Psychoanalytic, Jungian, Structured and Release Play Therapy

Unexpressed emotions will never die. They are buried alive and will come forth later in uglier ways.

— Sigmund Freud —

A-Z Quotes
Psychoanalytic Play Therapy
Hermine von Hug Hellmuth, Anna Freud, and Melanie Klein

- Hermine von Hug-Hellmuth (1920) was the first to treat children with talk and play.
- Anna Freud (1927)
  - Helping children come to consciously understand why they thought, felt, and behaved as they did.
  - Used play in her treatment to facilitate child’s positive emotional attachment to the therapist, gain access to the child’s inner life, and to influence the child to like her.
- Melanie Klein (1932)
  - Treated young patients in their own homes.
  - Saw children’s difficulties rooted in their parent’s unresolved troubles.
  - Felt play was a direct substitute for verbalizations and used play as a means of communication.
Psychoanalytic Play Therapy

- “Therapeutically Holds” the child.
- Recognizes child’s wholeness as a person.
- Work to help children learn what it is to think is the right, good, or satisfying thing to do.
- Child patients cannot make changes in their lives until they admit what is happening.
- Most beneficial in treating children with depression, anxiety, borderline or psychotic functioning, and those who need to reconcile self to limitations; such as chronic illness or a disability.
Psychoanalytic Play Therapy

THERAPIST ROLE
- The therapist and his/her way of being is the intervention.
- Therapist strives to create an atmosphere of safety and acceptance, of genuine positive regard for the child.
- Therapist shows respect for the child’s thoughts and feelings.
- Stay neutral to the child’s conflicts.
- Set limits so the child cannot hurt themselves, the therapist, or the office.

PARENT ROLE
- The more the parent is involved, the more the treatment works.
- Primary source of information about the child and the home.
- Strive to meet parents where they are and not pass judgement.
- Child-therapist relationship runs second to the relationship the child has with the parent.
Jungian Play Therapy
Carl Jung

- Named after his grandfather, who believed he was surrounded by spirits and explored the psychological depths of the human soul.
- Family of pastors
- Did his psychiatric residency at one of the premier psychiatric hospitals in the world at the time.
- Him and his wife lived in the psychiatric hospital with the patient.
- Developed a professional relationship with Freud and said he was the “first man of importance” he had ever met.
- Attended Clark Conference
Jungian Play Therapy

- Split from Freud
  - Mid-life crisis
  - Jung used Play Therapy to work through this emotional time.
- Active Imagination
- Structure of the Psyche
- The Achetypes
  - Archetypal energies can be projected on to the play material, which can serve as symbols for those energies.

Figure 5: Jung’s Model of the Psyche.
Jungian Play Therapy

Toy selection and arrangement

- Have a range of toys, from those that are familiar to those that may be more novel and archetypal.
- Temanos—boundary or sacred space to where the “work” is being done.
- Set up so the child first sees things that are familiar and conscious, to things that are more symbolic and have energy from both the personal and collective unconscious.
Role of Therapist

- Providing Safety, Welcome, and Trust.
- Joining with the Patient as Companion, and Witness.
- Making meaning of the play, understanding it’s significance, and occasionally engaging in meaningful participation and interpretation.
Role of Parent

- The therapist in treating the child is also treating the parent, though perhaps indirectly.
- “Parent Consult” meetings.
Structured and Release Play Therapy
Gove Hambridge and Daniel Levy

- Expanded to include more goal directed interventions.
- Child moves out of the passive role and into the active role.
- Abreactive Effect
- No need for Interpretation
- Allowed free play to recover from the procedure
Structured and Release Play Therapy

- Therapist meets with parents to gather specific information about the traumatic event.
- Child engages in free play.
- Therapist uses play therapy toys to recreate the traumatic event.
- The traumatic event is acted out.
- Therapist assess child’s anxiety level.
- Belief is that children must repeatedly reenact a conflict in order to overcome it.
- Child engages in free play to decompress from the experience.
Types of Release Techniques

