PARTNERS in PLAY
An Adlerian Approach to Play Therapy
Second Edition

TERRY KOTTMAN
DEDICATION

To Jacob and Rick, my permanent partners in play
To the memory of Byron Medler, who gave me permission to be myself
To the Thunderbeings, who have helped me figure out who that is
Acknowledgments

Thanks to:

Bobbie Wilborn—for teaching me much of what I know about Individual Psychology

Garry Landreth—for teaching me much of what I know about play therapy

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Amy Lew and Betty Lou Bettner—for “making up” the Crucial Cs

Alex Carey—for helping make the lifestyle conceptualization forms more practical
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ABOUT THE AUTHOR

TERRY KOTTMAN, PhD, NCC, RPT-S, LMHC, recently founded The Encouragement Zone, a center where she provides play therapy training, counseling, coaching, and “playshops” for women. Terry is a Registered Play Therapist–Supervisor and maintains a small private practice, providing counseling, coaching, and supervision. A current schedule of activities at The Encouragement Zone can be found at www.encouragementzone.com. Terry regularly presents workshops on play therapy, activity-based counseling, counseling children, and school counseling. Prior to founding The Encouragement Zone, she spent 8 years as a professor of counselor education at the University of Northern Iowa in Cedar Falls, Iowa, and 5 years as a professor of counselor education and director of the Child and Family Resource Clinic at the University of North Texas in Denton, Texas.

Terry’s doctorate in Counselor Education is from the University of North Texas, where she specialized in working with children and families. During her internship there, Terry developed Adlerian play therapy, an approach to counseling children that combines the ideas and techniques of Individual Psychology and play therapy. Before returning to graduate school to pursue her doctorate, Terry worked as a special education teacher—teaching learning disabled children and children who had been diagnosed as emotionally disturbed/behavior disordered. She has two master’s degrees—one from the University of Texas at Dallas in Special Education and one from Colorado College in Elementary Teaching—and an undergraduate degree in English and American Studies from Grinnell College.

Terry is the author of Partners in Play: An Adlerian Approach to Play Therapy and Play Therapy: Basics and Beyond; she is the coauthor (with Dr. Jim Muro) of Guidance and Counseling in the Elementary and Middle Schools; a coauthor (with Drs. Jeff Ashby and Don DeGraaf) of Adventures in Guidance: How to Integrate Fun Into Your Guidance Program; and the coeditor (with Dr. Charles Schaefer)
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of Play Therapy in Action: A Casebook for Practitioners. She has written many journal articles and book chapters on play therapy, school counseling, counseling with children and families, and perfectionism. She is a member of the Association for Play Therapy, the American Counseling Association, and the North American Society for Adlerian Psychology.

Terry is also Jacob’s mother and Rick’s wife—the most important and fun “projects” in her life.
I HAVE SPENT the last two decades “making up” Adlerian play therapy—a method for integrating Adlerian concepts and techniques into the practice of play therapy. Helping professionals (mental health counselors, school counselors, social workers, psychologists, psychiatrists, day-care workers, teachers, principals, and any other professionals who interact with children in therapeutic ways*) can use Adlerian play therapy in their work with children who are experiencing emotional, behavioral, or academic problems. It is a process in which the counselor (a) builds an egalitarian relationship with the child; (b) explores the child’s lifestyle; (c) develops hypotheses about the intrapersonal and interpersonal dynamics of the child’s difficulties (from the perspective of the child and from the perspectives of other people in the child’s life); (d) designs a treatment plan for the child and for any other individuals who strongly influence the child (e.g., parents and teachers); (e) helps the child gain insight and make new decisions about self, the world, and others; (f) teaches the child new skills for relating to others; (g) helps the child practice new skills for interacting with others; and (h) consults with parents and teachers, working with them to develop more positive perspectives on the child and to learn encouraging strategies for interacting with the child.

