



INTRODUCTION TO PLAY & HISTORY OF THERAPY

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PRACTICING THE ART OF PRESENCE

- Being present is an essential foundational play therapy skill
- To be present we need to emotionally regulate which requires us to listen to our body and doing what we need to stay present
- e.g., stretch, move, walk, dance, sway, rock, drink water, etc.

Video Andrew



<https://www.youtube.com/watch?v=reJpo-GaopM>

Enhances social relationships

BCPTA



- ✓ Therapeutic relationship
- ✓ Attachment
- ✓ Social competence
- ✓ Empathy

Schaefer, C.E. and Drewes, A. A. (2014) Therapeutic powers of play: 20 core agents of change. 2ed. Wiley.

Facilitates Communication



- ✓ Self expression
- ✓ Access to the unconscious
- ✓ Direct teaching
- ✓ Indirect teaching

Schaefer, C.E. and Drewes, A. A. (2014) Therapeutic powers of play: 20 core agents of change. 2ed. Wiley.

Fosters emotional wellness



- ✓ Catharsis
- ✓ Abreaction
- ✓ Positive emotions
- ✓ Counterconditioning fears
- ✓ Stress inoculation
- ✓ Stress management

Schaefer, C.E. and Drewes, A. A. (2014) Therapeutic powers of play: 20 core agents of change. 2ed. Wiley.

Increases personal strengths



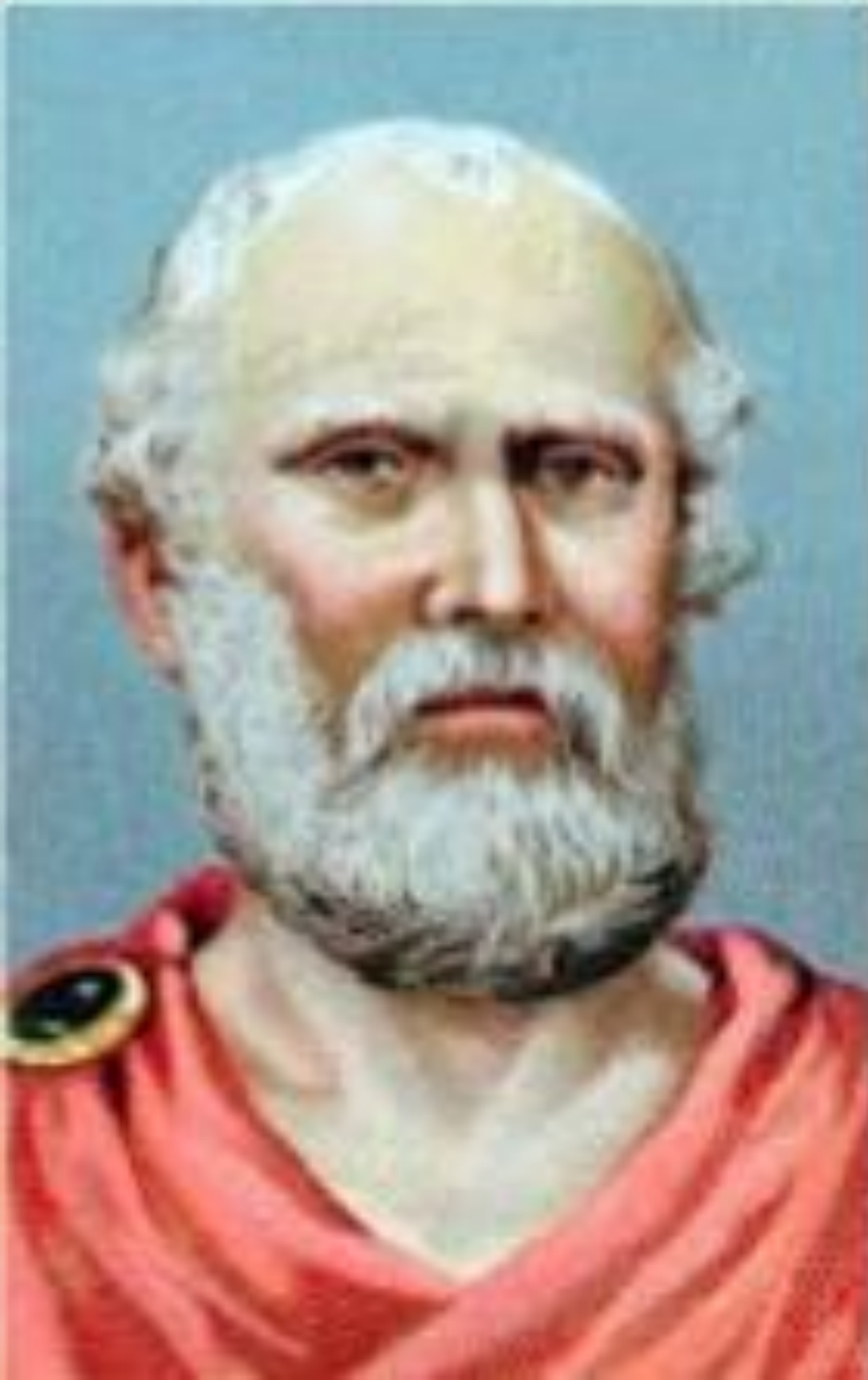
- ✓ Creative problem solving
- ✓ Moral development
- ✓ Accelerated psychological development
- ✓ Resiliency
- ✓ Self-regulation
- ✓ Self-esteem

Schaefer, C.E. and Drewes, A. A. (2014) Therapeutic powers of play: 20 core agents of change. 2ed. Wiley.



