



## **THE ABC'S OF PLAY THERAPY:**

**Healing Children and Families from the inside  
out**

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“Play is a fun, enjoyable activity that elevates our spirits and brightens our outlook on life. It expands self-expression, self-knowledge, self-actualization, and self-efficacy. Play relieves feelings of stress and boredom, connects us to people in a positive way, stimulates creative thinking and exploration, regulates our emotions, and boosts our ego”.

- Gary Landreth, 2002



# PLAY THERAPY AND PLAY....

- Play is the window to a child's universe
- Children explore, experience, and engage the world through play
- Play is a natural form of expression for children



- Toys are the language that children use to express their feelings and thoughts
- Children can learn more adaptive behaviors when there are emotional or social skills deficits through play therapy
- Play therapy promotes cognitive development – insight about and resolution of inner conflicts or dysfunctional thinking



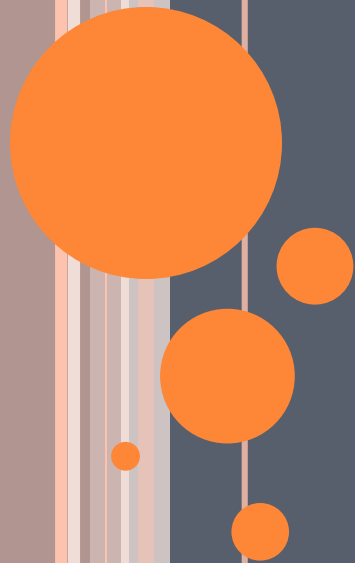
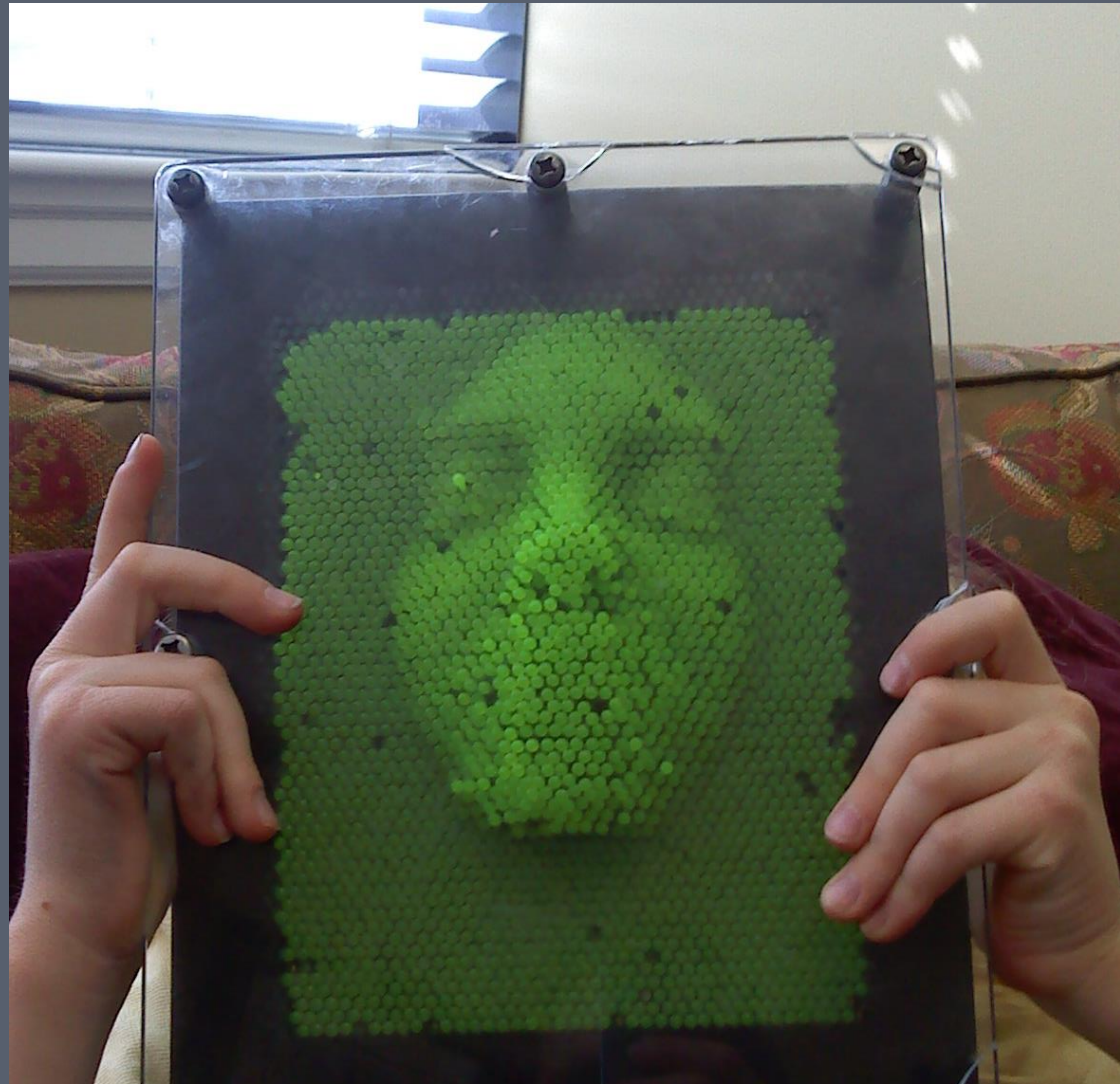
- “[*Play*] is a physical or mental leisure activity that is undertaken purely for enjoyment or amusement and has no other objective”

