



## Play Therapy: Overview and Implications for Counselors

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### Introduction

Of course children play; it's their job. One purpose of play is to express thoughts, wishes and feelings. Play often expresses these better than language. Children use play to experience themselves in a variety of imagined situations. Play can clarify an abstraction. Play Therapy (PT) capitalizes on many benefits of play. Children access, act out, explore and express their emotions and pain. PT is the strategic use of play within therapeutic contexts to promote specific therapeutic outcomes. Usually, but not exclusively, it is utilized with children.

### History

Although it has recently been a major focus in therapeutic practices in working with children, PT is not new. In 1909 Freud (1955) worked with "Little Hans," a five-year-old boy demonstrating phobic symptoms. This landmark case is the first recorded use of play in therapy. Freud's student, Klein, initiated therapeutic play methods with children. She used play as a vehicle for free association. Klein's (1932) goal was to help children bring the unconscious to the conscious. She hypothesized that play was the vehicle. Anna Freud (1946) used play to build relationships with children before moving on to interpret their unconscious motivations.

Taft (1933) and later Allen (1942) created Relationship Play Therapy. Each de-emphasized past events and focused on present relationships to bring about healing.

Levy (1938) created Release Therapy, a structured approach. In Release Therapy children engage in free play until they become comfortable in the playroom. Therapists then use play to re-enact stressful situations. The goal of this intervention was to bring about release of troubling emotions children experience.

Hambridge (1955) expanded Levy's work by developing Structured Play Therapy; a directive approach. He would recreate the anxiety producing situation and then encourage free play. The premise being children would resolve issues connected with traumatic events.

Rogers developed Nondirective Therapy, also referred to as Person Centered Therapy (Rogers, 1951). Axline (1947), Roger's student, is considered the mother of PT. She applied Rogerian constructs and pioneered Nondirective or Child Centered Play Therapy.

Landreth (2002) expanded upon Axline's work. His prolific writings, research, trainings, advocacy and dissemination have been instrumental in the exponential growth of the field over the past 25 years. Landreth argues the PT relationship must be different from anything else the child has experienced. Because of this difference in the relationship a child can explore new ways of being and potentially unblock innate potentials.

The Guerneys (1964) developed Filial Therapy, a time-limited form of therapy focused on teaching parents effective ways of working and playing with their children. Filial Therapy

is often employed for children who experience separation in cases such as divorce or parental incarceration.

Schaefer, O'Connor (1983) and Kottman (2001) advanced PT beyond initial child-centered perspectives. Schaefer's research has disseminated information about variations and creative applications. O'Connor increased awareness of systemic issues. Kottman incorporated Adlerian concepts and offered adaptations within school contexts. Gil and Drewes (2005), among others, have expanded PT initiatives that consider multicultural and diversity domains, thus propelling use worldwide.

### Client Centered

Axline's (1947) work influenced the field in a major way. In her Client Centered Play Therapy, Axline encouraged children to be themselves within a therapeutic context. The positive and unconditional regard of the trained counselor is thought to unleash a child's potential to explore and express emotions in a safe environment and enhances positive growth.

Axline argued for essential prerequisite conditions. These include development of a warm relationship, acceptance, establishment of a feeling of permissiveness, recognition and reflection of feelings, and the demonstration of deep respect for children's ability to solve problems.

Although counselors do not direct children's actions or conversations or hurry the therapy, they do set limits to anchor children to reality and to create awareness of their responsibilities. Most counselors who use PT agree Axline's work is prerequisite to all current perspectives and interventions.

### Other Theories

Adlerian Play Therapy combines both Individual Psychology and a Child Centered focus. It includes four phases: 1) building egalitarian relationships, 2) exploring lifestyles, 3) promoting insight, and 4) providing reorientation and reeducation. Counselors incorporate encouragement, empowerment and relationship building throughout. Counselors guide children towards constructive goals (Kottman, 2001).

Knell (1993) refined Cognitive Behavioral PT (CBPT). CBPT combines play strategies with adaptive thoughts and behaviors to develop coping strategies for dealing with problems.

O'Connor (2000) developed Ecosystemic PT (EPT), this is more structured. EPT examines subsystems including, family, school, and peer groups in children's lives.

Kaduson, Cangelosi, and Schaefer (1997) recommend use of multiple constructs. They claim strict adherence to one theory may be less effective for treating children. Therefore, counselors need to be knowledgeable regarding many approaches and obtain extensive supervision, training, and education in a variety of theories and applications.

