

Exploring Dimensional Approaches in Play Therapy

Erin M. Dugan, Ph.D., LPC-S, RPT-S
Adrienne L. Frischhertz, Ph.D., LPC-S, RRT-S
Karen Taheri, LPC, NCC, RPT

Workshop Overview

- Defining Play Therapy
- Review, assess, and determine the approach
- Conceptualize goals
- Internal and external factors
- Construction of a play therapy treatment guidelines and plan
- Construct and utilize decision tree models

Play Therapy Defined

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

– Gary Landreth

Functions of Play

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

Treatment Of Choice For:

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- Anxiety and withdrawn behavior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

Treatment Of Choice When Combined With Other Treatments:



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



Play Therapy Would Not Be The Treatment Of Choice For:

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



Objectives of Child-Centered Play Therapy

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

Relationship always Focused on the Present, Living Experience....

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

Tenets for Relating to Children

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

Review of the Approaches Used in Play Therapy

- Non-Directive Play Therapy
- Directive Play Therapy
- Filial Therapy
 - Child-Parent Relationship Therapy
- Group Play Therapy
- Family Play Therapy
- Theraplay
- Activity Therapy

Play Therapy Approaches

- Non-Directive
 - Conscious Dimension
 - Unconscious Dimension

- Directive
 - Conscious Dimension
 - Unconscious Dimension

Play Therapy Dimensions Model

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

Play Therapy Dimensions Model

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

Play Therapy Dimensions Model

- CCPT, Psychodynamic, Jungian = Nondirective
- Prescriptive = Nondirective/Directive
- Gestalt = Directive with nondirective components
- Adlerian = Nondirective-> Directive
- CBT, Ecosystemic, Experiential, Narrative, and Theraplay = Directive

Overview of Treatment Planning

- Child's Demographic Information
- Presenting Issue(s)/Diagnosis(es)
 - Frequency, Duration, Intensity, Proximity
- Goals
 - Short/Long
- Interventions
 - Varying approaches

Adjusted children

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

Maladjusted Children

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

Presenting Issues and Diagnoses Used with the Approaches

- Whether or not the play therapist will take charge?
- Non-Directive Approaches
 - Adjustment
 - Grief
 - Trauma
 - Worry
 - Fear
 - Sadness
 - Hyperactivity/impulsivity
 - Encopresis/Enuresis
- Directive Approaches
 - Pervasive developmental disorders
 - Behavioral disorders
 - Anxiety disorders
 - ADHD

Overview of Treatment Planning

- Caregiver's Weekly Reports
 - Overall, 2 identified behaviors of concerns, Caregiver's experience caring for child, recovery time(s)
- Play Therapist's Weekly Session Summaries
 - Assessment of Progress

Overview of Treatment Planning

GOAL:

Re-Establish Sense of Safety and Security

- Assist in Managing Behaviors/Emotions
 - Anger, Anxiety, and Stress
- Increase the Child's Feelings of Power and Control
 - Safety & Security
- Develop Self-Efficacy
 - Coping skills & self-regulation

Review of Case Conceptualization

- Intake Paperwork
- Patterns of Play
- Professional Consultation(s)
- Assessment of Progress
- Caregiver Feedback

Overview of Significant Internal and External Factors Considered in Determining the Approach

- Internal
 - Heredity/Genetics
 - Personality/Temperament

Overview of Significant Internal and External Factors Considered in Determining the Approach

- External
 - Home Environment
 - School Environment
 - Social/Peer Environment(s)
 - Other

Implementing Necessary Interventions

Should I be Directive?

Should I be Non-Directive?

Or Maybe Just a Little of both?

Overview of Assessment Skills and Techniques Used to Assess the Approach and its Fit

- Assessment of In-Session Progress (Ray, 2010)
- Weekly Caregiver Feedback Forms
- Therapist Feedback Forms
- Caregiver Consultation Feedback Forms
- Professional Consultation(s)

Use of Decision Tree Models

- If/Then scenarios
 - Use of Psychological Evaluations/Recommendations
 - Professional Feedback
 - Caregiver Feedback
 - Therapist Feedback

Consider When Tx Planning...

- What is my theoretical orientation?
- What are the needs of the client?
- What are the needs of the family?
- How involved is the caregiver willing to be?
- How much time/ number of sessions are available to the child/family for play therapy services?
- What is/are the presenting issue(s)?
- What dimension is the child in?
- What approaches/dimensions might be most helpful for the child/family?
- Do I have training to provide services to this client to address the needs of the child and/or family?
- What other additional services might the child/family be in need of that I can provide referrals for?
- Is there any psychoeducational material that might be helpful to the child or family at this time?

Practice With Initial Tx Planning

- Amy, a seven year old girl, has been brought to you for play therapy for anxiety. Her mother states that she has been wetting the bed every couple of nights, crawling into bed with her mother and having scary dreams. Amy's father died suddenly six months ago in a car accident. Her mother says that before his death Amy was not wetting the bed or having scary dreams. Amy's mother also said that Amy has become more anxious about losing her mother and has expressed fear that she may die too and leave Amy all alone.

Practice With Initial Tx Planning

- Wayne, a ten year old boy, is brought in to see you for play therapy services. His father states he has been diagnosed with Attention Deficit Hyperactivity Disorder- combined type. He has been having difficulty making friends at school and has been displaying aggressive behaviors towards other children. His mother says that he is very sensitive and tends to feel left out by other the other kids.

Summary

- Review of Approaches & Interventions in Play Therapy
- Treatment Plan(s)
- Use of Caregiver Forms
- Use of Therapist Forms
- Assessment of In –Session Progress Notes

Questions?

References

Axline, V. (1947). *Play therapy*. Cambridge, MA: Houghton-Mifflin.

Kottman, T. (2001). *Play therapy: Basics and beyond*. Alexandria, VA: American Counseling Association.

Landreth, G. (2002). *Play therapy: The art of the relationship* (2nd ed.). NY: Brunner-Routledge.

Ray, D. (2010). *Advanced play therapy: Essential conditions, knowledge, and skills for practice*. NY: Brunner-Routledge.

Schaefer, C. (Ed.) (2003). *Foundations of play therapy*. NY: John Wiley & Sons.

Schaefer, C. (1993). *The therapeutic powers of play*. Northvale, NJ: Jason Aronson.

Schaefer, C & O'Connor, K. (1983). *Handbook of play therapy*. NY: John Wiley & Sons.

Schaefer, C., Gitlin, K. & Sandgrund, A. (2000). *Play diagnosis and assessment*. NY: John Wiley & Sons.

Yasenik, L., & Gardner, K. (2012). *A Decision-Making Guide for Integrative Play Therapists*. PA: Jessica Kingsley Publishers.