1. Release of feelings in standard situations.
2. Release of feelings in a specific play situation.
3. Simple Release
Child-Centered, Filial, and Relationship Play Therapy

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Child-Centered Play Therapy
Virginia Axline and Gary Landreth
“The therapist toes should follow the child’s nose”

- Person-centered theory originally developed by Carl Rogers.
- Adapted by Virginia Axline, a student and colleague of Rogers, as a child-centered model of play therapy.
- Belief that children can grow and heal when a child focused environment is provided for them, free from an adult’s agenda.
- Makes no effort to change the child.
Child-Centered Play Therapy

- Fundamentals of personality, as described by Rogers:
  - Person (or organism)
  - Phenomenal field
  - Self
- Child is the focus rather than the presenting problem.
- Therapist avoids asking questions and use tracking responses.
- Children are encouraged, not praised.
Child-Centered Play Therapy

Gary Landreth and his contribution to the Play Therapy field as it begins to grow and expand worldwide.

Definition of Play Therapy by Gary Landreth (2002):

Play therapy is defined as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of safe relationships for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child’s natural medium of communication, for optimal growth and development. (p. 16)
Child-Centered Play Therapy

“Toys should be selected not collected”.

General guidelines to follow when selecting playroom items:

- Toys should provide variety in choice of expression.
- Toys should be durable.
- Toys should not be complex.
- Toys should allow reality testing of limits.
- Toys should allow development of positive self-image as well as self-control.
Therapeutic Limit Setting Model (Landreth 2002):

**A**cknowledge the child’s feelings, wishes, and wants.

**C**ommunicate the limit.

**T**arget acceptable alternatives.

**Purpose of Limits:**
1. Define boundaries in therapeutic relationship.
2. Provide security and safety for child
3. Demonstrate the therapist’s intent to provide safety for the child
4. Anchors the session to reality.
5. Allow the therapist to maintain a positive attitude towards the child.
6. Allows child to express negative feelings without causing harm.
7. Offer stability and consistency.
8. Promote and enhance the child’s sense of self-responsibility and self-control.
9. Promote catharsis through symbolic channels.
10. Protect the play therapy room.
11. Provide for maintenance of legal, ethical, and professional standards.
Child-Centered Play Therapy
Role of Parent

- Parents feel overwhelmed at the beginning.
- Feel a loss of control.
- Empathic skills
- Purpose and process of play therapy.
- Informed of the therapeutic process and routinely interviewed.
- May need a referral for their own individual counseling.
Child-Centered Play Therapy

Role of Therapist

- Facilitator
- Encourager
- Fellow explorer for the child in the playroom.
- Axline’s 8 basic principles (revised by Landreth(2002)
- “Objective is to relate to the child in ways that will release the child’s inner directional, constructive, forward moving, creative, and self-healing power” (Landreth & Sweeney, 1997, p.17)
Case Example using Child-Centered Play Therapy:

- 4 year old child
- Moved here from Boston last summer. Dad is a doctor and mom taking online classes.
- 2 Siblings: brother, age 2 and sister, age 1
- Attends preschool. Teachers report he is well liked, takes on a leader role, and displays positive interactions with others.
- Home: says mean and aggressive things to others, such as “I want to cut your throat”, hits younger siblings, doesn’t show emotion when hurting others, and doesn’t listen (sit down at the dinner table, just walks away).
Three valuable resources for the Child-Centered Play Therapist:

Play Therapy: The Art of the Relationship, by Gary Landreth

Play Therapy, by Virgina Axline

Dibs In Search of Self, by Virginia Axline
Filial Play Therapy
Bernard Guerney Jr. and Louise Guerney

- Bernard Guerny Jr., Phd, a Rogerian and follower of Virginia Axline.
  - Child Psychologist in the 1950 and 1960’s
  - Rutgers University-collaborated with his wife, Louise Guerney.
  - Frustrated with traditional approaches that focused on parental pathology “rubbing off on children”.
- Involves parents as the PRIMARY providers of child-centered play therapy.
Filial Play Therapy