## Play Therapy Advantages

PT helps children develop confidence and self-efficacy; this is accomplished through mastery of fears, skill acquisition, and learning new tasks. Children release emotions through action, use creative thinking to solve problems, learn about themselves, and gain clarity regarding their lives, feelings, and abilities. Finally, they learn to communicate and behave more effectively. When freedom is provided within structure, children feel encouraged to explore strategies. This leads to healthy outcomes including a reduction of anxiety and improved behavioral changes. Through a positive relationship children learn to trust in others and to trust their own decisions.

## Play Therapy Today

In 1982, the Association for Play Therapy (APT) was launched; APT developed professional standards and thus advanced the field. Currently, APT facilitates an annual peer reviewed conference, produces a refereed journal, a practitioner magazine, and provides a website with books, resources, tools, information, and training opportunities for mental health practitioners who use PT (<http://www.a4pt.org>).

## Training and Supervision

Counselors should receive specialized training prior to practicing PT. Counselors should understand both basic and advanced principles of PT. University courses, online classes, and workshops are available. APT offers graduate level curriculum guidelines. APT established standards for Registered Play Therapists (RPT) and Supervisors (RPT-S) credentials.

## Multicultural and Diversity Implications

PT is considered appropriate for most children regardless of ethnicity or cultural background because children everywhere play (Landreth, 2002). However, Gil and Drewes (2005) among others suggest when working with children from non-dominant cultures, counselors need to build their clinical sensitivity. This is especially so when they differ in backgrounds from their clients. Play materials and strategies do need to be adapted within certain contexts and for cultural responsiveness.

## Research

Bratton with others (2005) compiled a meta-analysis synthesizing findings from 82 studies. Although no definitive conclusions regarding effectiveness were found in these studies, credibility can be evidenced from clinical experiences and PT is spreading and increasing in therapeutic practices. A joint research committee of the American Counseling Association (ACA) and the Association of PT (APT) initiated a multi-stage investigation of PT providers. They reported on professional identity, practices, training, methods, theoretical orientation, and settings. This research provides a foundation for evaluating effectiveness and appropriate training (Lambert et al., 2005). In 2006, APT called for more aggressive research initiatives.

## Conclusion and Implications

Counselors who employ PT believe it helps children explore

and express emotions. PT has recently emerged as a major approach in the counseling field. A variety of interventions and theories have developed since its inception. PT has been utilized with different populations and various ages to treat multiple disorders and conditions. Initial and ongoing specialized education, training and supervision are essential for competent and ethical practice. PT appears to be a natural way to assist children because children play. It's their job!

## References

- Allen, F. (1942). *Psychotherapy with children*. New York: Norton.
- Axline, V. (1947). *Play Therapy*. New York: Ballantine Books.
- Bratton, S., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of Play Therapy with children: A meta-analytic review of treatment outcomes. *Professional Research and Practice, 36*(4), 376-390.
- Freud, A. (1946). *The psychoanalytic treatment of children*. London: Imago.
- Freud, S. (1955). *Analysis of a phobia in a five year old boy*. London: Hogarth Press. (Original work published in 1909)
- Gil, E., & Drewes, A. (2005). *Cultural issues in play therapy*. New York, NY: Guilford Press.
- Guerney, B. (1964). Filial therapy: Description and rationale. *Journal of Consulting Psychology, 28*, 304-310.
- Hambridge, G. (1955). Structured Play Therapy. *American Journal of Orthopsychiatry, 25*, 304-310.
- Kaduson, H., Cangelosi, D., & Schaefer, C. (Eds.). (1997). *The playing cure: Individualized play therapy for specific childhood problems*. Northvale, NJ: Jason Aronson.
- Klein, M. (1932). *The psycho-analysis of children*. London: Hogarth Press.
- Knell, S. (1993). *Cognitive-behavioral play therapy*. Northvale, NH: Jason Aronson.
- Kottman, T. (2001). *Play therapy: Basics and beyond*. Alexandria, VA: American Counseling Association.
- Lambert, S., LeBlanc, M., Mullen, J., Ray, D., Baggerly, J., White, J., & White, D. (2005). Learning more about those who play in session: The national play therapy in counseling practices project. *Journal of Counseling and Development, 85*(1), 42-45.
- Landreth, G. L. (2002). *Play therapy: The art of the relationship*. New York, NY: Brunner-Routledge.
- Levy, D. (1938). Release therapy for young children. *Psychiatry, 1*, 387-389.
- O'Connor, K. (2000). *The play therapy primer* (2<sup>nd</sup> ed.). New York: Wiley.
- Rogers, C. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton Mifflin.
- Schaefer, C. & O'Connor, K. (Eds.) (1983). *Handbook of play therapy*. Hoboken, NJ: John Wiley & Sons, Inc.
- Taft, J. (1933). *The dynamics of therapy in a controlled relationship*. New York: Macmillan.

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