- *PTUK*





# WHAT IS PLAY THERAPY?





# WHAT IS PLAY THERAPY?

- Play therapy uses a variety of play and creative arts methods to address chronic, mild, and moderate psychological and emotional conditions in children (PTUK)
- Systemic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development (APT)



- Play therapist often works with the child's peers, siblings, family, school, etc.
- Play therapy may be non-directive (where the child decided what to do in therapy session within safe boundaries) or directive (where the therapist leads the way) or a mixture of both



# WHO IS PLAY THERAPY HELPFUL FOR?

- **EVERYONE!!**
- Children ages 3-12 especially
- Individuals, families, group therapy



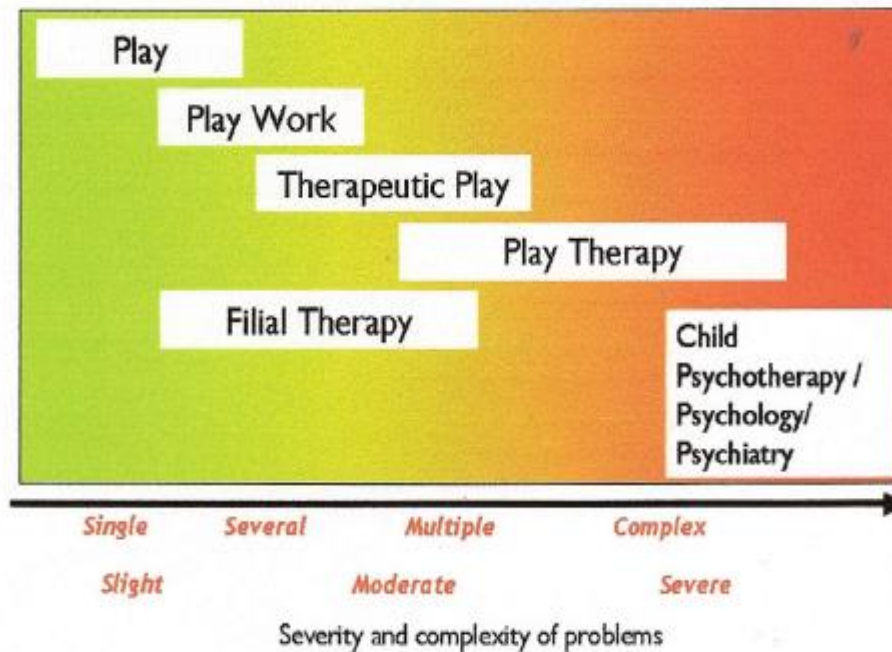
# WHO ARE PLAY THERAPY CLIENTS?