There continues to be increased concern about the mental health of young children. Many helping professionals are recognizing a need for increased ability to communicate with children using children’s native language—the language of play and metaphor. Consequently, the field of play therapy is expanding rapidly. The Association for Play Therapy has grown from a tiny group of friends who got together to talk about working with children to an organization with approximately 6,000 members. The association has established criteria for registration of

* Because there are many different professionals who wish to pursue training as play therapists, I simply use the term counselor or play therapist interchangeably throughout the remainder of the book.
play therapists and play therapy supervisors. Many professionals who work therapeutically with children all over the world have expressed a desire to acquire the requisite training and supervised experience to become qualified play therapists.

This increased interest in the field of play therapy was one of the primary reasons why I wrote the original version of *Partners in Play: An Adlerian Approach to Play Therapy* (1995). I believed then that practicing counselors and counselors-in-training need practical application-oriented guides for using play to communicate with and help children grow in positive directions. I still believe this. In the ensuing years, I have continued to learn more about children and families (from my son Jacob, from other children, from parents, from teachers, from other counselors, from my students, from workshop participants, and from books describing new, and sometimes old, ways of thinking about and interacting with children and their families). On the basis of these ideas and experiences, Adlerian play therapy has continued to evolve. Since I wrote the first edition of this book, I have added many strategies for conceptualizing children, I have piloted new techniques for working directly with children and with parents, and I have developed a systematic method for designing a treatment plan for both children and parents (and for working with teachers and other school personnel when appropriate). This evolution prompted me to write this new edition of *Partners in Play*.

DEVELOPMENT OF ADLERIAN PLAY THERAPY

Now...before we get into the meat (and potatoes for those vegetarians out there), I wanted to include a small story about the genesis of Adlerian play therapy. When I was taking my doctoral practicum class, clients were sparse. One day, the professor asked, “Who in this class has taken a course in play therapy?” We all stared dejectedly at him. None of us had taken a course in play therapy. Next he asked, “Who has taken a course in counseling children?” Still no reply. Finally, looking a little desperate, he asked, “Who has experience working with kids? Aren’t any of you teachers?” I raised my hand, rather timidly, having realized that I really did not have the kind of background he wanted me to have. I said, “I used to teach elementary school. Now I counsel in a high school. I have some background in working with young children, but not counseling them.”

He replied, “It will have to do. We need this client. We just don’t have enough to go around this semester. I’ll have a doctoral student who has a lot of experience and training in play therapy supervise you by watching every session. It will be like on-the-job training. You’ll do fine.” With that comment, I started on a learning process that I hope
will never end. I began to learn about using toys and play to communicate with children.

This particular client, Claire, was a child who lived in a foster family. Her birth parents had decided the previous year that they no longer wanted the responsibility of caring for a child. They had dropped their 7-year-old daughter off at the local shopping center and left town. Child Protective Services had placed the little girl with a foster family. Claire was dealing with her abandonment and her grief and hurt by being aggressive toward the other children in the family. During the years she had lived with her birth parents, Claire had not experienced a great deal of structure and supervision. She had pretty much gotten to do whatever she wanted to do. Now that she was living in the foster home, she was having difficulty adjusting to having structure and rules. She was verbally abusive to her foster parents and blatantly violated all of the family rules.

Although Claire’s foster parents wanted her to participate in some form of counseling, they did not have the time or the resources to get her to the clinic. Part of my responsibility in having Claire as a client was to pick her up at her day-care center and drop her off after we were finished.

Quite truthfully, when I read the intake form on Claire and her life, I was terrified. This reaction was not necessarily rational. I had taught emotionally disturbed children with problems much worse than those described on the intake form. However, teaching them and being their counselor seemed worlds apart, and I was afraid that I would not be able to help Claire. Even worse than that, I was afraid that my lack of training, my not knowing how to do play therapy, might even hurt her.

