

ACA Practice Briefs

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Play Therapy

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DESCRIPTION OF PLAY THERAPY

Play therapy is a mental health intervention in which trained play therapists apply a systematic theoretical model using therapeutic relationship and play to help clients “prevent or resolve psychosocial difficulties and achieve optimal growth and development” (Association for Play Therapy, 2019). Although therapists have facilitated play therapy with adult and adolescent populations, play therapy is primarily a developmentally-appropriate intervention for children aged 3-12 years. Play therapy is considered a counseling modality in which therapists use play as the primary language of the therapeutic relationship. The use of play in therapy is grounded in the developmental understanding that children express themselves more fully when using toys and materials than just their words. Although individuals may use play techniques in general counseling, the term play therapy is reserved for counselors who are trained in the application of play therapy and are certified in play therapy procedures (see www.a4pt.org/page/CredentialsInfo).

Axline (1947) outlined the principles of play therapy through emphasizing the primacy of relationship, acceptance, permissiveness, safety, attunement to feelings, belief in the child’s ability to solve problems, allowance of child-directed play, patience with the process, and limit-setting. The goal of the play therapist is to establish an environment and relationship in which a child feels safe, secure, and free to express all aspects of experience and perception. Landreth (2012) noted that children in play therapy learn to respect themselves, express their feelings responsibly, be creative and resourceful in solving problems, assume responsibility for themselves, experience self-control and self-direction, accept themselves, as well as make choices and be responsible for those choices.

Therapists typically conduct play therapy in a playroom supplied with toys that are carefully selected and encourage the expression of a wide range of feelings by a child (Ray & Landreth, 2015). Toys and materials are chosen based on characteristics that allow for expression, therapeutic value, and building relationships (see <https://cpt.unt.edu/recommended-toy-list>). The setting often determines the size of the playroom, yet rooms should be large enough to allow for open space and movement. The play therapist facilitates play through building a safe, accepting, and permissive relationship with a child. Play therapy responses include reflecting content and feeling, facilitating the relationship, encouraging, esteem-building, promoting decision-making, facilitating creativity, reflecting patterns or themes, and limit-setting (Ray & Landreth, 2015).

The ethical application of play therapy requires that a counselor be firmly grounded in a theoretical rationale for practice and well-trained in a play therapy approach. Play therapy is more than using toys and materials in a counseling office. Play therapists use the interpersonal process and therapeutic powers of play to facilitate the development of the person of the child. Counselors interested in play therapy typically seek out further certification or credentials specializing in more in-depth understanding and application of play therapy.