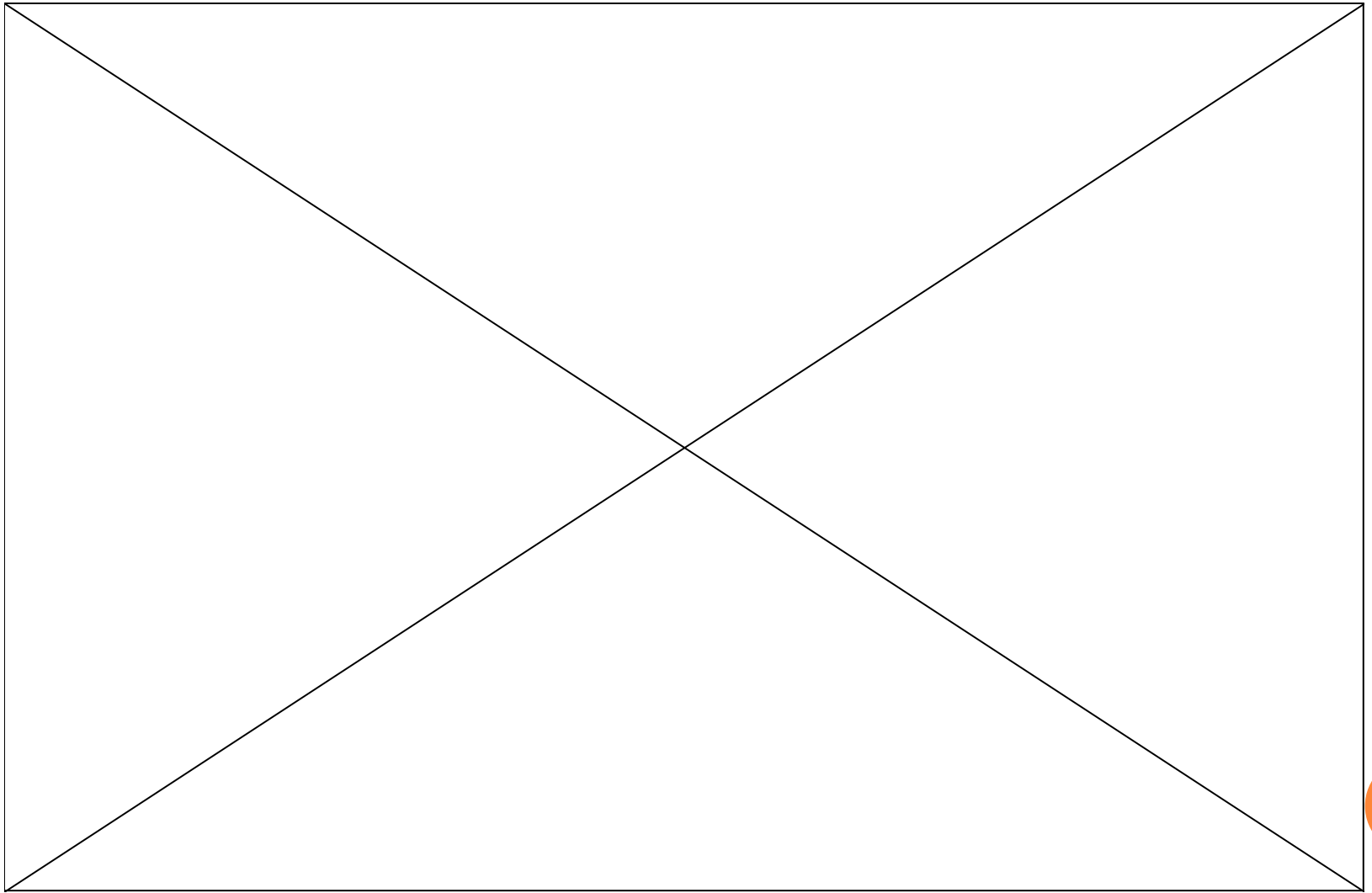
- A child who is....
  - Not realizing full potential –academically or socially
  - Has nightmares or disturbed sleep
  - Is at risk for being/is being socially isolated at school
  - Has suffered trauma
  - Has suffered physical, sexual, or emotional abuse
  - Is (or in the process of being) adopted or in foster care
  - Parents divorcing/separated
  - Suffers from anxiety, stress, or phobias
  - Has suffered loss of any kind
  - Is withdrawn or unhappy
  - Is ill, disabled, or autistic
  - Difficulty in making and keeping friends
  - Argues, gets into fights with family and friends
  - Bullies others or is bullied
  - Displays inappropriate behaviors
  - Doesn't play