BCPTA

HISTORY OF PLAY THERAPY



"You can discover more about a human being in an hour of play than a year of conversation." Plato (429 – 347 B.C.)



Margaret Lowenfeld 1890-1973

Pioneer of play therapy

- A pediatrician
 - In the late 1920s Dr Lowenfeld established one of the first child guidance clinics in Britain in Notting Hill, London.
 - In 1930s she invented new ways of working therapeutically with children – sandtray
-
- <http://lowenfeld.org/#>

Virginia Axline

Originator of Non-Directive Play Therapy

1911-1988



- Axline was influenced by the person centred approach of Carl Rogers.
- In the 1940s, she began to develop nondirective play therapy, the principles of which were based on the work of Carl Rogers and his newly emerging person-centred approach.
- In her first book Play Therapy she establishes the 8 basic principles of non-directive play therapy and much of play therapy practice is based on these today.
- Axline in turn influenced Violet Oaklander who added a gestalt therapy approach to play therapy
- Her second book Dibbs in Search of Self i

Eight Basic Principles

The therapist



1. Must develop a warm and friendly relationship with the child.
2. Accepts the child as she or he is.
3. Establishes a feeling of permission in the relationship so that the child feels free to express his or her feelings completely.
4. Is alert to recognize the feelings the child is expressing and reflects these feelings back in such a manner that the child gains insight into his/her behaviour.
5. Maintains a deep respect for the child's ability to solve his/her problems and gives the child the opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. Does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows.
7. Does not hurry the therapy along. It is a gradual process and must be recognised as such by the therapist.
8. Only establishes those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his/her responsibility in the relationship.

Play Therapy Today



- Dr. Garry Landreth
 - Non-directive child centred play therapy
 - Started the Center for Play Therapy in 1988 in Texas
 - Play Therapy: The Art of the Relationship
 - Marie-José Dhaese
 - Pioneer of play therapy in BC
 - Expressive Play Therapy following a child-centred approach of Dr. Landreth
 - Mary Anne Paré
 - *Family systems and play therapy*
 - *John Allen*
 - *Jungian play therapy*
 - Lisa Dion
 - Synergetic Play Therapy
- <https://cpt.unt.edu/garry-landreth-research-library>



Experiential

Power of Symbol activity:

Instructions:

- In 2 minutes choose 1 figurine you're **attracted to/interested in** and one that you're **repelled by**.
 - Find a partner
 - 1. Take the figurine you were *repelled by* and talk with your partner about your responses to the following: (6 min)
 - The bodily sensations that you notice as you examine the figurine
 - Your initial emotional responses
 - Your personal associations
 - The thoughts that came to you after your associations
 - Any early memories that emerged when you looked at the figurine
 - Any myths or fairytales related to your figurine
 - Any surprises the experience held for you
 - 2. Take the figurine that you were *attracted to* and go through the same process with your partner (5 min)
 - 3. Take both figurines and talk about whether you see any relationship between them (3 min)
 - 4. Repeat with the other partner
 - 5. Group debrief
-
- Purpose of activity- in terms of neuroscience

