims and involves the "talk" therapy to a much greater extent. Because trauma is often debilitating, directed sand play therapy works to create change in the present, without the lengthy healing process often required in traditional sand play therapy. This is why the role of the therapist is important in this approach.

Therapists may ask clients questions about their sand tray, suggest them to change the sand tray, ask them to elaborate on why they chose particular objects to put in the tray, and on rare occasions, change the sand tray themselves. Use of directives by the therapist is very common. While traditional sand play therapy is thought to work best in helping clients access troubling memories, directed sand tray therapy is used to help people manage their memories and the impact it has had on their lives.

Roger Phillips, in the early 1980s, was one of the first to suggest that combining aspects of cognitive behavioural therapy with play interventions would be a good theory to investigate. Cognitive behavioural play therapy was then developed to be used with very young children between two and six years of age.

It incorporates aspects of Beck's cognitive therapy with play therapy because children may not have the developed cognitive abilities necessary for participation in straight cognitive therapy. In this therapy, specific toys such as dolls and stuffed animals may be used to model particular cognitive strategies, such as effective coping mechanisms and problem-solving skills. Little emphasis is placed on the children's verbalisations in these interactions but rather on their actions and their play. Creating stories with the dolls and stuffed animals is a common method used by cognitive behavioural play therapists in order to change children's maladaptive thinking.

**Parent/child play therapy**

Several approaches to play therapy have been developed for parents to use in the home with their own children.
Training in nondirective play for parents has been shown to significantly reduce mental health problems in at-risk preschool children. One of the first parent/child play therapy approaches developed was Filial Therapy (in the 1960s - see History section above), in which parents are trained to facilitate nondirective play therapy sessions with their own children. Filial therapy has been shown to help children work through trauma and also resolve behaviour problems.

Another approach to play therapy that involves parents is Theraplay, which was developed in the 1970s. At first, trained therapists worked with children, but Theraplay later evolved into an approach in which parents are trained to play with their children in specific ways at home. Theraplay is based on the idea that parents can improve their children’s behaviour and also help them overcome emotional problems by engaging their children in forms of play that replicate the playful, attuned, and empathic interactions of a parent with an infant. Studies have shown that Theraplay is effective in changing children’s behaviour, especially for children suffering from attachment disorders.

In the 1980s, Stanley Greenspan developed Floor time, a comprehensive, play-based approach for parents and therapists to use with autistic children. There is evidence for the success of this program with children suffering from autistic spectrum disorders.

Lawrence Cohen has created an approach called Playful Parenting, in which he encourages parents to play with their children to help resolve emotional and behavioural issues. Parents are encouraged to connect playfully with their children through silliness, laughter, and roughhousing.

In 2006, Garry Landreth and Sue Bratton developed a highly researched and structured way of teaching parents to engage in therapeutic play with their children. It is based on a supervised entry level training in child centred play therapy. They named it Child Parent Relationship Therapy. These 10 sessions focus on parenting issues in a group environment and utilises video and audio recordings to help the parents receive feedback on their 30 minute ‘special play times' with their children.

More recently, Aletha Solter has developed a comprehensive approach for parents called Attachment Play, which describes evidence-based forms of play therapy, including non-directive play, more directive symbolic play, contingency play, and several laughter-producing activities. Parents are encouraged to use these playful activities to strengthen their connection with their children, resolve discipline issues, and also help the children work through traumatic experiences such as hospitalisation or parental divorce.