Goals of Filial Therapy:

- To reduce problem behaviors in children.
- To enhance the parent-child relationship.
- To optimize child adjustment and increase child competence and self-confidence.
- To improve parenting skills.
Filial Play Therapy

- Best suited for children ages 3-10 years.
- Generally 10-12 sessions
- Therapist role:
  - Instructor
  - Supervisor
  - Support Person
  - Co-change agent
- Circumstances under which Filial Play Therapy would not be appropriate:
  - Parents who are incapable of intellectually comprehending the skills.
  - Parents who are too overwhelmed with their own needs.
  - Abused children when one of the parents has been the perpetrator.
Filial Play Therapy

Stages of Filial Therapy:

- Training
- Putting skills into practice
- Home sessions
- Transfer and Generalization
- Evaluation and Planning for termination
Relationship Play Therapy
Otto Rank and Clark Moustakas

- Rank, who deemphasized the past and unconscious and focused on the here and now relationship with the client.
- Moustakas studied play therapy under Dr. Amy Holloway, who used cognitive behavioral play therapy methods.
- Professional work, mentors were Carl Rogers and Virginia Axline, who used a non-direct/child-centered approach.
- Spent time using child-centered play therapy but felt it was not right for him.
- Studied his own tapes, research data, and formed **Relationship Play Therapy**.
Relationship Play Therapy

- Therapist participates in the child’s plans, sometimes actively playing with the child at the child’s invitation.
- Therapist begins where the child is and deals directly with the present conflicts/problems and feelings.
- Central Goal: Enable the child to find their own way through self direction and strengthening the will.
Relationship Play Therapy

- Limits
- Setting
- 4 Dimensions of the Therapy Setting
- Number of sessions
- Diagnosis and Assessment
Relationship Play Therapy

Parent/Family Role:

- Initial meeting – child and parents, meet with child 3-4 session, then meet with child and parent again to discuss core play themes and directions of play therapy, and develop a plan for continuing the work.
- Transfer new knowledge to their own life and others involved with their child.
- May suggest, Group Therapy, Family Therapy, and sibling involvement
- Parent Education Training
Gestalt, Adlerian, and Cognitive-Behavioral Play Therapy

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Gestalt Play Therapy
Violet Oaklander

- Developed by Fritz and Laura Perls, later adapted to play therapy by Violet Oaklander.
- A humanistic, process-oriented mode of therapy that is concerned with the healthy, integrated functioning of the total self.
- I/thou Relationship
- Process-oriented therapy

"I do my thing and you do your thing.
I am not in this world to live up to your expectations,
And you are not in this world to live up to mine.
You are you, and I am I,
And if by chance we find each other, it's beautiful.
If not, it can't be helped."

Fritz Perls, "Gestalt Therapy, Verbatim", 1969
Gestalt Play Therapy

- Contact and Resistance
  - Contact Boundary Disturbances
  - Retroflect
    - Case example – 17 y/o girl adopted at the age of 2 years old from Russia. She has always felt her adoptive parents are too controlling. She cuts herself to release the frustration and anger she feels towards them.

- Deflect
  - Case example – 9 year old boy who was adopted at birth feels confused about his birth mom and why she gave him up. He says verbally mean things to his adoptive mom. He knows he can’t release this anger at school or in the community because he does not want others to see it. He only does it at home and is only directed at his adoptive mother.
Gestalt Play Therapy

- Strengthening the self
- The Senses
- The Body
- Self-Enhancing Experiences
  - Defining self
  - Choices
  - Mastery
  - Own Projections
  - Interpretation
  - Power and Control
Gestalt Play Therapy

- Emotional Expression
- Aggressive Energy
  - Retroflect
  - Deflect
- Self-Nurturing
  - Negative Introjects
Gestalt Play Therapy

Role of Therapist:
- Active role
- Acceptance
- Interaction with client
- Assessment