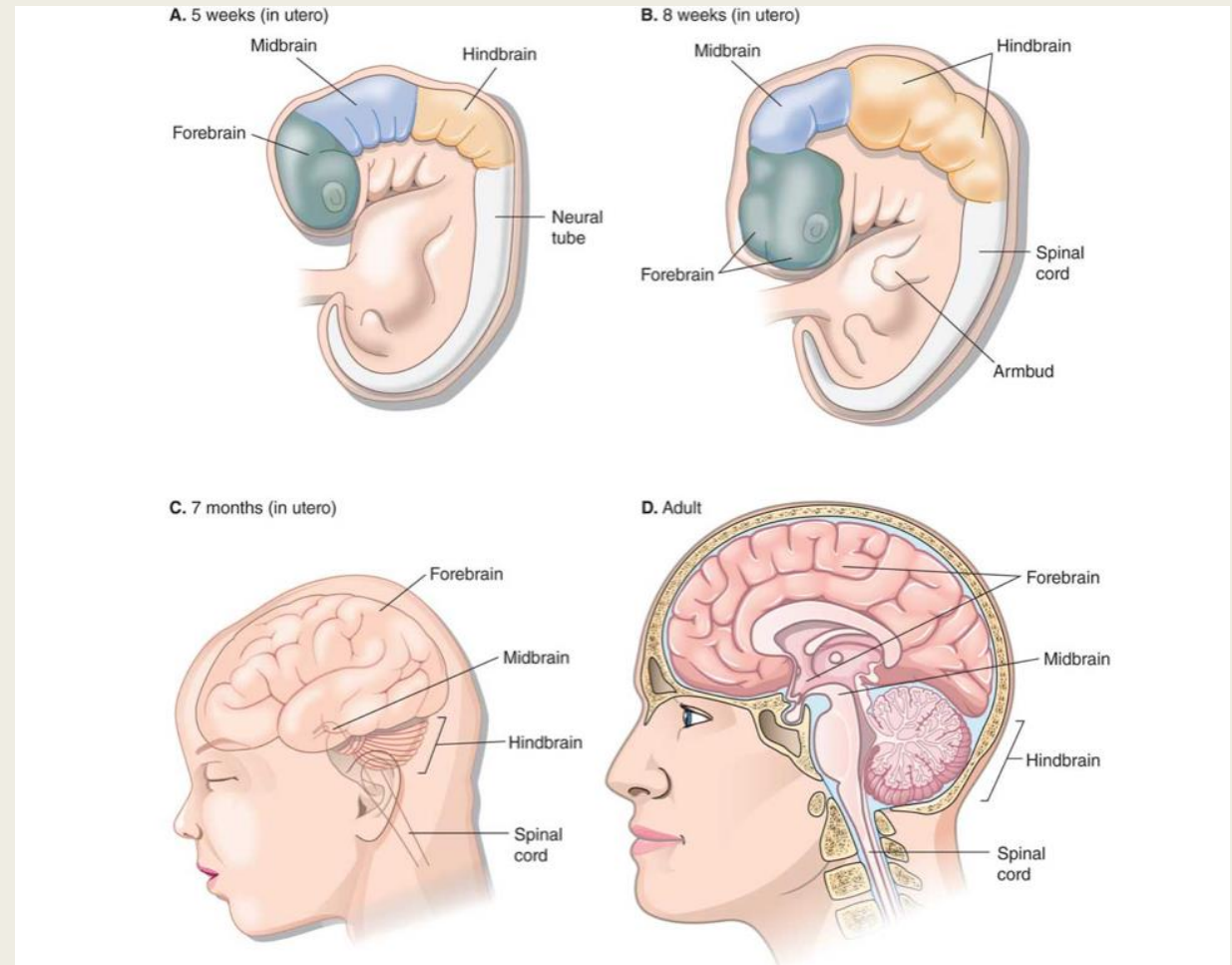


BECOMING A “BRAIN WISE” PLAY THERAPIST...

...begins with
understanding brain
development.

Brain Development

- Brain develops from the bottom up
- Organizes right to left: brain lateralization
- Explosive early growth happens in-utero
- 80% of total mass has grown by age 5



BRAINSTEM

conception - 9 months



- Regulation of arousal states
- Sleep and fear states
- Response to stress
- Fundamental part of motivational system: helps satisfy needs for food, shelter, reproduction and safety
- Helps regulate cortex by influencing alertness

DIENCEPHALON

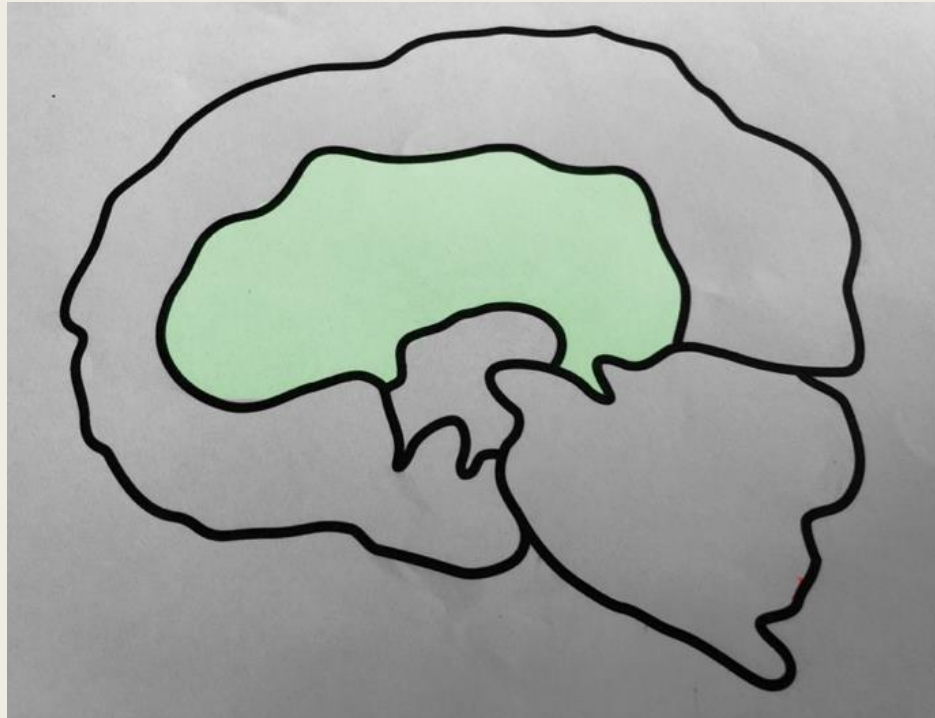
6 months - 2 years



- Integration of sensory input
- Fine motor movements
- Thalamus- relay station for sensory input (except olfactory)
- Hypothalamus- relay station for internal regulatory systems