# THERAPEUTIC PLAY CONTINUUM BY PTUK

## The Therapeutic Play Continuum





# RESEARCH AND PLAY



- Neuroscience research confirms the importance of play for infants in developing brains and minds
- Exposure to metaphor and symbols have beneficial effect on brain development
- Play helps children of all ages, gender, culture to learn, communicate, and develop personalities



- More brain centers light up in response to metaphor than any other form of human communication forming new neural pathways
- Symbolic/fantasy play with its use of metaphors provides new experiences that develop brain/mind
  - Levin, F 1997 and Modell, A.H. 1997







“Play therapy is an attempt to maximize the child’s ability to engage in behavior which is fun, intrinsically complete, person-orientated, variable/flexible, non-instrumental and characterized by a natural flow”.

Schaefer &  
O’Connor, 1983,  
p.6





# THE THEORIES BEHIND THE TECHNIQUES

# PSYCHOANALYTIC

## ○ Basics:

- Assumes the tri-part personality (Freud) – id, ego, superego
- Incorporates child's stage of psycho-sexual development
- Pathology occurs when personality structures remain undeveloped or when their relationship becomes conflictual.
- Ultimate goal is to either develop the structure or revise the conflict to optimize development

## ○ Role of PLAY:

- Allows child to establish rapport
- Allows therapist to assess levels of functioning with regard to personality
- Provides a medium for communication



# HUMANISTIC

## ○ Basics:

- Driven by Rogerian philosophy
- “The major motivation of human beings is towards maintenance and enhancement of growth- the belief that out of individual experiences grows a person’s sense of self, thereby effecting values, perceptions, relationship, and personal characteristics” (Andujo, 2001, p.3).
- Pathology occurs when the environment does not meet the needs of a child in an appropriate way, resulting in denial of self and personal values creating an internal conflict.
- Treatment goals are to create an optimum play therapy environment, allowing child to self-actualize
- Belief that therapy is a gradual process not to be hurried

## ○ Role of PLAY:

- Play is a source of information about the child’s internal state
- A way of creating therapist/client relationship
- Means of communication facilitated by the therapist joining in the child’s play



## ○ Role of THERAPIST:

- Maintaining a trusting environment which allows a child to grow
- Establish feelings of permissiveness
- Accepts the child unconditionally
- Uses reflective listening techniques especially related to child's feelings
- Belief in the child that they are capable of making appropriate choices and institute change



# BEHAVIORAL

## ○ Basics

- Main basis is rooted in behavioral modification
- Over past several years, acknowledgement of internal shifts
- Pathology is conceptualized as result of aberrant patterns of reinforcement
- “Cure” patterns of consequences, thoughts, and reinforcers must be uncovered and then altered

## ○ Role of PLAY

- Play is medium used to introduce and manipulate more appropriate reinforcement schedules
- Establish positive relationship between therapist and child

## ○ Role of THERAPIST

- Assess child for specified behaviors and to dispense rewards and consequences



# REALITY THERAPY

## ○ Basics

- Physiological and psychological motivational factors
- Need to love and be loved
- Sense of self-worth and worth to others
- Theory describes mental health as “child’s ability to react responsibly”
- Psychopathology is inevitable when the individual either denies reality or fills basic needs by acting irresponsibly
- To reach treatment goals- individual must learn strategies to meet his needs in responsible and socially-appropriate ways

## ○ Role of PLAY

- Provide an arena in which to teach coping strategies which emphasize moral behavior



## ○ Role of THERAPIST

- Therapists work in the here-and-now (do not look for unconscious conflicts or motives)
- Therapy teaches values of right vs. wrong
- Emphasizes finding of more satisfactory behavior patterns
- SOLUTION-FOCUSED, EMPOWERMENT, GIVES BACK TO CLIENT
- Therapist uses as techniques:
  - humor, confrontation, contracts, instruction, information, role-playing, support, homework, bibliotherapy, self-disclosure, summarizing and reviewing, restitution, questioning, and paradox





# ECOSYSTEMIC PLAY THERAPY

## ○ Basics

- Integrates aspects of existing theories & techniques with developmental theories
- Addresses the total child within the context of the child's ecosystem
- Play is systemic- model accepts that the child has been affected by every system he has come into contact with throughout life.
- Recognizes that through individual play therapy with the child, the play therapist has an impact on every system that the child has contact with.