Role of the parents:
- Monthly meetings
- Develop an understanding of Gestalt Play Therapy
- Homework
- Need to feel part of the “team”.
Adlerian Play Therapy
Terry Kottman

- Alfred Adler
- Historically, approach was used in family therapy, parenting classes, and classroom management.
- Adlerian form of play therapy
- Terry Kottman, Doctoral Student at University of North Texas. Received the Lifetime Achievement Award in 2014 from the Association of Play Therapy!
**Adlerian Play Therapy**

**Alfred Adler’s Four Principals of Individual Psychology:**

1. People are Socially Embedded
   - Family Constellation
   - Family Atmosphere
   - Lifestyle
   - Personality Priorities
   - Social Interest

2. People are Goal Directed
   - Crucial C’s - Connect, Capable, Count, and Courage

3. People View Reality Subjectively

4. People are Creative Beings
Case Study using goals and techniques of an Adlerian Play Therapist:

- Child was referred at the age of 6y/o by DHS. She started their trailer home on fire and family lost everything.
- Family had utilized in-home services, family/marriage counseling, and school counselor became involved.
- Through assessment from DHS, severe domestic abuse had occurred in the home and was witnessed by my client and her younger brother (age 2)
- Therapist collaborated with school and in-home provider. Client was having issues with peers. She was using violent, threatening, and aggressive talk with her peers, particularly a young boy who she played with at times. Teacher reported that this boy was getting annoyed with her so he told her he wanted to play with the boys at recess. She told the boy she was going to “kill him at recess”, made a friend/not friends list and showed others that he was not on the list, and was telling him he is “bad” at soccer. Earlier in the school year she had threatened to hurt other kids at school with “a knife”.
Phase One: Building an Egalitarian Relationship.
Phase 2: Exploring Lifestyle
Phase 3: Gain Insight
Phase 4: Reorientation

someone: I can... please stop

think about playing outside.
drawing, painting, and coloring.

Instead of saying or doing something dangerous.

My brother's bike
My father's bike
My sister's bike

Jake, Al, and I

1965

8 year old

we were on the streets.

playing with our bikes.

I made a fool of myself.

They said, "Hey, Jake!"

The dog bit me.
Adlerian Play Therapy

Role of Therapist
- Partner
- Encourager
- Teacher
- Role of therapist changes based on the phase of the therapeutic process.

Role of Parent
- Phase One- therapist works to build an egalitarian relationship with parent.
- Phase Two-Investigating the parents perception of the child’s lifestyle and the parents lifestyle and then develops a treatment plan for the parent.
- Phase Three-Therapist helps parent gain inside into their child and themselves
- Phase Four- Parenting skills
Cognitive Behavioral Play Therapy
Susan Knell and Angela Cavett

- Aaron Beck, Cognitive Therapy
- Development of Cognitive Therapy with children
- 1980’s Incorporated cognitive-behavioral techniques into play interventions.
- 1990, Susan Knell did a case report on a 5y/o encopretic child and used cognitive interventions and play therapy.
- Cognitive Distortions and Maladaptive Behavior
- Behavioral Roots
- Cognitive Roots
Cognitive Behavioral Play Therapy

- Principals of CBPT
- Setting
- Goals
- Methods

Goals:
1. Will not wet her pants during the school year.
2. Will make 2 positive, lasting friendships.
3. Will start and finish an extracurricular activity - Volleyball.
Cognitive Behavioral Play Therapy

Behavioral Interventions:
- Modeling
- Shaping
- Stimulus fading
- Role-play
- Systemic Desensitization
- Extinction
- Positive Reinforcement
- Time-out
- Self-monitoring
- Activity Scheduling
Cognitive Behavioral Play Therapy

Cognitive Interventions:

- Recording dysfunctional thoughts
- Cognitive change strategies/countering irrational beliefs
- Coping self-statements
- Bibliotherapy
Cognitive Behavioral Play Therapy

Therapist Role
- Directive
- Listen with eyes and ears
- Modeling of coping skills
- Development of appropriate strategies and interventions.

