Therapeutic Interaction with Children through Play

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Abstract

In the field of early childhood counseling, there has been a recent trend towards play therapy. Play is often referred to as the language of children because they can communicate their thoughts and feelings in ways that they express verbally. Therapeutic play sessions give therapists an opportunity to communicate with a child on his or her level which can provide more insight as to how to proceed with the therapy. The outcomes of play therapy implementations are substantially positive, and this therapeutic practice is becoming widely-accepted in the cases of childhood abuse, children with disabilities, children in hospitals, grieving children, and children with behavioral issues. A number of counselors in the past have paved the way for current research, and their contributions have supported this field immensely. However, more empirical research is needed in order to help play therapy gain more credibility in the field of psychology and therapy. As with any psychological technique, there are many methods of play therapy, such as filial, child-centered, and Adlerian play therapies. Each of these forms offers new and different wisdom and ideas that will continue to shape the future of this therapeutic practice.

Therapeutic Interaction with Children through Play

Throughout the life of a child, there may be obstacles and hardships that he or she must overcome. Unfortunately, in America today, child abuse is running rampant and becoming an epidemic, affecting more children than it used to (Gil, 1991). This is especially true in cases of sexual abuse, which can be particularly damaging to a child's psychological health and ability to live a normal adulthood sexually (Landreth & Homeyer, 1998). In addition, during their childhood, children may lose a parent or loved one and not know how to cope with the grief. Children today also face the traumatic experience of being hospitalized because of a chronic disease or cancer. There are many therapeutic practices that can help, one of them being play therapy. This unique kind of therapy has been shown to help brighten a child's outlook on life, allow the child to expose abuse, and to give the child the tools needed to cope with difficult circumstances in his or her life (Landreth, Homeyer, Glover, & Sweeney, 1996).

Therapeutic play is a newly emerging method that modern psychologists and counselors are beginning to accept. Play therapy is essentially utilized to help a child overcome an obstacle or tragedy in his or her life, and to gain a clearer understanding of a child's thought processes and memories that he or she may not be able to express verbally. This method of pediatric therapy is described by the Association for Play Therapy as "the systematic use of a theoretical model to establish the interpersonal process in which ... the therapeutic powers of play in counseling help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (Portrie-Bethke, Hill, & Bethke, 2009, p. 324). Methods of implementation include sandboxes, miniature figures, dress-up, board games, and games that help increase focus. By allowing the child free reign to create his or her own satisfying play setting, the therapist

facilitates a comfortable environment for the child to be able to feel secure. These kinds of interactions among a psychologist, parent, or counselor and a child can help the child to develop better socially and psychologically, and help the child to express his or her emotions and thoughts through play as opposed to verbal communication, which may be difficult and frustrating for the child.

The Importance of Play in a Child's Development

In order to understand play therapy fully, one must understand the importance that play has on the early development of children. Throughout the ages, play has always been viewed as a natural childhood activity. In America over the past few decades, however, it would seem that pressure has been put on children to forgo play and move directly into focusing all of their attention on academics and structured activities. Recent research shows that recess has become a thing of the past even for children in kindergarten (Ginsberg, 2007). In addition, statistics show that the homework for children as young as six years old has tripled in the years between 1981 and 1997 (Stout, 2011). Current child psychologists are now on a mission to change the minds of parents and teachers because of the mounds of research confirming the belief that play is satisfying, healthy, and developmentally beneficial for children. This shift in American culture has taken years to accomplish, beginning as early as the late nineteenth century.

Friedrich Froebel, who was an early pioneer of children's pedagogy and creator of the concept of kindergarten, held a strong belief in play as a substantial part of a child's development. Froebel (1903) wrote in his book entitled *The Education of Man*, "play is the highest development in childhood, for it alone is the free expression of what is in the child's soul…. children's play is not mere sport. It is full of meaning and import" (p. 22).