LIMBIC

1- 4 Years

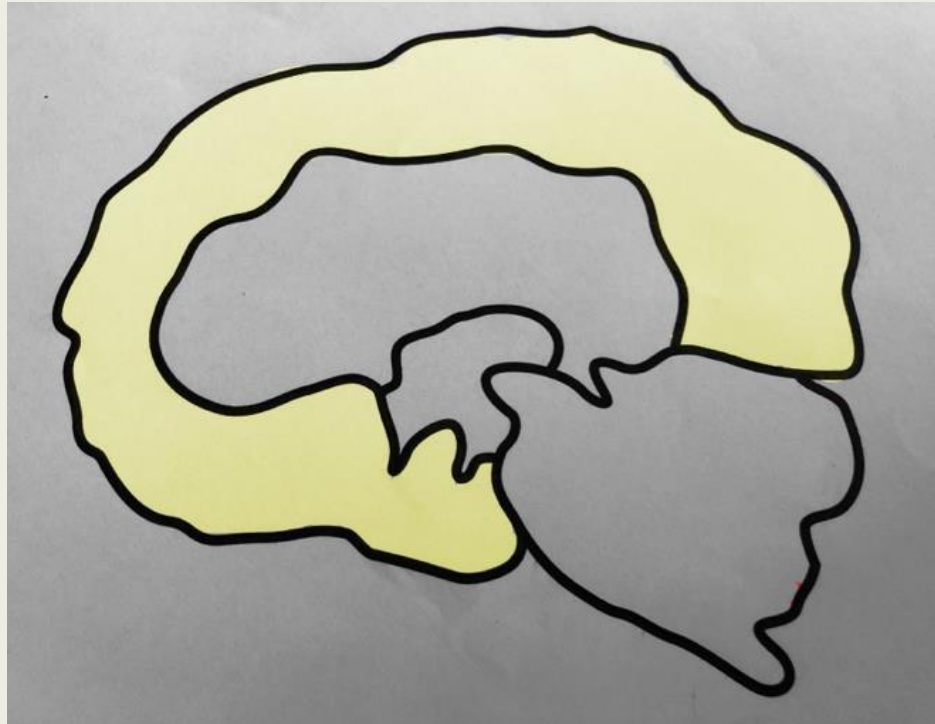


- Emotional states
- Evaluates and interprets nonverbal information
- Amygdala – processes and determines emotional value of sensory input, orchestrates response to threat
- Hippocampus – determines how stressful a situation really is



CORTEX and PRE-FRONTAL CORTEX

3 - 6 years (and beyond)



- Abstract cognitive functions
- Meta-cognition
- Socioemotional integration
- Planning, inhibiting (delayed responses), organizing
- Integration of 5 senses and other brain areas
- Empathy, insight, moral awareness, intuition

The Whole Brain

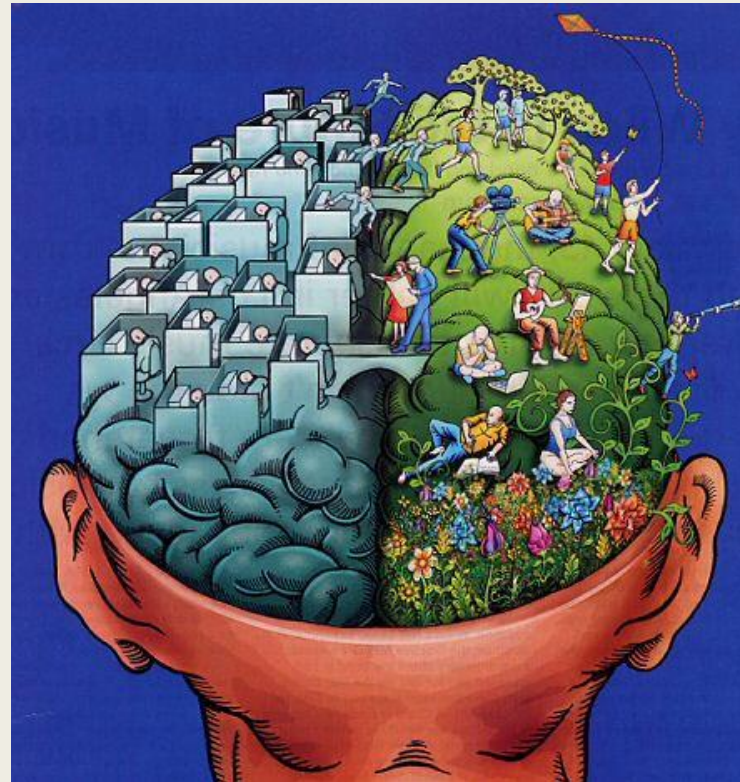
- Cortex
- Limbic
- Diencephalon
- Brain stem