Parent Role
- Initial assessment with parent and child.
- Therapist typically meets with parent individually to discuss assessment of child.
- Monitor interactions with the child
- Treatment planning
- Goals
- Homework-work on strategies in the home.
Case Study using Cognitive Behavioral Play Therapy

- 11 year old boy
- History of anxiety and separation issues as a young child. Some significant history of anxiety in the extended family.
- Presenting Problem: Mom and dad wanted to redecorate his room. While going through this process, they saw an extreme level of anxiety and sadness when going through his stuff (i.e. art projects, lego boxes, shoes that don’t fit). Ritualistic Behaviors at bedtimes Routine. Hoards things and hides them in his closet, desk, and under his bed.
- The boy became very upset when his dad took some of the things in his room, after cleaning things out, to the trash. This caused the boy to become very upset, to the point of kicking screaming and throwing things.
Questions?
Go Cyclones!!!!
Object Relations Play Therapy
Theraplay
Experiential Play Therapy

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Object Relations Play Therapy
Helen E. Benedict

- Object Relations- The object, usually a significant human that has acquired emotional significance to the self.
- Focus on helping children who experience one or more interpersonal traumas.
- Two Functional Assumptions:
  - Core of psychological functioning is believed to be between the self and the significant other.
  - As development proceeds, interactions between the infant and significant others become internalized and form object relations.
Object Relations Play Therapy

- Developmental Theory of Margaret Mahler
  - Three Stages of object relations development:
    - Stage 1: Presymbiosis
    - Stage 2: Normal Symbiosis
    - Stage 3: Separation-Individuation: Differentiation, Practicing, Rapprochement, and On the way to object constancy.

- John Bowlby and Donald Winnicott
  - Key Concepts from Attachment Theory:
    - Transitional object
    - Good enough mothering
    - Holding environment
    - Attunement
    - False Self
Object Relations Play Therapy

- Therapeutic Goals
  - Phase One - establish secure relationship
  - Phase Two – working stage
    - Unattached presentation
    - Ambivalent presentation
    - Passive-aggressive presentation
    - Oppositional/controlling presentation
    - Compromised Rapprochement
Object Relations Play Therapy

Therapy Techniques:

Three Components:
1. Child-responsivity
2. Developmental Sensitivity
3. Use of Invitation

Play Themes

Play Patterns
**Play Themes:**

**Power and Aggression Themes:**
- Good guy vs. bad guy
- Aggressive-victim
- General aggression
- Death
- Powerful figure overcoming weaker figure
- Devouring
- Seeking
- Juvenile delinquency

**Family and Nurturance Themes:**
- Constancy
- Separation
- Reunion
- Nurturing
- Self-nurturing
- Failed nurturing
- Neglect, abuse, punishment of self
- Store and shopping
- Adult Activities

**Control and Safety Themes:**
- Fire
- Burying
- Drowning
- Broken
- Fixing/Failure to fix
- Instability
- Cleaning
- Sorting
- Messing
- Containing
- Protective
- Danger
- Rescue
- Escape

**Sexualized Themes:**
- Sexual play
- Sexual Talk

**Play Patterns:**

- Boundary Setting
- Boundary Violation
- Competition
- Control
- Expression of Feelings
- Helping
- Imitation
- Protection
- Rejection
- Sharing
- Teasing
How can I use this with my clients:

- **Unattached child** – Using *attunement* interventions, such as: reflect the child’s feelings, play a mirroring game, feelings charades. *Constancy* inventions, keep a small box where they can keep a specific toy and know it will be there when they come back. Use a bean bag toy animal as the child’s *transitional* object to and from therapy.

- **Passive-aggressive child** - Using *constancy* interventions, such as: using a camera to preserve traces of the child’s play and allow them to take the pictures home and keep in a small photo book or blank journal. Play *Hide-n-Seek*, using small toys in the office.