As a modern pioneer of play therapy and a "world-renowned play therapist who has consistently implemented a child-centered approach throughout changing trends over the past 35 years" (Baggerly, 2005, p. 117), Dr. Garry Landreth defines play as a "child's natural medium of expression" (Blanco & Ray, 2011, p. 235). Even Plato, the renowned ancient philosopher, spoke about the power of play: "You can discover more about a person in an hour of play than in a year of conversation" (Goodreads, 2012, para. 10).

Research backs up the words of each of these icons, as studies continually point to the need for play in the healthy development of a child. Play reinforces and helps to develop a child's physical growth such as physical stamina, fine motor skills, gross motor skills, problem solving, social awareness, and personal morality formation (Alderson, Howard, & Sheridan, 2011; Parenting Healthy Children, 2007; Edmiston, 2008). Other advantages to play include the process of learning independence and fostering an active imagination and creativity (Ginsburg, 2007).

There are countless dimensions of childhood play, but the broad categories of play include constructive play, manipulative play, imitative play, pretend play, active play, games with rules, and explorative play (Alderson et al., 2011). Constructive play, such as building with blocks or Legos and constructing developmentally-appropriate puzzles, plays a large role in helping to develop a child's fine motor skills, which involve the small muscles in the wrists, fingers, lips, and tongue (Alderson et al., 2011). In order to engage in constructive play, however, a child must have also mastered manipulative play, through which he or she learns to operate certain objects with the hands and fingers. Typically, children learn how to participate in manipulative play in the very early stages of development, and it is very important in helping them manage the objects and toys

around them to discover the world around them. Children can then participate in constructive play, which requires them not only to manipulate materials but also to have a plan of action and execute it (Alderson et al., 2011). Explorative play is an activity in which children engage in "exploring their environment and finding out about the properties of objects through the senses" (Alderson et al., 2011, p. 7). This kind of play relates closely to manipulative play, and also helps to hone fine motor skills.

Imitative and pretend play are also closely related. When children copy the actions and behavior of someone, typically a parent or an adult they look up to, in their play, they are participating in imitative play. Imitative play greatly affects children's social development as they are reflecting the appropriate behaviors of an adult in order to learn how to identify, understand, and fill particular social and cultural roles (Parenting Healthy Children, 2007). Pretend play, often combined with imitative behavior, is also referred to as dramatic play. It is thought to be most common in children of kindergarten age and older. Pretend play involves creating scenarios in which the child talks through a situation and plays out the scene using toys and his or her imagination. These activities foster creativity and imagination, and also provide opportunities for children to develop problem-solving skills (Alderson, et al., 2011).

Active play and games with rules mainly involve physical activities. Children participating in these types of play generally will use more than one part of their body. The most common examples of these are athletic activities and sports. Active play helps to develop a child's gross motor skills through performing movements using larger muscles such as the ones found in the limbs and core body. Examples include kicking, running, and throwing (Alderson, et al., 2011). In addition to developing gross motor

skills, active play is also associated with a lowered risk of childhood obesity, diabetes, and vitamin D deficiency (Alderson, et al., 2011). Games with rules, typically seen in children four years and older, do not always indicate physical activity. Board games and card games are other examples of games with rules, and this type of play helps to strengthen moral and social development as well as teaching children how to communicate effectively, work as a team, and practice fairness (Alderson, et al., 2011). Games with rules also help to foster a sense of morality and ethics in children, give them the opportunity to experience consequences relating to bad or good behavior, and expose children to the concept of empathy or treating others as they wish to be treated (Edmiston, 2008). All of the tools necessary for healthy development can be found in one aspect or another of play, which is why the importance of these activities should be greatly emphasized in early childhood education programs and at home. Play therapy is a tool in which the power of play is evidenced and helps children to communicate and heal through their natural medium of expression.