The Lateralized Brain

LEFT

- Logic
- Literal
- Language
- Linear

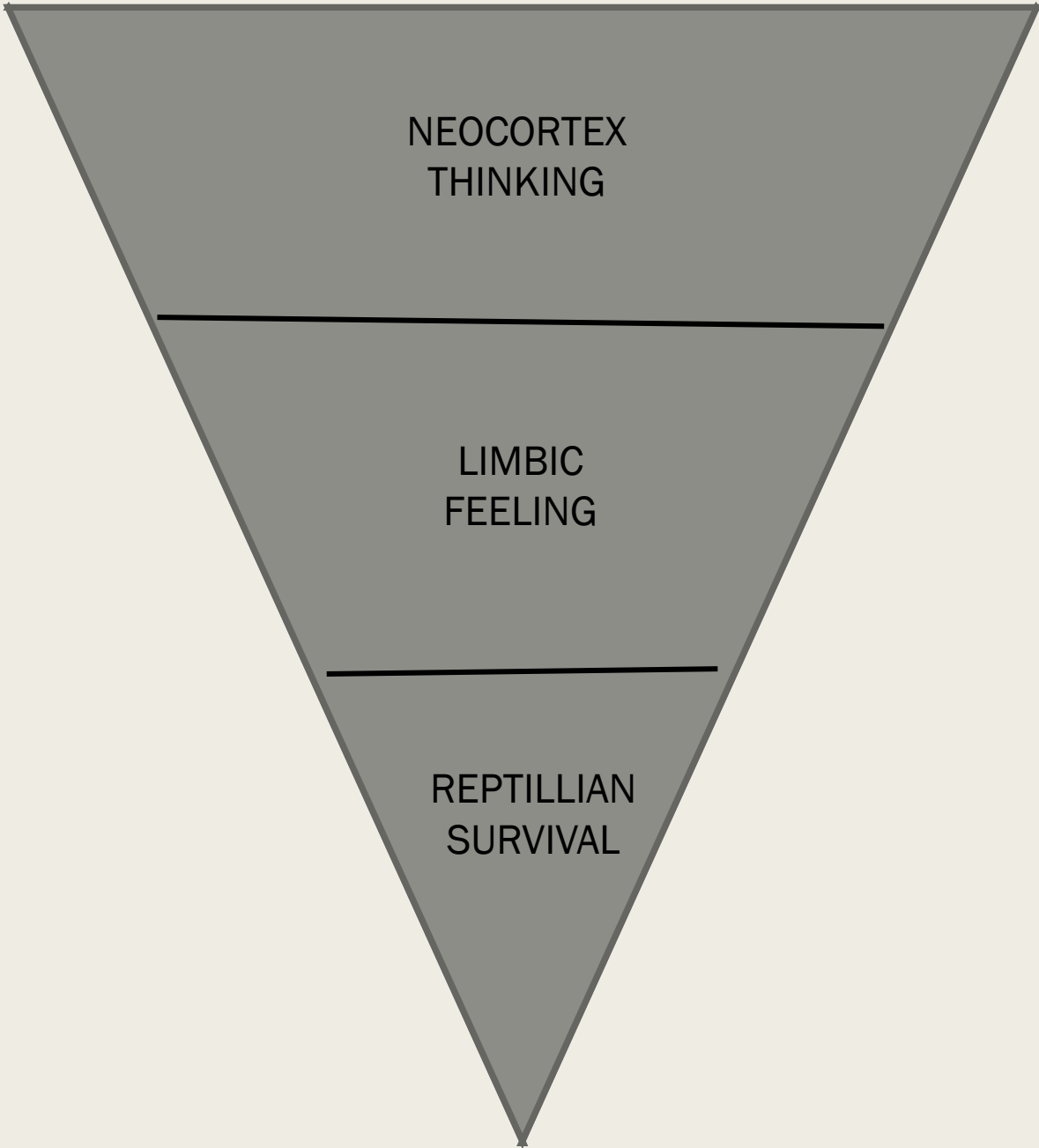


RIGHT

- Attachment
- Holistic
- Context
- Gut feelings
- Heartfelt senses
- Perceiving stimuli
- Processes emotion and somatic experiences

Develops in the first few years of life
Can't overcompensate for right brain experience

Dominates the first 3 years
Functional at birth
Young children are right hemisphere dominant



Functions only under LOW AROUSAL

Treatment: Cognitive/Symbolic

- talk therapy, cognitive, learning, play therapy, etc.

Integration of PAST, PRESENT and FUTURE

Functions only under MODERATE AROUSAL

EMOTIONS

Treatment: Affective

- talk therapy, play therapy

TIME= PRESENT

Only brain system active under HIGH AROUSAL

Treatment: Kinesthetic/Sensory

- EMPATHY, VALIDATION, play therapy

Time= IMMEDIATE



PLAY THERAPY AND THE BRAIN

- Lower to higher brain - addresses areas of the brain that develop earlier in life – images and sensory experiences that occur before language
- Strengthens the lower, sensory parts of the brain so that the higher brain functions more effectively
- Relax the nervous system -> connection
- Right brain to right brain- connection & attachment



Stage NOT age

- Meet the child where they are at developmentally not chronologically (i.e. “brain wise interventions”)
- Interventions should ALWAYS be developmentally appropriate
- Play therapy is CONGRUENT with where children are at developmentally
- Children will choose toys depending on their developmental stage
- Children will fluctuate between developmental stages throughout session – importance of attunement
 - e.g., 8 year old seeking out bottles
 - e.g., teenage drawings fluctuate from realistic forms to scribbling



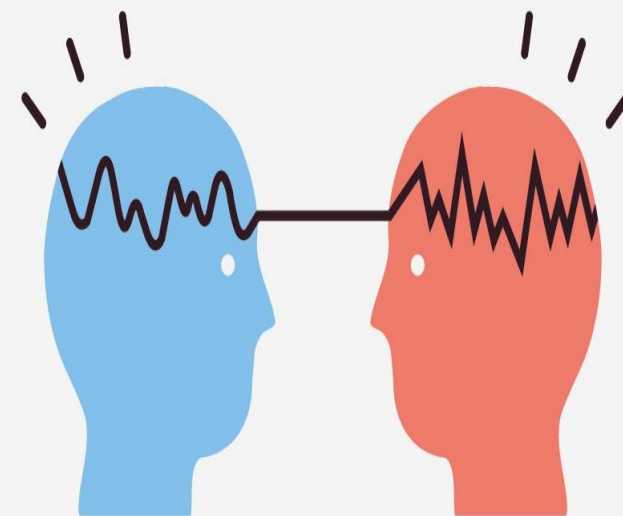
Play therapy is a **WHOLE BRAIN**
experience!