- **Ambivalent child** - Limit setting on maintaining safety rather than controlling the child. Giving choices and helping the child anticipate consequences so to help them decrease their level of frustration.
Role of Therapist:
Three major aspects that correspond to the phases of therapy:
1. Establishment of a secure base relationship
2. Working phase
3. Termination

Role of the Parents:
- The role differs depending on the child’s circumstance.
- In order for play therapy to be affective, there must be a working alliance between the therapist and the parent.
- Parent needs an understanding both of their child’s needs and the way the play therapy will serve to their child to maximize the effectiveness of the therapy.
- Primary goal is to improve their relationship with the child and focus on the dysfunctional aspects of the parent-child relationship.
- If child no longer lives with their parent, goal is to foster a healthy attachment with the current caregiver.
Theraplay
Ann Jernberg, Phyllis Booth, and Evangeline Munns

- Founded by Ann Jernberg in 1967
  - Received a federal grant to try and increase the bonding between mothers and their children in the Head Start program in Chicago.
  - Needed an inexpensive, short-term treatment method.
  - Emphasized nurturing through physical touch, rocking, singing, and regressive activities.

- Structured form of play therapy.
- No interpretations are made.
- Based on attachment theory.
Theraplay

Marshack Interaction Method (MIM)

Activities and supplies
Theraplay

- Dimensions and Techniques
  - Four Main Dimensions:
    - Challenge
    - Engagement
    - Nurture
    - Structure

- Treatment Planning and Process:
  - The Opening
    - Greeting activities
    - Checkup activities
    - The Session Proper- activities from the 4 dimensions
  - The Closing
    - Parting
    - Transition to the “outside world”
Theraplay

How to structure treatment:

- Session 1-4
- Session 5-10
- Termination Party
- Check-Up visits
Theraplay

Role of Therapist

- Assessment/Intake
- Administer the Marschak Interaction Method (MIM).
- Therapist leads for 3-4 sessions while parent(s) observe.
- Guiding principal
- Help build the child’s inner representation of him/herself.
- Help strengthen the attachment between parent and child.
- Therapist is available to support parent.
Theraplay

Role of Parent

- Observes therapist and child for 3-4 sessions.
- Entering sessions
- As sessions progress, parent is asked to lead the activities.
- Practice activities at home.
Theraplay

If you have interest in this approach, it is important that you receive additional training, for this is just a small introduction about Theraplay.

Please contact The Theraplay Institute at www.theraplay.org, to inquire about more information on their training opportunities.
Experiential Play Therapy
Byron and Carol Norton

- The Norton’s reside in Colorado. They are both psychologists in the field. Dr. Byron Norton teaches and supervises play therapy at the University of Northern Colorado.
- An approach that is a contrast to other approaches.
- Child is given the opportunity to play out their feelings and experiences.
- Child reenacts life situations in play.
Experiential Play Therapy

Five Stages of Experiential Play Therapy

- Stage 1: The Exploratory Stage
- Stage 2: Testing for Protection Stage
- Stage 3: Working Stages-Dependency
- Stage 4: Working Stages-Therapeutic Growth
- Stage 5: Termination Stage
Experiential Play Therapy

- Therapist’s role
- Toys
  - Criteria for toys in the play therapy room
    - Must be sanitary
    - Relationship-oriented
    - Represent the reality in a child’s life
    - Elicit projective play
    - Enable children to go into fantasy play
    - Encourage decision making
    - Enable children to create
- Symbolic meaning of toys
Experiential Play Therapy

- Assessing children in the play therapy intake
  - Initial Visit
    - Meeting with the parents alone
    - First Meeting with the child
  - Progress notes
  - Consultation with parents
Ecosystemic, Prescriptive, and Group Play Therapy

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Ecosystemic Play Therapy
Kevin O’Connor

- Modeled developed in the 1980’s. Encouraged Play therapist to take a broader approach in developing treatment. Believed therapist can be effective from work from several different approaches as long as they use the theory consistently.