- Basic Elements:
  - Basic drives or motives
  - Intra-psychic organization
  - Role of development
  
- Emphasis on developmental theories
  - Deviations or disruptions in child's progress are the basis for formulation of major therapeutic goals and for designing interventions in play therapy sessions
  
- Human psychological development continues throughout life cycle
  - Developmental view underlies the role of environmental influences not only in the past but also in the present
  
- Cognitive development is viewed as driving force behind development in other areas



## ○ Definition of Psychopathology:

- “Inability to get one’s needs met adequately or the inability to get one’s need met in ways that do not interfere with the ability of others to get their needs met”
- Place emphasis on how deficits in the child’s early and current interactions with caretaker affect creation and maintenance of many types of pathologic behavior
- Therapy is viewed as an attempt to remediate those deficits in the context of a very human interaction with child and therapist



# LEVEL 1 - CHILDREN

- Birth – 2
- Primary task is to learn to respond to the environment with pleasure
- The infant fears abandonment and deprivation by others



## ○ COGNITIVE DEVELOPMENT

- Sensory motor stage – birth – 2 years
- End of phase marked by language development
- Objects exist for the child only as long as they can be experienced through one of his/her senses
- Object constancy at end of the stage

## ○ PHYSICAL DEVELOPMENT

- Rapid changes in motor development and skills
- Learn to orient toward objects

## ○ EMOTIONAL DEVELOPMENT

- Establish initial sense of self through process of individuation and separation



## ○ SOCIAL DEVELOPMENT

- Develop basic understanding of self

## ○ PLAY DEVELOPMENT

- Parallels the child's development in other areas

## ○ PROCESSING OF LIFE EXPERIENCES

- Life experiences child is exposed to



## LEVEL 2 – AGES 2-6



- Primary task is to learn to respond to the environment with success
- Fear personal inadequacy and punishment by other powerful forces



## ○ COGNITIVE DEVELOPMENT

- Pre-operational stage
- Development of ability to use language to categorize experiences
- 

## ○ PHYSICAL DEVELOPMENT

- Child is working to refine the motor skills he has acquired so far

## ○ EMOTIONAL DEVELOPMENT

- The development of sense of mastery relative to both internal and external experiences.
- Development of stable sex-role identification





## ○ SOCIAL DEVELOPMENT

- Bound to emotional development

## ○ PLAY DEVELOPMENT

- Pretend play dominates activity

## ○ PROCESSING OF LIFE EXPERIENCES

- Be alert to potential +/- interactions with ongoing development and actual life experiences



## LEVEL 3 – AGES 6-11

- Primary task is to learn skills for successful participation in groups
- May experience guilt for failing others



## ○ COGNITIVE DEVELOPMENT

- Concrete operational stage ages 6-11
- Ability to conserve, classify, and serialize
- Child's learning is based on language

## ○ PHYSICAL DEVELOPMENT

- Gains considerable motor coordination
- Acquiring skills needed to participate in sports with peers

## ○ EMOTIONAL DEVELOPMENT

- Resolution of Oedipal Complex



## ○ SOCIAL DEVELOPMENT

- Develop a stable internalized set of social rules
- Stable self-representation
- Cognitive predilection for categorization and comparison
- Begins to evaluate themselves socially

## ○ PLAY DEVELOPMENT

- Organized games of various types dominate acquisition and display of various skills

## ○ PROCESSING LIFE EXPERIENCES

- Life experiences can be extremely variable, and their life histories should certainly play a part in the formulation of a viable treatment plan
- Able to process events through concrete perspective – facts and discussion