MIRROR NEURONS

- Support us to feel what others are feeling – important role in empathy
- Support a deeper understanding of experience of others

Polyvagal theory - Humans are very attuned to subtle emotional shifts in those around us

- “Our mirror neurons register their inner experience, and our own bodies make internal adjustments to whatever we notice” (van der Kolk, 2014, p. 78)
- Mirror neurons “treatment needs to reactivate that capacity to safely mirror, and be mirrored, by others, but also to resist being hijacked by others’ negative emotions” (van der Kolk, B., 2014, p. 59)



EMOTIONAL REGULATION/CO-REGULATION



- Clients borrow your nervous system and hippocampus until theirs comes back online
- Clinician and guardians as WiFi signal
- Clinicians attune to client's arousal state and regulate within that state
- Self-regulation --> co-regulation
- Attunement + Self-Regulation= Foundation for Therapy
- Regulation precedes relationship and reasoning



(Modified from Dion, L. 2015)

DEVELOPMENTAL STAGES OF CHILDREN'S PLAY

MILDRED PARTEN



0 – 2 YEARS

Unoccupied Play

- Not engaged or actively playing with others
- Stationary
- Observing

2-3 YEARS

Solitary Play

- Child plays alone paying no attention to others
- Child has not developed social, physical or cognitive skills yet

2.5 – 3.5 YEARS

Onlooker Play

- Watches but does not engage
- May engage in conversation about the play to learn

2.5 – 3.5 YEARS

Parallel Play

- Children play side by side
- No involvement between children
- Often play with similar toys and mimic one another
- They are learning valuable social skills

3 – 4 YEARS

Associative Play

- Child is interested in the people but not in coordinating their activities with those people
- Involvement but minimal interaction – no common goal
- No rules to the play
- Develops problem-solving skills, cooperation and language

4 – 6 YEARS

Cooperative Play

- Children are interested in playing with others in the same activity
- There is a leader and others have assigned roles
- There is a group goal
- This play puts together all the learning from the other stages of play
- Child has learned organizational skills and social maturity
- Self-identification with the group and group-identity may emerge



Method/Interventions

Basic Skills

- Play is the language of the child and toys are their words Landreth
- Play allows a child to get work on the issue at hand while keeping it at a distance
- The child will project feelings onto the toys to show the counsellor what they feel

Tenets for Relating to Children (CCPT)



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



Translating Basic Skills

- Reflecting Content and Feelings
 - With Adults reflecting verbal message
 - With children expression is play or action therefore behavioural tracking is added. "You're building something." Or "You decided to play with that." Become the "radio announcer."
 - Children do not have the emotional vocabulary to express their feelings so we can't ask them how they feel
 - Instead we reflect feeling "You seems pretty frustrated that is not working out."
 - Or we reflect the feeling manifested in the child's play. "That dog seems very scared and wants to run away from that man."
 - This communicates the counsellor's understanding of the feelings and deepens the child's experience.



Reflecting Meaning, Interpreting and Metaphor

- Just as you extract meaning from an adult's communication you do the same with meaning in the children's play.
- I.e. To a 7 year-old who is smiles happily while sucking her thumb you may say "Now you're the baby" rather than just state "I see you're sucking your thumb."
- The play is a metaphor for what is happening in the child's life.
- Stay with the metaphor CCPT – no interpretation
- Gestalt may link the play to reality
- Adlerians support interpretation
- Never before strong, safe, trusting relationship has formed
- Consider the child's emotional age and ability to understand the interpretation
- Use tentative phrases "It seems like ..." "I wonder if ..."



Stages in Counselling

- Initial stage
 - Exploratory
 - Relationship building – building trust
 - May shift from one activity to another or show resistance
- Middle
 - Working through the issues through the metaphors in play
 - Counsellor stays with the metaphor and follows the child's play
 - Reflections, empathy, and micro-skills
- Termination
 - When counsellor starts to see empowerment /mastery in the play
 - You feel that you are merely hanging out with the child
 - Parents report change in child's behaviour
 - 2 to 3 sessions in empowerment before terminating
 - Communicate to the child that there are 3, 2, 1 sessions left



Identifying Themes

- Aggression/Power
 - Spanks doll, battles, sword fights
- Family/Nurturance
 - Child feeds or protects a doll
 - May include regressive play where children use "baby talk" or ask the counsellor to do things that the children can do themselves.
- Safety/Security
 - *Involves play keeping a character safe or secure.*
- Constancy/Loss
 - Attachment: Characters may disappear suddenly
 - coping with death of a loved one



Playing with the Child

- You play with the child only when asked to join in.
- Follow the lead of the child with limits.
- Whisper technique is used to keep the direction of the play in the child's hands



Of Concern Play

- Limited types of play and problem solving strategies
- Play, behaviours, cognitive abilities are not developmentally appropriate to the child's age
- Repetitive themes in play and behaviour
- Play and/or works mostly alone or must be in control
- Cannot initiate play or sustain without other's direction
- Overly aggressive or intense play behaviour
- Talks more than plays
- Little energy or interest in play activities
- Compulsive and/or perfectionist quality to play



On Track Play/Empowerment

- Play contains a balance and diversity of themes, (feelings, needs, beliefs) over time
- Child can play and work equally alone or with others
- Child demonstrates a variety of cognitive and social types of play and behaviour appropriate to their age
- Balance of verbal and non-verbal expression in play
- Play and behaviour are developmentally appropriate

Clean up



- Depends on orientation
- CCPT says its not the responsibility of the child
- Adlerian says clean up
- Others say – give choice



LIMIT SETTING

Different ways of setting limits

Guerney

3 Step:

1. State the limit
2. Give a warning
3. Enforce the consequence

Dion

- "Find another way"
- limits after safety are whatever the therapist needs in order to stay regulated within the session

Spiegel

- challenge the children to consider the consequences "When toys are thrown out the window, they may hurt someone."

Landreth:

- limits are for children, materials and counsellors

A-C-T:

A – Acknowledge the feeling

C - Communicate the limit

T – Target an alternative behaviour

Kottman (Adlerian)

- help children generate their own alternative "The wall is not for painting . I bet you can come up with something that you can paint that will be okay."