- Developed for play therapy to take a broad perspective on the systems theory.

- Children are brought to treatment because they are negatively reacting to a systematic problem.

- Goal: Maximizing children’s enjoyment of their lives and functioning in the present and future.
Ecosystemic Play Therapy

Therapist Role

- Help the child “break set”.
- Help child understand therapy
- Engage in problem solving,
- Contract/goals
- Parallel contract with parents
- Problem Solving
- Increase caretakers involvement while fading the therapist’s involvement.
Therapeutic Strategies used in Ecosystemic Play Therapy:

- Help child to identify and express emotions
  - Color your life thermometer
  - Color your heart
  - Feelings Dice Game or
  - Mr. Kitty
- Limit Setting-
  - “Children do not feel safe, valued, or accepted in a completely permissive relationship” (Landreth and Sweeney, 1997, p. 23).
Ecosystemic Play Therapy

Parent Role

- Parent’s play a pivotal role.
- Play therapy has to be generalized to the child’s life outside of therapy room.
- Rapport much be established with the therapist.
What does Ecosystemic Play Therapy Look Like:

- Initial Intake Session
- Therapist meets with child
  - Conducts a mental status exam
  - Gets the child’s opinions about how the problem is experienced and how it should be defined.
  - Bring parent back into session with the child and play a therapeutic game together.
- Depending on the child’s problems will determine the parents direct involvement in the sessions.
Therapeutic Games
Case Study

- 7 year old boy (we will call him Ethan)
- Ethan is in 1\textsuperscript{st} Grade at a Catholic School in a nearby town.
- His mother attended intake session without Ethan present so she could freely talk about all issues.
- Mother reports that he refuses to comply with the rules at school. He calls the teachers names and tells them to shut up. He often leaves the classroom if he doesn’t like what is going on. He responds to adults and peers in a rude manner. He mocks the adults while they are talking. He is aggressive towards peers and teachers. He has punched other kids, kicked and threatened them. He is defiant and argumentative.
- He plays with other kids but once things are structured (i.e. lining up at recess) he becomes defiant, argumentative and aggressive.
- Home life- large family, 8 brothers and sisters. Mom stays home and dad works at the hospital. Mom says the house is “crowded”. They use time-outs, remove Ethan from the situation, take privileges away, and do spank if the behavior is extreme. But, Ethan does not display the same behaviors at home as he does at school.
Case Study

First session:
- Used non-directive play therapy to assess child and build a rapport.
  - Session #1 Play Themes/Patterns- Good guy vs. Bad guy play, general aggression, Sorting, and competition. He struggled to play out themes. He would set some things up, play for a few minutes, and then clean up. He sorted the army guys by color and then puts them on opposite sides “so it makes sense”. Therapist observed that Ethan had a stutter and slight speech delays.
  - Conducted a mental status exam and asked Ethan some additional questions to complete the intake.

Second Session:
- Ethan was pacing by the radio in the waiting room. We talked about school this day, particularly Art. He told therapist, “Sometimes I like and sometimes I don’t. I will look and see what the project is and if I don’t like it I will just leave”. Similar play themes/patterns from first session- sets toys up but does not play with them. More sorting of toys. Played in the castle briefly put some of the green army guys in there and said, “I’m locking them up, everybody is being crazy inside”.
- Therapist asked Ethan to draw a picture of his house. Observed significant motor delays and perception of a tree.
Case Study

- Second session (con’t):
  - Talked about therapy goals
  - Invited his mom to come in and played CandyLand. Asked mom what goals she has for Ethan in therapy.