A History of Play Therapy

The earliest known pioneer of play therapy was Sigmund Freud, who conducted the very first documented case of successful play therapy at the turn of the century (Landreth, 2002). Melanie Klein and Anna Freud also laid the foundation of this practice in the 1920s and 1930s, followed by Virginia Axline and Bernard and Louise Guerney in the 1940s through the 1970s. Bernard and Louise Guerney were the pioneers of filial play therapy, which encourages parents to be involved in sessions and even hold their own play times with guidance from a counselor. Virginia Axline was a student of another famous child counselor, Carl Rogers, who conducted research and paved the way for play

therapy to be accepted as a beneficial and accredited form of counseling for children. She was very influential in developing the nondirective model of play therapy in which she viewed children as having preexisting problem-solving skills and coping mechanisms that simply needed to be supported and guided with the help of a therapist (Bratton, Edwards, Ray, & Landreth, 2009). Axline wrote in her work on play therapy, "there is a frankness, and honesty, and a vividness in the way children state themselves in a play situation" (Blankenship & Lawver, 2008).

A majority of research on play therapy has taken place recently in the past 20 years. This research has shown play therapy to be a very effective form of childhood counseling. Much of the recent research and progress can be attributed to renowned play therapists Dr. Garry Landreth and Dr. Charles Schaefer.

Current Developments in Play Therapy

According to current researchers in the field of psychology, many of the more recent studies have demonstrated that play therapy has a substantially positive impact in many areas of a child's development. Issues in which children have been seen to improve include "general behavioral problems, externalizing behavioral problems, internalizing problems, self-efficacy, self-concept, anxiety, relationship stress, depression, speech problems, and diabetes treatment compliance" (Bratton, et al., 2009, p. 270).

A few major developments in play therapy in the past few years include the U.S. New Freedom Commission on Mental Health's suggestion in 2005 that play therapy is "empirically validated as an effective intervention for children" and that "humanistic play therapy approaches, including nondirective and child-centered play therapy, showed the largest treatment effects" (Bratton, et al., p. 269). Also in 2005, the British Department of

Health officially supported the use of play therapy, especially that of filial play therapy because of its focus on children and the integration of family (Bratton, et al., 2009).

An Overview of Play Therapy Methods

Play therapy consists of a variety of tactics, supplies, and methods. Items provided during a session can include paint, clay, and sand, as well as toys (Robinson, 2011). Each therapist is unique in his or her own approach as there is no one tactic that is guaranteed to work every time. The end goal, however, is always the same: to help the child in whatever way possible. Some positive tactics that play therapists employ include verbal and nonverbal interaction, the certain positioning of themselves in a room, and the showing of empathy, compassion, and acceptance towards the child. The purpose of this overview is to discuss some of the more prevalent forms of play therapy, how each method is conducted, the most favorable cases that therapists use with each type of play therapy, and some of the tools and supplies that play therapists utilize.

Forms of Play Therapy

Just like every other technique of counseling, there is more than just one method in the practice of play therapy. Each therapist is different in the way that he or she chooses to interact with a client. However, Dr. Garry Landreth provides a list of qualities and general guidelines that fellow therapists should ideally emulate through each form of play therapy. He offers the following directives to practicing play therapists: reflect nonverbal behavior, reflect verbal content, reflect feeling, facilitate decision-making and return responsibility, facilitate creativity and spontaneity, encourage, build esteem, facilitate a relationship, and set limits (Bratton, et al., 2009). There are numerous different types of play therapy following these basic concepts that have originated in the

past century, and they include Jungian analytical play therapy, psychoanalytical play therapy, cognitive behavioral play therapy, ecosystemic play therapy, phenomenological play therapy, and prescriptive play therapy (Schaefer, 2003). However, several of the most influential and accepted forms of therapeutic play include the Adlerian method, child-centered play therapy, filial play therapy, and the Gestalt method. These successful methods will be explained and discussed below. *Foundations of Play Therapy* by Charles Schaefer (2003) heavily influences much of the information found in this section.

Adlerian play therapy. The Adlerian model of play therapy is a flexible and fluid approach that is very different than the usual structured sessions of counseling. It is based upon the premise that humans have a need to feel a sense of "belonging," according to Alfred Adler, who built the foundation of this method (Kottman, 2003). The goal of this therapy is to meet the unique and individual needs of child and to give a sense of control and mastery to the participant. This technique is administered with the hope of receiving a higher level of receptiveness and cooperation (Menassa, 2009). It is said that "in traditional Adlerian therapy, the therapist is rather active and directive, serving as much as possible as an equal partner who initiates client insight and encourages client reorientation and growth" (Menassa, 2009, p. 16).