# LEVEL 4 – AGES 12-18



- Primary task is to learn to apply their individual and group skills to new situations
- Tend to struggle in their search for identity as an independent person



## ○ COGNITIVE DEVELOPMENT

- Formal Operational Stage – child’s increasing ability to process information in the abstract
- Think in the “as if” mode – can understand things they have never seen or experienced
- Can formulate and test hypothesis

## ○ PHYSICAL DEVELOPMENT

- Puberty – time of physiological turmoil

## ○ EMOTIONAL DEVELOPMENT

- Genital Period – individual’s libido becomes focused on developing sex organs
- Child develops full range of human emotion and cognitive capacity



## ○ SOCIAL DEVELOPMENT

- Individual's struggle for Identity vs. Role Confusion
- Most teens struggle to integrate into adult society

## ○ PLAY DEVELOPMENT

- Child's play behavior becomes more sporadic and disguised
- Rarely play with identifiable toys or games out of fear of looking childish
- Exceptions are popular games like play station or bikes

## ○ PROCESSING LIFE EXPERIENCES

- Able to process in similar manner as an adult-similar social pressures



# CLIENT- CENTERED

- Developed by Virginia Axline – stems from Humanistic Theory
- Optimistic belief that humans contain within themselves, from birth, an instinctive drive toward creativity and goodness
- What children need most is not to be molded or restricted by society but rather freed from restriction to reach full potential
- Therapist uses soft, non-judgmental, non-directive approach
- In the US, Gary Landreth is leading pioneer in child-centered therapy.



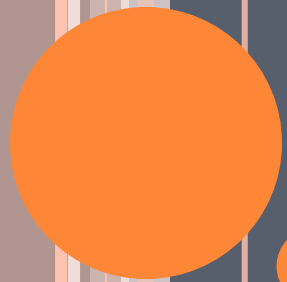




# GESTALT

- Violet Oaklander
  - Viewed children's emotional problems as stemming from two primary dysfunctions
    - Trouble making contact
    - Child has poor sense of self
- Goal of Therapy
  - Assess child's sense of self
  - Identify what part of the self have been lost, disowned, denied
  - Therapeutic process should facilitate the expression of feeling, explore, recognize, and accept all parts of self
  - Child is assisted in finding more self-loving ways to relate to environment
- Projective Techniques to facilitate self-expression, self-awareness, and ownership of parts of self