- Third Session:
  - Started session with both mom and Ethan.
  - Discussed treatment goals developed by therapist and Ethan at second session.
  - Discussed collaborative efforts and referrals to further help Ethan.
    - Therapist to work with school counselor, teacher, and AEA.
    - Refer Ethan for Psychological testing.
    - Refer Ethan to Childserv for an evaluation for OT, Speech, and Sensory Processing Disorder.
Case Study

- One year later: Ethan left the Catholic School because they could not accommodate his academic and behavioral needs. He entered public school and works in the special education room to get caught up on his academics. He works with a behavior specialist at school and is on a behavior management plan. The psychological testing did rule-out ADHD, Autism Spectrum disorder, and ODD. The childserv evaluation determined he does have Sensory Processing Disorder and fine motor delays which cause him a great deal of frustration. He also had an eye exam and went to a specialist for new glasses. He still struggles but we continue working on helping Ethan.
Prescriptive Play Therapy
Charles E. Schaefer

- Concept has been around since the 1970’s, but popularity of this approach has greatly increased in the past decade.
- An approach that tailors interventions to individual clients.
- An eclectic approach that incorporates the theories and techniques of many psychotherapist into a broad framework that facilitates the development of client-specific treatment strategies.
- Goal is to create an individualized treatment plan that matches the client’s therapeutic needs.
Prescriptive Play Therapy

1. Differential Therapeutics
2. Eclecticism
3. Evidenced-Based
4. Understanding Therapeutic Change Mechanisms
5. Treatment Specificity;
6. Comprehensive Assessment
7. Multicomponent
8. Pragmatic
9. Realistic
10. Practice and Guidelines

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Prescriptive Play Therapy

**Therapist Role**

- Therapist must be familiar with the major theories of play and play therapy.
- Clear understanding of play and the way it has been integrated into play therapy.
- Therapist role varies depending on the particular play therapy approach is applied to each case.
- Best suited for therapist who are Flexible and skillful in adapting a particular treatment protocol to their own personal style.
Group Play Therapy
Daniel Sweeney and Linda Homeyer

“Group play therapy is defined as a dynamic interpersonal relationship between a child and a therapist trained in both play therapy and group procedures, who provides selected play materials and facilitates the development of a safe relationship for children to fully express and explore themselves and others through children’s natural medium of communication, PLAY “ (Landreth, 2002, p. 17).
Group Play Therapy

- Children can benefit from group relationships and interactions the same as adults working in group counseling.
- Children can learn from each other.
- Benefits of Group Play Therapy:
  - Discover that their peers have problems too and they are not alone.
  - Feeling of belonging develops.
  - Develop sensitivity to others.
  - Increases self-concept
  - Discover they are worthy of respect and their worth is not dependent on what they do but rather who they are.
Group Play Therapy

- Goals of group play therapy
  - Establish therapeutic relationships
  - Express emotions
  - Development of insight
  - Opportunities for reality testing.
  - Opportunities for expressing feelings and needs in a more acceptable way.
- Group selection and size
- Group setting and materials
- Length and frequency of sessions
Group Play Therapy

Therapist Role

- Therapeutic role is similar to that in individual play therapy.
- Therapist must have a high tolerance for noise, messiness, and able to handle frequent chaos.
- Keep responses balanced among group members.
- Include the child’s name when tracking.
- Limit-setting

Parent Role

- Parent role is similar to that of individual play therapy.
- Parents should be interviewed before any group play sessions.
- Ongoing evaluation
- Educated about the group play therapy process.
- Ongoing involvement may be having them join the group, family play therapy, or filial play therapy.
Limits-Setting in Play Therapy Groups:

- Define boundaries of the therapeutic relationship.
- Provide safety and security for the child, both physically and emotionally.
- Demonstrates the therapist’s intent to keep the child safe.
- Anchor the session to reality.
- Allow the child to express negative feelings without causing harm.
- Offer stability and consistency.
- Promote the enhance the child’s sense of responsibility and self control.
- Protect the play therapy room.
- Provide maintenance of legal, ethical, and professional standards.
Play Therapy Theories

- What theoretical approaches best fit my work with the children and families I work with?
- What approaches do I not feel comfortable doing with my clients?
- How can I incorporate these approaches and techniques into my practice?
- What can I do to help parents and other collaborative sources understand my theoretical approach?


