CHILD-CENTERED PLAY THERAPY

Angie Sevillano, MS, LPC-Associate Supervised by Yvonne Castillo, PhD, LPC-S



WHO SHOULD WE KNOW?

Virginia Axline

- One of the first therapist to utilize a person-center approach when working with children

- Dibs in Search of Self

Garry L. Landreth

- Founder of Center for Play Therapy in University of North Texas
- Pioneer of research in Child-Centered Play Therapy

Dee C. Ray

- Preeminent child-centered play therapists in the field
- Research in demonstrating the efficacy of Child Centered Play Therapy





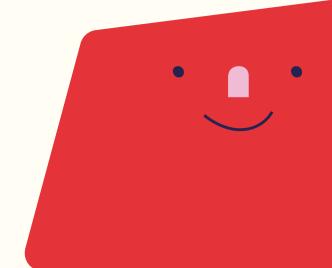


Dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through play

WHAT IS PLAY?

"Toys are children's words and play is their language."

- Garry L. Landreth





ADJUSTED PLAY

-Conversational and prone to discuss their world

-Free and spontaneous in their play

-Concrete way to express feelings



Main difference between the two is the intensity and frequency of negative attitudes

MALADJUSTED PLAY

- -Remains silent or keep a rapid-fire flow of questions
- -Initial reactions are cautious and deliberate
- -Express their feelings symbolically

PLAY CAN BE USE FOR...

Self-expression

Access to the unconscious

Direct and indirect teaching

Mastering fears

Catharsis



BASIC TENENTS

- A child comes to evaluate self-worth based on perceived expectations and acceptance from others
- Child's construct of self develops through reciprocity between the child's innate self-actualizing tendency and personal perceptions of experiences and interactions with others
- Behaviors, emotions, and thoughts emerge holistically as a result of a child's view of self and ongoing experiences
- Children who perceive incongruence between the way in which they see themselves and messages they receive from others are likely to develop rigid and fragile ways of being and manifest problematic behaviors, emotions, and thought patterns



GOALS AND OBJECTIVES

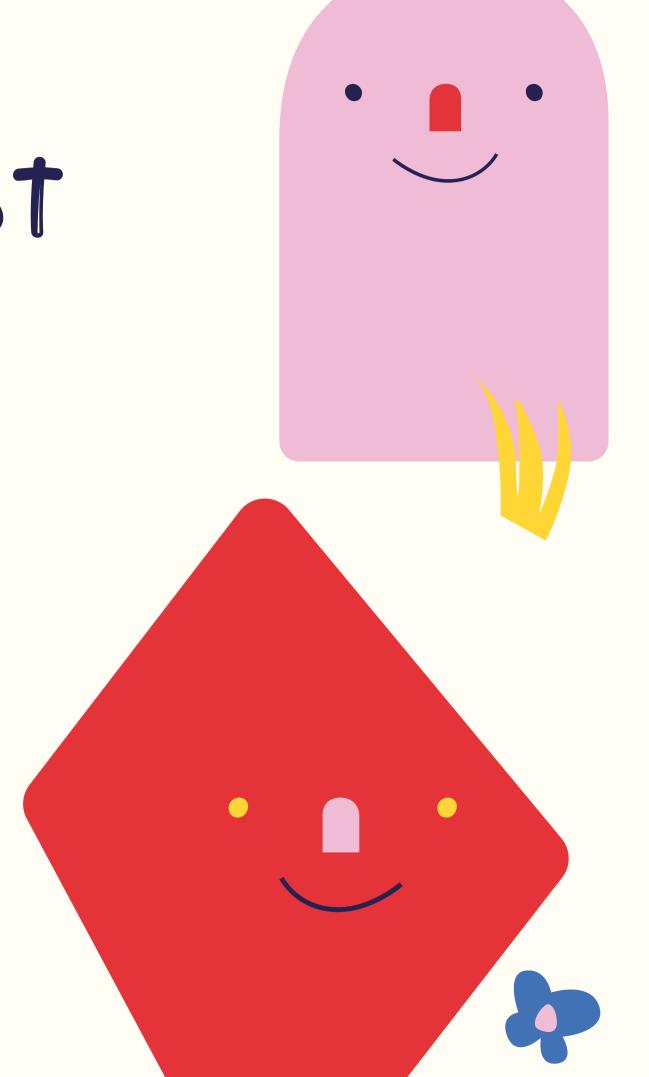
- Develop a more positive self-concept
- Assume greater self-responsibility
- Become more self-directing
- Become more self-accepting
- Become more self-reliant
- Engage in self-determined decision making
- Experience a feeling of control
- -Become sensitive to the process of coping
- -Develop an internal source of evaluation
- Become more trusting of self



ROLE OF THE THERAPIST

Provide core conditions:

- unconditional positive regard
- Empathic understanding
- Genuineness





COUNSELING PROCESS

First Stage:

Children express diffuse negative feelings in every aspect of their play

Second Stage:

Children primarily manifest ambivalent feelings, usually anxiety or hostility

Third Stage:

Children express mostly negative feelings directly toward parents, siblings, or the therapist. Children can also present regressive behavior.