LIMIT SETTING



- Time
- Common scenerios:
 - *Not wanting to leave the session*
 - *Damaging toys*
 - *Inappropriate touch*
 - *Harming the therapist*
 - *snacks*
- Attachment considerations

Experiential



- No comment
- Radio announcer
- Reflection of content and emotion



Different Approaches

Which one do I choose?

Directive

- Therapist may present the child with a specific therapeutic activity
- Therapist may structure the session in a way that will present the child with specific challenges to navigate
- Therapist may join in the play with the child and ask direct questions

Non-Directive

- Child leads the play
- Therapist focuses on observing and narrating the child's play
- Questions asked by the child are redirected back to the child
- The child is given the opportunity to guide the structure of the session and take the lead in solving their own problems



Different Approaches

■ Modalities

- *Child centered*
- *Expressive Arts*
- *CBT*
- *Synergetic*
- *Adlerian Play Therapy*
- *Jungian*
- *Integrative*
- *Ecosystemic*
- *Family Systems*
- *Filial*
- *Theraplay*
- *And many more!*



Child-Centered Play Therapy: Setting up your playroom

Sometimes setting up a playroom for the first time can feel a bit overwhelming, however over time you will grow and refine your playroom collection to best suit yours and your clients' needs!

When using a child-centered approach, the best toys fall into five different categories:

Family/Nurturance Toys

Some examples are...

- Dollhouse with furniture and doll family
- Toy kitchen or kitchen set
- Life-sized plastic baby bottles
- Baby dolls
- Doll blankets
- Child-sized table and chairs



Communication Toys



Some examples are...

- Telephones
- Walkie Talkies (bonus points if they work!)
- Binoculars
- Cell phones



Aggression Toys

Some examples are...

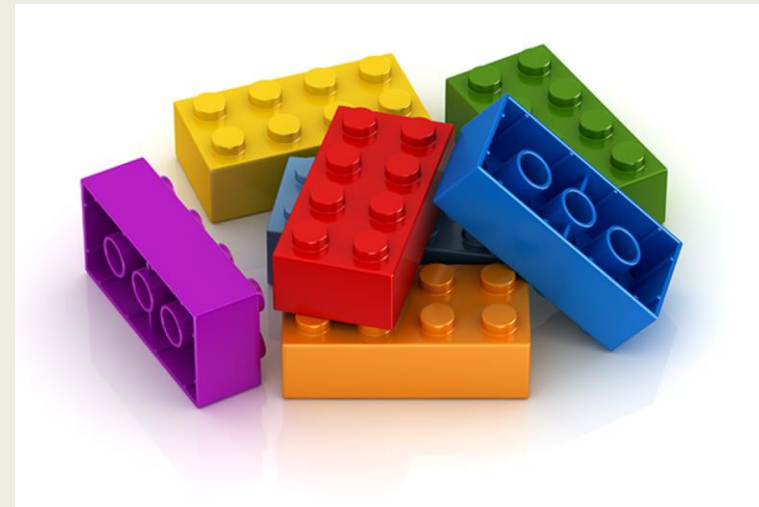
- A durable bop bag/punching bag
- Two dart guns
- Small plastic soldiers
- Aggressive-looking puppets
- Pool noodles (to use as swords)



Mastery Toys

Some examples are...

- Toys for water play when possible (I.e. measuring cups, spoons, buckets, etc.)
- Hula hoop
- Jump rope
- Building blocks/Lego
- Puzzles
- Cards
- Board Games



Creative Expression Toys

Some examples are...

- Dress up clothes
- Paint/markers/paper
- Masks
- Clay
- Sand tray
- Cars/trucks/trains
- Small animal and people figurines
- Play Money





Want to find out more?

- To read more about the five categories of toys as well as other helpful information on setting up your playroom, check out the book *Child Centered Play Therapy* by Rise VanFleet, Andrea E. Sywulak and Cynthia Caparosa Sniscak
- <https://cpt.unt.edu/recommended-toy-list>
- <https://jentaylorplaytherapy.com/what-are-the-must-have-toys-for-a-new-play-therapist/>
- Garry Landreth: "Toys should be selected, not collected"

Play Therapy supplies on a budget

- Pam Dyson video: Play Therapy Kit Assembled for only \$25 <https://www.youtube.com/watch?v=YQzndYxu7xs>
- Amy Flaherty: <http://southernsandtray.com/11-sandtray-therapy-hacks/>
- Inexpensive sources of toys:
 - *Dollar stores; craft stores*
 - *Thrift stores: Value Village, Salvation Army*
 - *Garage sales*
 - *Used toy stores*
 - *Pet stores- aquarium castles, etc*
- See resource list



Demonstration – Mock 1st session





Special Considerations for School Counselling

■ Space:

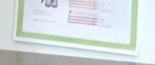
- Rooms can be quite small and filled with filing cabinets, books, etc.
- The room for movement/aggressive play may not be present *and play therapy can still be effective*
- Often share room with other itinerant staff.
- School counsellors often have 2+ schools with varying spaces at each one

■ Securing supplies:

- rooms are shared and toys get borrowed and not returned
- *Cabinets that lock are essential.* Opaque bins also work well.