**TECHNIQUES!!**



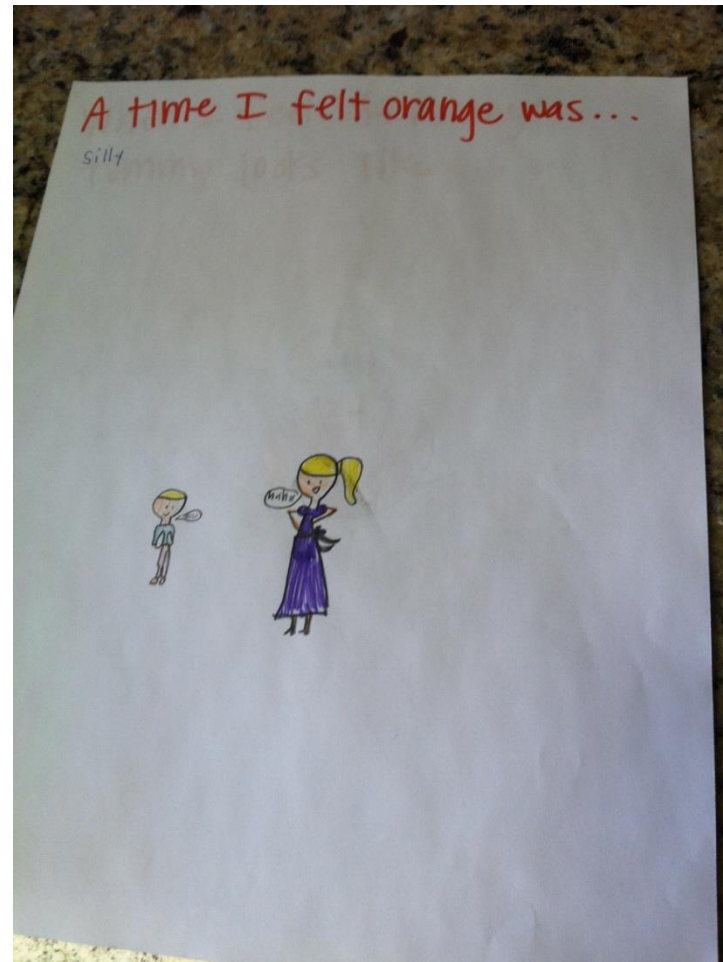
# WORKING WITH ANXIOUS/DEPRESSIVE KIDS

- M&M game
- Nerf gun feelings game
- Coping Tree
- Balancing Act
- Pinwheels
- Bubble Fall
- Good coach/bad coach
- Worry Catcher
- Worry box
- Chill Out Box
- My Many Colors of Me Workbook
- Inside/Outside Box
- When My Worries Get Too Big
- Draw my OCD
- You Are Special
- My Tornado Inside
- I'm Gonna Like Me





# MY MANY COLORS OF ME



When I feel white, my head looks like...



When I feel black, my tummy looks like... ickei



When I feel red, my  
face looks like . . . all day



When I feel pink, my  
heart looks like . . .

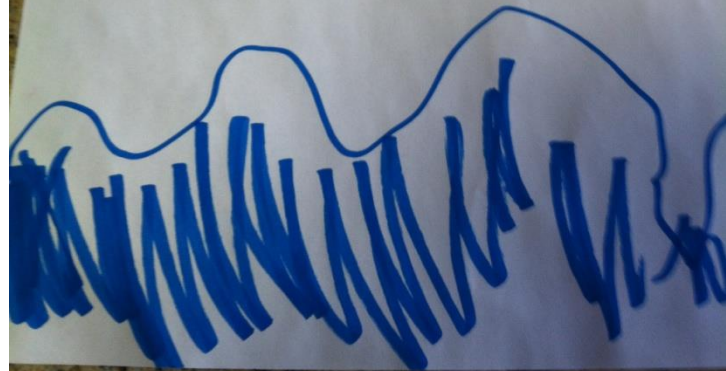




When I feel black, my  
tummy looks like . . .



When I feel yellow, I  
look like . . .



When I feel brown, I  
look like ...



A time I felt green was ...



When I feel red, my face  
looks like ...



When I feel purple, my  
body looks like ...



# GRIEF/LOSS ISSUES

- Tear Soup
- Balloon Game
- Things I miss About...
- Draw my feelings
- My Blanco
- My Book of Changes
- Tough Boris
- My Volcano Inside



# ABUSE/TRAUMA

- My Book of Changes
- My Blanco Drawing
- Spinning the Web
- Secret Box
- Show Me Where It Hurts
- Inside-Outside Box
- Boundin' Movie
- Relaxation techniques/Guided Imagery
- Full Body Progressive Muscle Relaxation
  - <http://tfcbt.musc.edu/modules/relaxation/technique/transcript1.php>
- Full body tracing- Where are my feelings?
- A Terrible Thing Happened
- My Safe Place Sandtray











# FAMILY PLAY THERAPY

- Family Sculpting Case Studies and Exercise
- The Family Juggle
- Nurturing Spoons
- The Nurture Game
- Family Knots
- T Shirt Panorama
- Baby Powder Handprints
- Switching Places
- Family Genogram
- Family Totem Pole
- Music Video
- Family Self-Esteem Balloon Game
- Marshmallow Towers
- Marshmallow People
- Measuring with Licorice
- Finger painting
- Face painting
- Feeling Charades
- Communication Blocks





# PUTTING IT ALL TOGETHER

- Play Therapy Bag:
  - Markers, crayons, paper
  - Doll families
  - Balls
  - Silly putty/play dough/clay
  - Military figures
  - Blocks
  - Doctor's kit
  - Phone
  - Play dishes/food
  - Animals
  - Puppets
  - Magic wand



# MAIN TOOLS OF A PLAY THERAPIST

- Imagination
- Creative visualization
- Art
- Story-telling
- Sand tray
- Dramatherapy
- Puppets
- Clay
- Masks
- Music
- Games



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