I spent that entire week trying to become an instant expert on play therapy. I stayed up late every night and spent the entire weekend reading books on play therapy. I borrowed class notes from students who had taken play therapy courses from Dr. Garry Landreth (the director for the Center for Play Therapy at The University of North Texas) and memorized them. I spent several hours on the telephone talking to the doctoral student who was going to supervise me. I observed experienced students at the counseling center doing play therapy with children. Almost all of the information I gathered was about nondirective play therapy, an approach in which the counselor focuses on reflecting what the child is saying, doing, and feeling in the belief that “when a child’s feelings are expressed, identified, and accepted, the child can accept them and then is free to deal with these feelings” (Landreth, 1991, p. 32). This was 1984, and there was little written in the field, and almost all of it was focused on nondirective strategies.

By the time I drove over to the day-care center to get Claire, I was a walking (driving) encyclopedia on nondirective play therapy. However, I was a little concerned about two things: my personality and my
theoretical orientation. From what I had seen in my observations and from what I had read about nondirective therapy, I was not sure that my personality and the way I usually interacted with people—especially children—was consistent with this approach. I tend to be rather bouncy and loud. My interpersonal style and my counseling style tend to be directive and active rather than nondirective. I was also having cognitive dissonance about the fact that I had already decided that Adlerian theory fit the way I conceptualized people and the way I believe therapy helps people to make changes in their lives. I was not sure how I was going to reconcile those beliefs with the nondirective perspectives on people and change.

I had anticipated that Claire might be hostile and unwilling to go with me. Contrary to my prediction, she was jumping up and down with anticipation. She was feeling very special about coming to the university. Claire and I had a nice chat in the car on the way to the center, getting to know one another and being a little silly. She told me some about her “real” family and her foster family—who she liked best in each and what she liked to do with them. I think I was more nervous than Claire. We were both going on an adventure, but she was more confident than I was that the adventure would be a positive one.

When we got to the clinic, I took her on a little tour so that she could get used to the facility. We continued to talk and laugh together. Then I took her into the playroom, and I said, “This is our playroom, and you can do many of the things you want to in here.” I sat in the chair and watched her explore the playroom. I tracked her behavior and restated the content of the statements she made to me. Whenever I noticed her expressing a feeling, whether it was verbally or nonverbally, I reflected that feeling to her. When Claire asked me to play with her, I told her that I could tell she wanted me to play with her, but this was her time to play by herself. When our time was up, we walked down the hall and back to my car, laughing and talking. We repeated this routine four or five times.

The feedback from my supervisor and my professor was positive, but I was rather uneasy. I felt uncomfortable and stilted in the playroom, as though I was trying to play a part. I felt that our rapport was better outside the playroom than it was in the playroom. In the playroom, I felt tense—trying to always say the right thing, the right way—and bored. I was watching her, trying to follow her lead and understand the thoughts and feelings she expressed, but it seemed as though she never allowed herself to show very many of her thoughts and feelings in the playroom.

I was also not always comfortable with letting Claire lead the way. She avoided revealing any thoughts or feelings about her family, her abandonment, or her present situation in both her play and her con-
conversation. She seemed to want to pretend that none of the sad or scary things in her life had ever happened. She liked to pretend that she was a fairy princess who could control all those around her with her magic wand. Even though her foster parents reported that her behavior was still out of control at home, she acted in the playroom as though everything in her very chaotic life was perfectly under control. Although I realized that the play therapy process was gradual, I had a certain sense of urgency. If Claire's behavior did not improve, this foster family was also going to abandon her, and then she would face another rejection and upheaval in her life. I was not sure how to get to all of these problems simply following Claire's lead.

One day, on a drive back to the day-care center, all of my doubts crystallized when Claire said, “Terry, why do you act like a funny, neat person on the way to the playroom and on the way back to day care, but you act kind of sad in the playroom? You don’t smile very much, or laugh, or ask any questions. All you do is sit there and tell me what I am doing and saying. It’s like you’re not a real person in the playroom.” I realized at that moment exactly what the problem was. I was not a real person in the playroom. I was what I thought a nondirective play therapist was, and that was not the real me. I was leaving my personality and my beliefs about people, my most valuable tools for helping people, outside the door of the playroom. I decided then and there to figure out a way to use both my personality and my beliefs about people in the playroom.