- **Materials:**

- Often no budget for toys but can ask PACs for big ticket items such as wooden sand trays
- Art supplies are available
- See list of ways to get toys/materials inexpensively such as Rubbermaid box for sand

- **Age appropriate toys-:**

- toys needed for ages 4.5-13 but need to keep in mind that kids regress in age during play therapy

- **Confidentiality**

- may have to train colleagues that counselling is private- signs on door
- Teachers often want to discuss students in staffrooms or hallways where it's not private



- **Working with school schedules**
 - Bell schedule
 - Will need to collect and return younger kids to class
 - Clean up between sessions
 - Availability of students- field trips, tests, teacher preferences

Caseloads

- can be very large and unrealistic- difficult to have regular schedules
 - Never have a shortage of clients!
 - Operating on a triage basis; other tasks/meetings
 - Kids may stay on caseload for several years
 - Hard to contact parents as much as would like
-
- **Need to explain the difference between play and play therapy**
 - To teachers and school staff as well as parents
 - Behavioural ideas about play as a reward



Other considerations

- Confidentiality
 - *Zone of privacy*
 - Not what the child said but what counsellor's learned
 - How parents can best support child
 - tell child if you need to breach confidentiality
 - Child's work not to be viewed by others
- Parents in the process
 - Parents in the playroom
 - Relate process to goals
 - Meet with parents
 - Don't ask what child was doing in PT room
 - Parents are more nervous than you and ...
 - They are grieving
- Rituals

Further training – BCPTA certification



- Certification with BCPTA- BC-RPT (also BCRPT-S for play therapy supervisors)
 - Main criteria for the certification *process*:
 1. **Education**- master's degree or higher in mental health or medical degree; must include a supervised practicum
 2. **Play Therapy Training**- 180 hours (CEUS from APT/CAPT provider)
 3. **Clinical Experience**
 1. 2000 direct hours of supervised general clinical practice
1000 hours can be pre-master's degree
 1. *500 hours supervised play therapy practice*
200 hours supervised by registered play therapy supervisor
 4. **Supervision of Play Therapy**
 1. 50 hours of play therapy specific supervision
(1 hr supervision: 10 hrs play therapy)



Books

Jungian – Dr. John Allen, Dr. Eric Green

- *Integrating Expressive Arts and Play Therapy: A Guidebook for Mental Health Practitioners* Dr. Green
- *The Handbook of Jungian Play Therapy* Dr. Green
- *Written Paths to Healing* Dr. Allen

Adlerian – Dr. Terry Kottman

- *Play Therapy: Beyond the Basics*

Filial Therapy – Dr. Rise Van Fleet

- *Filial Therapy: Strengthening Child Parent Relationships Through Play*

Attachment – Dr. Daniel Hughes

- *Building the Bonds of Attachment*

Theraplay – Dr. Ann Jernberg and Phyllis Booth

- *Theraplay*

Non-directive child centred – Virginia Axline

- *Play Therapy*
- *Dibbs in Search of Self*

continued



- Synergetic Play Therapy – Lisa Dion
 - *Aggression in Play Therapy*
- Gestalt – Violet Oaklander
 - *Windows to our Children*
- Child/Parent Interaction Therapy (CPIT) - Dr. Sheila Eyberg
 - *Parent Child Interaction Therapy*
- Child/Parent Relationship – Training (CPR Training) Dr. Garry Landreth and Dr. Sue Bratton
 - *Child Parent Relationship Training*
- Sandplay – Dora Kalff – Canadian Association of Sandplay Therapists (CAST)
 - *Sandplay*
- Child Centred – Dr. Garry Landreth
 - *Play Therapy: The Art of the Relationship*
 - *Child-Centered Play Therapy*, by Rise van Fleet & Andrea E. Sywulak



Supplies and Suppliers

- See list "Where to find Play Therapy Items Inexpensively"
- BC Playthings- discounts for members
- Odin Books
- Granville Island Kid's Market- puppets and toys
- Other local toy stores: Toys R Us, Kaboodles, Toy Jungle (will give discount when you present your membership card), Granville Island Toy Company/The Playmobil Store
- Craft and Art Stores: Michael's, DeSerres
- Winners, Walmart
- Thrift stores
- Garage sales

References

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Teletherapy and Play Therapy



Fears/Myths About Teletherapy

- Won't be able to connect with client
- It's not therapeutic
- The relationship is missing
- The child will only want to play online games
- Can't be non-directive
- Is tiring for the therapist



Advantages of Teletherapy

- Child is in their environment with their toys
- This familiarity can allow for less stress
 - *Especially for children with anxiety*
 - *They don't need to get used to a new environment and new toys*
 - *The only new things is the therapist*
- Can engage the parents
- Get a view into the child's environment



Not for all Clients

- If home is not a safe place, Teletherapy is not recommended
 - *If there is abuse in the home*
 - *Domestic violence*
- May be more difficult for clients with sensory issues



Setting up the Home Environment

- Ask parents to give the child space that is private and free from interruptions.
- Email parents before the session to ask parents for materials that you may want available to the child during the session.
- Ask parents to be available should there be any technical issues.
- Make sure you have the parent's cell number in case you need to reach them during session. (For safety reasons)

Setting up the Therapist's Environment



- Make sure that what is within view of the camera is what you want clients to see.
 - *No personal effects should be visible.*
- Check that you are not backlit.
- Set your screen to “night mode” to reduce eye strain.
- Blink often to keep eyes from drying in.
- Eye exercise 20, 20, 20.
 - *Every 20 minutes, look at something 20 feet away for 20 seconds.*



Attunement

- Possible for better attunement and focus as your field of vision is narrower.
- In a playroom, you take in much more peripheral data, which can be distracting.
- Transference and counter-transference still possible in order to inform your sessions.

Play



- The child will bring whatever toys or activities to the session in order to work through what they need to.
- Just as in-person sessions, we are looking at the process not the activity.
- You are still the *most important toy* in the session. Emphasis is still on the relationship.
- You are still able to get a “felt sense” even through the screen.