The basic construct of Adlerian therapy has four steps which include, (1) "building an egalitarian relationship with the child," (2) "exploring the child's lifestyle," (3) "encouraging the child to gain insight into his or her lifestyle," and (4) "reorienting and reeducating" (Portrie-Bethke, Hill, & Bethke 2009, p. 325). Other responsibilities of the counselor towards the child include exploring not only the child's lifestyle, but also the child's feelings, thoughts, relationships, behaviors, attitudes, and perceptions of self

and others (Schaefer, 2003). In addition the counselor should gain an understanding of the behaviors, feelings, thoughts, relationships, and attitudes of the parents or guardians of the child if at all possible. It is very helpful for the therapist to be able to conceptualize the dynamics of the parents or guardians in relationship to the child in order to create a treatment plan for the child (Schaefer, 2003). Some counselors even include a treatment plan for the parents in order to help the family learn how to communicate and relate to the child in more constructive ways.

Adlerian therapy is a very beneficial form of counseling through play, especially for children who suffer from learning disabilities and mental disorders such as autism and attention deficit hyperactivity disorder (Portrie-Bethke, et al., 2009). Adlerian therapy places an emphasis on focusing on the child's unique abilities and thought patterns. The sessions are flexible and the children are encouraged to maintain feelings of autonomy and independence. In addition, showing parents constructive and positive ways of relating to and communicating with their special needs child can be terrific in improving home life as well a child's behavior and attitude (Portrie-Bethke, et al., 2009).

Child-centered play therapy. As one of the most prevalent forms of play therapy, the child-centered method is based on the theory that a child's development is a dynamic journey and a process of "becoming" (Schaefer, 2003). This form of therapy is described as:

> A dynamic interpersonal relationship between a child and a counselor trained in play therapy who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through the child's natural medium of expression—play. (Blanco & Ray, 2011, p. 235)

Child-centered play therapy was developed by pioneers of play therapy, Carl Rogers and Virginia Axline, who believed that the emphasis should be placed on the importance of the one-on-one process of being with the child as opposed to a specific procedure or application (Schaefer, 2003). Axline and Rogers discouraged forcing an agenda or strict schedule on children during sessions, but instead encouraged a climate that helps children to grow at their own pace (Schaefer, 2003). Child-centered play provides a therapeutic environment for children where they have the freedom to grow and heal from the issues that are hindering their health development.

A session in child-centered play therapy consists only of the therapist and the child client. The counselor mainly focuses on helping the child to engage in self-exploration and self-discovery, and the key element of these sessions is to focus on the maintenance and development of the therapeutic relationship (Schaefer, 2003). This idea is based on the writings of psychotherapist Moustakas (1959) who believed that "through the process of self-expression and exploration within a significant relationship, through realization of the value within, the child comes to be a positive, self-determining, and self-actualizing individual" (p. 5). The reason that this tactic of therapy is referred to as "child-centered" is because the child is focused on in sessions above the presenting problem for which the child is participating in therapy. While, of course, the issues that the child has need to be addressed at some point, the main purpose of the therapist is not to lose sight of the child in the midst of the behavior observed or crises in the child's life (Schaefer, 2003).

Because of its broad and flexible foundation, child-centered play therapy can be implemented and shifted to fit virtually any child. This method does not allow a child's

maladjustment or diagnosis to be main focus of the session. Emphasis is placed on what the child capable of becoming, and this is the reason that child-centered therapy is such a widespread and popular concept in the world of play therapy (Schaefer, 2003).

Filial play therapy. In the early 1960s, filial play therapy was introduced with the simple concept of involving parents in play therapy sessions. Allowing parents as the primary participants of sessions is a unique yet widely successful form of play therapy (Schaefer, 2003). This notion was conceived by child psychologist Dr. Bernard Guerney after observing a lack of family intimacy and lack of knowledge that parents had about the psychological state of their children. Furthermore, he noted that the parents who did try to understand did not seek the counsel of professional therapists who could better help the family to learn positive and constructive ways to communicate and relate better to their children. Therefore, Guerney proposed a method that involves parents in play therapy sessions and eventually results in the parents becoming the primary therapists to their own children (Schaefer, 2003).

