Play Therapy With Children

Practice Concepts and Clinical Illustrations

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Functions of Play

• Allows expression of feelings, thoughts, experience in a pretend context that is under the child’s control.

• Play scenarios provide the child with a concrete means of expressing more complex representations of experience than he/she can express in language.

• Provides the child with compensatory relief from the demands of reality, and mastery of anxiety.

• Provides a nonverbal means of coping with stress.
Functions of Play (cont.)

• Supports the development of self-regulation--impulses are contained in the “as if” of play, rather than being expressed directly.

• Allows the child to “practice” emerging cognitive skills--cause and effect thinking, construction of narrative, perspective taking and understanding of relationships, problem solving, and exploring alternative interpretations of reality.
Play in Therapy Conveys the Child’s Perspective

- Presents a “story” of the child’s experience.
- Comments on what experience has meant to the child: A young child’s doll play in the evening reflects all the child’s pleasurable and difficult experiences of the day (Piaget).
- Play can ask questions, express confusion, attempt to resolve difficult emotions, and cope with stress.
- Representation of the child’s relationship experiences.
- Play can reveal the content/meaning underlying behavioral symptoms.
Play Therapy V. CBT/Talk Therapy

- Play is the child’s “natural” means of expression and represents his/her perspective more reliably than words.
- Play reveals patterns of thinking, schemas of beliefs and expectations that the child is not consciously aware of.
- Children under 10 have trouble self-observing; tend not to recognize patterns of thinking, feeling, and behavior.
- In play therapy, interpretation of thoughts and feelings is individualized based on play content.
Is Play Therapy Evidence-Based?
Yes…and No

- Play therapy has not been adequately studied.
- Child psychotherapy researchers have focused on cognitive-behavioral therapies, ignoring play therapy and dismissing it as “unscientific.”
- Almost no studies have directly compared the efficacy of CBT v. play therapy; hence, we don’t have evidence.
- A recent meta-analysis of 93 controlled studies of play therapy from 1953 to 2000 to finds a strong effect size for play therapy (.80), exactly the same as effect sizes in the meta-analyses for behavioral/CBT approaches. (Bratton, et al., 2005).
Meta-Analytic Studies of Play Therapy and CBT with Children


Play As Representation: Post-Traumatic Play

• Traumatized children repeatedly act out aspects of traumatic experiences.

• Play may be symbolic (an abused child plays violently with action figures), or may directly re-enact the trauma (a child who saw his parent turn over furniture at home turns over the play table in the treatment room).

• Play lacks flexibility, remaining stuck on repetitive representations of trauma that appear driven and bring the child little emotional relief.
Play as Displacement

• Play scenarios displace the child’s inner concerns and actual experiences into a pretend mode.
• Serves a defensive purpose: in displacement the child can present impulses, thoughts, and feelings as if they are not connected to the self. For example, it is the puppet who is feeling angry, destructive, or sad, not the child.
Play as Displacement (cont.)

- Play displacement allows child a safe vehicle for presenting difficult or secret feelings.
- Play and other displacement activities such as drawing or storytelling allow the child to present inner concerns without having to talk about them directly.
- "How easy, in play, to disguise the feelings represented by the actions. The more I listen, the more the play seems motivated by that which cannot be discussed" (Paley, 1988, p. 45).
Steps in Play Therapy 1

- **Relationship building and Orientation:** The therapist encourages the development of a safe relationship by being interested in the child’s play and attending carefully to it, often commenting on what is happening in the play, sometimes narrating what is happening, sometimes asking the child to explain what’s happening in the play.
Steps in Play Therapy 2

- **Linking play and treatment issues in displacement**: The therapist interprets the content of play in displacement. For example, she talks about what the family dolls might be thinking or feeling. As the child responds, either with new play, or with explanations about what the puppets are thinking, the therapist learns about the particular meanings the play has for the child.
Steps in Play Therapy 3

• **Linking play and treatment issues directly**: The therapist comments on the personal meanings of the play and how they related to the child’s actual experience, thus moving out of displacement and into interpretation/discussion of the child’s real difficulties and concerns.
Steps in Play Therapy 4

- Encouraging more adaptive behavior: the therapist talks about the child’s actual thoughts, feelings, and behavior, in terms of current and past experience, and directly suggests more adaptive and age appropriate alternatives.
Orienting the Child to Play Therapy

• Succinctly describe your understanding of the child’s presenting issues: “Your mom says you’re upset about your parents getting a divorce.”

• Define therapist’s helping role: “My job is to help kids with their upset and worries.”

• Define the role of play in treatment: “Play and imagination are good ways of learning what makes kids upset and what can help kids feel better.”
Engaging the Child in Play

• In general, take a non-directive stance at first, allowing the child to choose what to play with.
• Show interest in play.
• Allow the child to set the pace.
• Suggest that the play tell a story and ask the child to narrate it.
• Help the child move into displacement: “I wonder what the dinosaurs are going to do.”
Therapist’s Participation in Play

1. Although some kids prefer to play alone, most like the therapist to become a player.
2. Allow child to direct how the therapist participates. (Consider that the child is the “director” of the action, and the therapist is an “actor.” This allows us to see what the child emphasizes in play, rather than imposing our fantasies on the child.)
Therapist’s Participation in Play

2

• As participant-observer, therapist can raise questions and make interpretations in displacement: “Wow! Your guy must be really mad at my guy--he pushed him right out of the window. I wonder what my guy did to make yours so mad.”

• From perspective as a player, therapist can convey empathy for child’s issues: “When we were pretending I was very bad, it helped me understand how a kid would feel if someone was always telling her what a bad kid she is.”