Fourth Stage:

Ambivalence feelings (positive and negative) come back and are focused on parents, siblings, the therapist, and others.

Fifth Stage:

Children express primarily positive feelings, with realistic negative attitudes expressed appropriately and without ambivalence.

WORKING WITH PARENTS

Play therapists should respect the parent's role as the most important relationship in the child's life and the parent's knowledge of the child

- Play therapists should hold affection for the parent as a person
- Play therapists should have patience with parents
- •Play therapists should maintain a clear focus on the child as the client



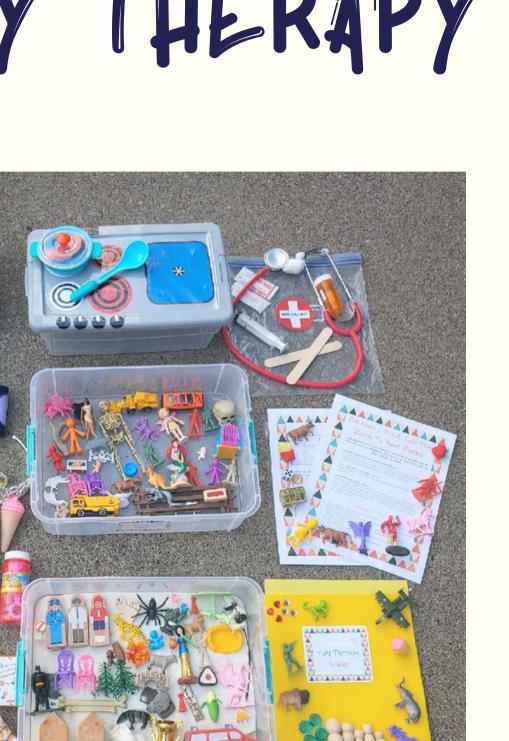




WHAT WE USE IN PLAY THERAPY



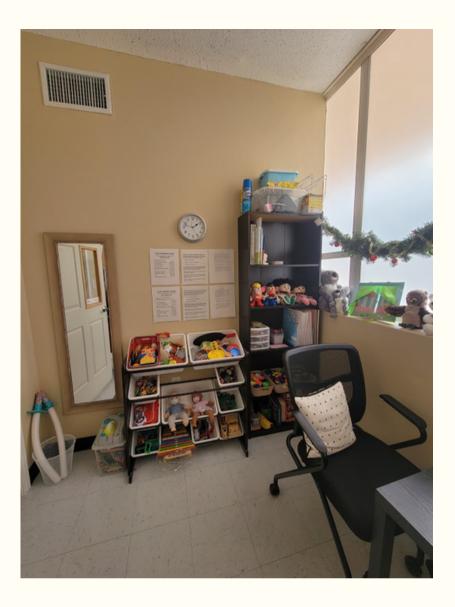


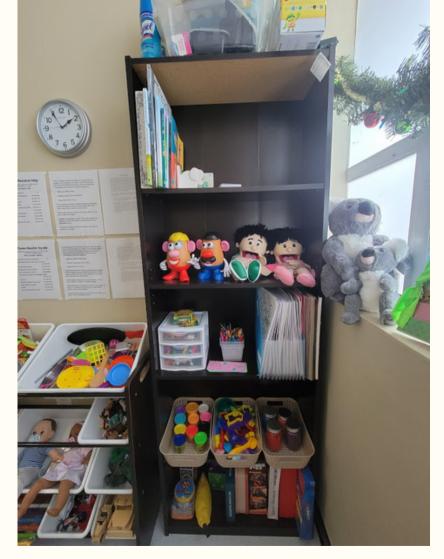


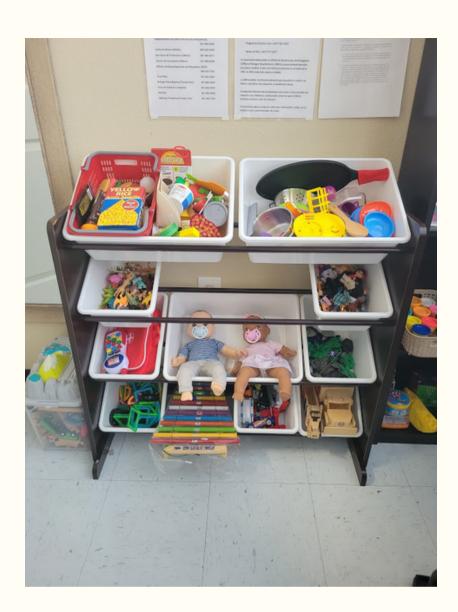
Y

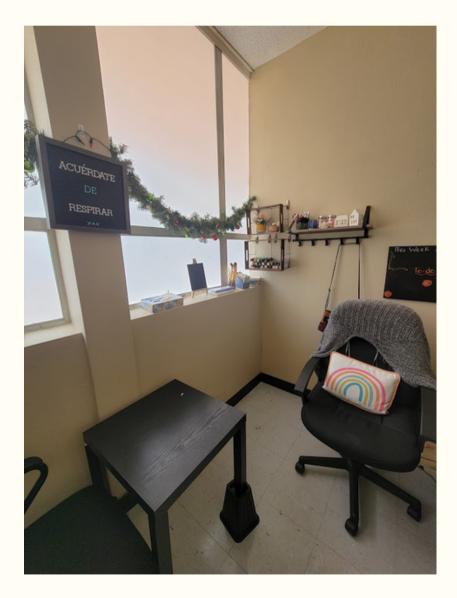
HOW A PLAY ROOM LOOKS LIKE











THEMES TO LOOK FOR IN PLAY

Power and Aggression

- Good guy vs. Bad Guy
- Dying/Death

Family Relationship and Nurturance

- Consistency
- Lack of attachment

Control and Safety

- Danger
- Rescue





THEMES TO LOOK FOR IN PLAY

Exploration and Mastery

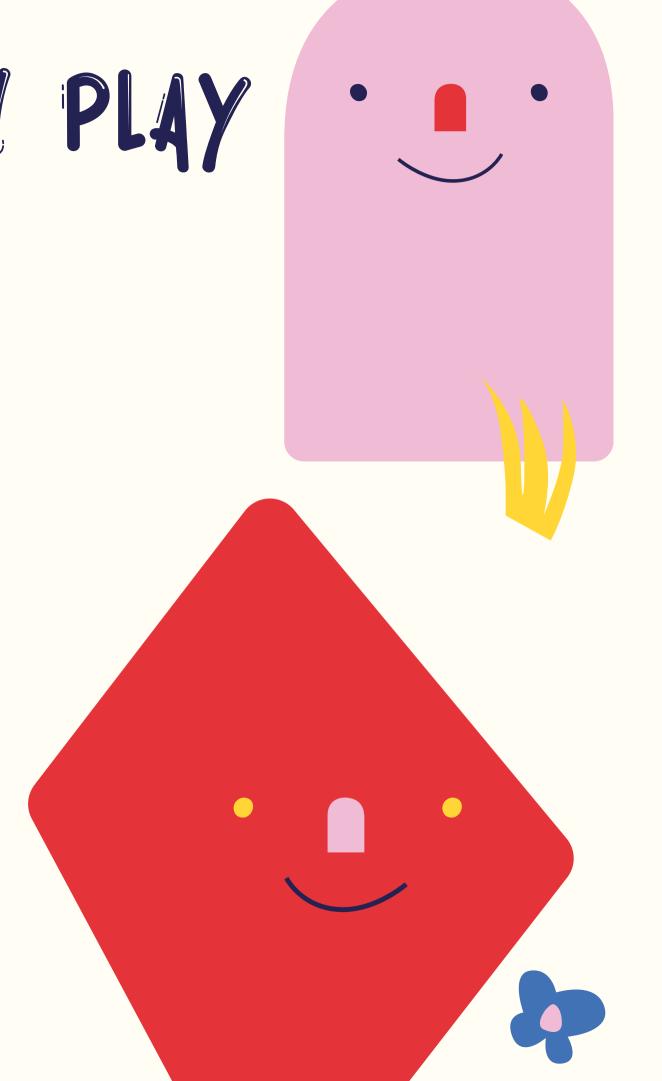
- Creativity
- Competence

Interaction

- General positive interactions
- ° Boredom

Sexualized Play

- Sexual activities
- Sexual curiosity



BASIC SKILLS

Restating Content Reflecting Feelings

Tracking

° You can track the child's behavior and/or the objects behavior

• Avoid labeling



BASIC SKILLS

Setting Limits

• Limits are set when the child is in danger, the therapist is in danger, or the environment is in danger

- ° Helps the child feel physically and emotionally secure
- When limit setting: reflect feeling, set limit, provide alternative

Returning Responsibility to the Child

 \circ Helps increase the sense of self-efficacy

Indirect way to do it:

• Using the child's metaphor; using minimal encouragers; restating content, reflecting feeling, or tracking; applying whisper technique

• Direct way to do it:

• The therapist expressly tells children that it is up to them to execute the behavior or make the choice without assistance



VIDEO DEMONSTRATION OF BASIC SKILLS





REFERENCES

Kottman, Terry. Play Therapy : Basics and Beyond, American Counseling Association, 2010. ProQuest Ebook Central, https://ebookcentral.proquest.com/lib/tamucc/detail.action? docID=1873194.

Landreth, G. L. (2002). Play therapy: The art of the relationship (2nd ed.). New York: Brunner-Routledge