It is suggested that parents wishing to conduct play therapy sessions with their children because of their child's psychological or emotional issues should first be trained by a professional and thoroughly research the methods of therapeutic play. However, this kind of therapy is highly efficient because parents already know the detailed history and psychological profile of their own children. In addition, many parents are very skilled at detecting symptoms of maladjustment or unusual distress in their child. All parents really need to learn is how to appropriately respond to the verbal expressions and immediate behaviors of their children during play therapy sessions, and this can be accomplished through training with a professional therapist (Schaefer, 2003).

Filial play therapy can be used in all kinds of cases, granted that the relationship between the parent or parents and the child is secure and strong or at least the parents desire an intimate bond. Some of the more accepted and appropriate filial play therapy situations include children with intellectual disabilities, children with chronic or acute illnesses, and children who are grieving the loss of a loved one (Rakesh & Srinath, 2010). A controversial issue in regards to filial therapy is its utilization in cases of abuse (not considering when the parent is the perpetrator), particularly sexual abuse. Some therapists are against the idea of involving parents in cases such as sexual abuse as it may be difficult for the parent to emotionally handle the situation or in some cases the parents are the perpetrators of abuse (Hill, 2006). However, in certain instances, involving parents in therapeutic play sessions of sexual abuse victims can be a positive move. Advantages of such an approach include creating a heightened sense of safety and security in the child, a stronger sense of attachment between the parent(s) and the child, and a counter against the societal expectation of secrecy in sexual abuse (Hill, 2006). It is suggested that more research be conducted into the matter so that the pros and cons can be more clearly identified. Besides this controversial issue, filial play therapy is generally an encouraged and accepted practice as long as guidance and instruction from a licensed counselor is sought (Schaefer, 2003).

Gestalt play therapy. This final form of play therapy is defined as process-oriented and humanistic. In simpler terms, Gestalt play therapy emphasizes helping a child to focus and be aware of the "here and now" and to be fully invested in his or her immediate experiences. The term "gestalt" is actually a German concept that does not have an equivalent English word. The concept it conveys, however, is of pattern, shape,

configuration, or the whole form (Blom, 2006). The three principles that guide Gestalt play therapy are (1) a methodology and aim of awareness, (2) a basis on existential dialogue, and (3) the idea that one must take into account a client's environment and view the person in that context, while still focusing on the inward psychology and personality of the client (Blom, 2006).

In action, Gestalt play therapy mainly emphasizes contact boundary disturbances, experience, awareness, resistance, self-regulation, and relationship. The "I/Thou" relationship that is often referred to in this therapy consists of the idea that the therapist works to have clients understand that they are each equal in entitlement. That is, the counselor is neither more important nor better than the client despite his or her age or level of education. This approach can be very helpful in cases of children because of the intimidating factor of attending therapy sessions with an "older and wiser" therapist. Gestalt professionals seek to maintain respect, honor, and personal boundaries without a hint of manipulation or judgment (Schaefer, 2003). This method carries the assumption that once children have been able to express their emotions verbally and non-verbally and played them out in a symbolic way, the children will then learn how to channel their feelings in a more effective way. This, in turn, will lead to the normalization of negative behavior (Blom, 2006). This therapy approach is most often successful when dealing with children who have behavioral, aggressive, and/or anger issues. Children with disabilities that are consistently frustrated may also greatly benefit from this form of therapeutic play (Schaefer, 2003).

Tools and Supplies Used in Play Therapy

Now that the varying forms and theories of therapeutic play have been discussed,

the next step is gaining an understanding of the tools that therapists utilize in their play therapy sessions. Because each method of play therapy calls for different tools and different ways of using them, this section will be a general overview of the most important tools that play therapists use.