Because I already knew my personality and the way I viewed people fit with Adlerian theory when I was working with adults, I started researching Adlerian views about children. The majority of Adlerians work with children in the context of the family or schools, in the form of family therapy, parenting information for parents, or classroom management programs for teachers (Christensen, 1993; Dinkmeyer, Dinkmeyer, & Sperry, 1987; Dreikurs, Grunwald, & Pepper, 1982; Lew & Bettner, 1996, 2000). There were books, chapters, and articles on working directly with children, but none of the authors discussed in detail how to use play therapy from an Adlerian perspective (Adler, 1930/1963; Bordon, 1982; Dinkmeyer & Dinkmeyer, 1977, 1983; Lord, 1982; Nystul, 1980; Yura & Galassi, 1974).

I began to try out ways of bringing my personality and my beliefs about the nature of people into the playroom with Claire and with my subsequent play therapy clients. I took courses and workshops from professionals who were experienced in different approaches to play therapy. I also received extensive supervision in my counseling with children and their parents. Adlerian play therapy evolved from this process. (See Appendix A for an annotated list of articles and book chapters on Adlerian play therapy.) Over the years, I have continued to
experiment with ways of integrating the practice of play therapy and the concepts and strategies of Individual Psychology. Adlerian play therapy is not a finished approach; it is still evolving. I hope that reading this book helps you to be more real with your clients and that you take the ideas that make sense to you and use them to better understand and help the children with whom you work. It is essential to get training and supervision from experienced professionals, whether you are developing skills in a new area of counseling or perfecting the skills that you have already. Consultation with other therapists can help us continue to grow, both personally and professionally.

OVERVIEW OF THE CHAPTERS

The primary focus of chapter 1, Overview of Play Therapy, is an explanation of the various elements of play therapy, such as the rationale for using play and toys as a part of the therapeutic process, toy selection, arrangement of the playroom, and types of clients appropriate for play therapy.

Chapter 2, Introduction to Adlerian Theory (Individual Psychology), contains a discussion of various concepts essential to the understanding of Individual Psychology, including social embeddedness and social interest, lifestyle, purposiveness of behavior, Crucial Cs (connect, capable, count, and courage), personality priorities, feelings of inferiority, mistaken beliefs, private logic, and creativity and self-determinism. In chapter 2, I briefly introduce the four stages of Adlerian therapy and the way these phases are operationalized in Adlerian play therapy, the goals of Adlerian play therapy, and the role of the counselor in Adlerian play therapy.

Chapter 3, Understanding Children, is a guide to the various Adlerian concepts used in this approach to play therapy to help the counselor gain an understanding of children and their dynamics. The emphasis is on the Crucial Cs, goals of misbehavior, and personality priorities. I use case study vignettes to illustrate concretely how the counselor can apply these concepts with children in play therapy.

In chapter 4, Consulting With Parents and Teachers, I start with an explanation of the importance of including parents and teachers as active participants in the Adlerian play therapy process and a discussion of techniques for involving parents and teachers and keeping them involved. I explain methods for (a) building a relationship with parents and teachers; (b) exploring the lifestyle of parents and teachers and gathering information about their perceptions of the child's lifestyle; (c) helping parents and teachers gain insight into their lifestyles and into the child's lifestyle; and (d) reorienting and reeducating parents and teachers by teaching encouragement skills, behavior management
skills, and communication skills. Personality priorities and Crucial Cs are key elements in this process, so this chapter includes descriptions and examples designed to illustrate how these concepts can be applied to consultation with parents and teachers.

Adlerian therapy depends on an egalitarian relationship between the therapist and the client. Chapter 5, Building an Egalitarian Relationship With the Child, presents ideas on how to build a democratic relationship with the child in play therapy. It contains a discussion about how the play therapist can use (a) tracking, restatement of content, and reflection of feelings to help the child feel comfortable in the playroom; (b) metacommunication and returning responsibility to the child to convey understanding and respect to the child; (c) questioning strategies to communicate interest in the child's life; (d) active interaction with the child, including role-playing techniques and other relational tools to make a strong connection with the child; and (e) cleaning the room together to strengthen the relationship between the Adlerian play therapist and the child. In the last section of this chapter, I include a case example to illustrate how to use these skills to build a relationship with the child.

Encouragement is an essential element in Adlerian play therapy. In chapter 6, Encouraging, the play therapist will learn how to use encouragement to build the relationship with the child, help the child gain self-confidence and a sense of self-efficacy, and help cement changes the child has made in his or her behavior and attitudes. This chapter provides an explanation of how the play therapist can tailor encouragement strategies on the basis of the Crucial Cs and personality priority of the client. The final section of the chapter is a discussion of resources for teaching parents and teachers to use encouragement skills.

Chapter 7, Setting Limits, provides Adlerian techniques for setting limits, an explanation of appropriate limits, and methods for helping the child learn to generate alternative, appropriate behaviors. This chapter closes with case examples designed to illustrate how to integrate the steps in the limit-setting process and a discussion of how to tailor strategies for limiting on the basis of the child's Crucial Cs, goals of misbehavior, and personality priorities.

Adlerians view lifestyle as the individual’s characteristic way of understanding situations and interacting with others. As the play therapist explores the child’s lifestyle, he or she begins to understand how the child views self, the world, and others. Chapter 8, Exploring the Child's Lifestyle, contains various strategies the play therapist can use to investigate the child's lifestyle, including exploring the atmosphere and birth order in the child's family and early recollections. The case example begun in chapter 5 is continued, illustrating a practical application of this phase of Adlerian play therapy.
In chapter 9, Developing Lifestyle Conceptualizations and Treatment Plans, the play therapist will learn to take the information gathered in the exploration of the child's lifestyle and the exploration of the parents' lifestyles (and sometimes the teacher's lifestyle) and integrate all of these data into a formal conceptualization of the child (and parents and teacher when appropriate). This chapter also contains an explanation of how the play therapist can use this conceptualization and a systematic understanding of the intrapersonal and interpersonal dynamics of the child to develop a treatment plan for the child (and for the parents and the teacher when necessary). Conceptualizations and treatment plans for the child and her parents from the case study begun in chapter 5 and continued in chapter 8 help to make these processes more concrete.

Adler believed that clients will not change their behaviors until they gain insight into their lifestyles. The third stage of Adlerian play therapy uses various strategies to help children gain insight into their lifestyles and behavior. Chapter 10, Helping the Child Gain Insight, details ways to use metacommunication and tentative hypotheses, mutual storytelling and other metaphoric techniques, drawing and art, immediacy, confrontation, and humor to help children begin to understand how they view self, the world, and others and how these perceptions affect their behavior. To help children generalize their learning, the Adlerian play therapist points out connections between what happens in the play session and what happens in other places. A continuation of the case example from chapters 5, 8, and 9 illustrates a practical application of this phase of Adlerian play therapy.

The purpose of the last stage of Adlerian therapy, described in chapter 11, Reorienting/Reeducating, is to help the client learn new ways of viewing self, the world, and others; new ways of behaving in various situations; and new ways of interacting with other people. In this stage, the Adlerian play therapist uses brainstorming and problem-solving strategies to help the child generate alternative perspectives and behaviors. The play therapist might also actively teach skills that the child does not possess, such as social skills, negotiation skills, and ways of sharing power. The playroom becomes a laboratory in which the child can practice these new perceptions and skills in a safe, nonthreatening environment. This chapter also contains information about introducing a second child into the play therapy process and terminating the play therapy. A continuation of the case example from the earlier chapters illustrates this phase of Adlerian play therapy.