Sandplay is a frequently-utilized tactic that therapists employ in order to gain an understanding of a child's lifestyle, thoughts, and feelings through the child's use of miniatures in a sandbox. Typically, sandplay sessions involve a great variety of miniatures that the children are given free rein to play with. After several sessions, the therapist helps to direct the children's pretend play with the miniatures by asking them to set up scenes that relate to situations in their lives as well as their thoughts and emotions (Landreth, Homeyer, Glover, & Sweeney, 1996).

Additional materials that are recommended by Landreth include things such as a dollhouse, dollhouse furniture and figurines, costume jewelry, hand puppets, crayons, Play-Doh, and play telephones (Schaefer, 2003). Some therapists have a mixture of regular board games as well as board games that are specifically meant for counseling children. Also, children with disabilities may enjoy incremental building toys in which they can see their progress each week. Railroad, racecar, and roller coaster models are a great choice for these kinds of building toys. The Play Attention Auditory Processing Game is also a desired tool for therapists to have. This is a computer program that aids children with attention deficit hyperactivity disorder to learn how to focus and pay attention through a series of games and challenges. Using a helmet, the system actually tracks the brainwaves associated with attention and focus in order to track how the child is progressing.

There are always new toys, games, and tactics being invented for the use of play therapy and counseling, but sometimes even toys as simple as a stuffed animal, miniature, or doll can be incredibly useful. The choosing of the materials to use mainly depends upon the child's personality, situation, and environment (Schaefer, 2003).

Cases in Which Play Therapy is Utilized

There are numerous children who can benefit from the long-term healing effects of play therapy. They include but are not limited to children who have been victim to sexual abuse (Hill, 2006), violent abuse (Chazan & Cohen, 2010), and traumatic events (Webb, 2011), as well as children who have lost a loved one (Rakesh & Srinath, 2010). Also, play therapy is used in cases such as children with learning disabilities and/or health-related problems in order to gently stimulate cognitive and social development that may be lacking as compared to children who do not face those problems (Parker & O'Brien, 2011).

Bereaved Children

Children and young adults are often viewed as resilient and free from depression, anxiety, and grief. Unfortunately, in extreme cases, this is not the case. Each child is unique and all children have different reactions to traumatic experiences. Some children may not exhibit negative behavioral changes or have adverse reactions because of the loss of a person in whom a child found security or close intimacy. Others, however, may develop rebellious, aggressive, or withdrawn behaviors and be afflicted with psychological distress (Schaefer, 2010). In addition, the pattern of childhood grief is different from adult grief in that the inward pain and struggle is typically displayed in "short bursts" as opposed to lengthy periods of time because of a child's short attention

span (Landreth, et al., 1996, p. 135). Social resources, family dynamics, and personality all may affect the way that the child responds to such a difficult trial, as well as whether or not the child receives some kind of psychological support, counseling, or therapy (Collins & Collins, 2005). Play therapy is an excellent device that counselors employ in order to help children through their grieving process. Dr. Charles Schaefer, who has been referred to as the "father of play therapy" (Schaefer, 2003, p. xi), typically advises that grieving children participate in filial or parental play therapy, unless children have been bereaved of both of their parents. However, it is recommended that the parents receive proper training first and that the counselor conduct the first few sessions with the parents observing (Schafer, 2010).

A particular study that emphasizes the power of play therapy in the behavior of a grieving child is conducted by Rakesh and Srinath (2010) in India. This research provides much evidence for the beneficial effects that therapeutic play has on children who are bereaved of a parent. In the study of "M.G.", a five-year-old Indian girl loses her mother due to suicide (Rakesh & Srinath, 2010). Within the first few weeks after her mother's death, M.G. begins to have behavioral problems and shows symptoms of acute grief reaction and adjustment disorder. Therapists try to reach her through allowing her to express how she saw her family and her feelings towards what had happened through artwork and playing with dolls. Within the first few weeks, M.G., began to share "secrets" with the therapist about how she felt sad and cried very often, feeling free to express her feelings and emotions. The conclusion of the play therapy sessions with M.G. resulted in her ability to express emotions through role-play that she could not express verbally, which helped therapists to give her family advice on how to deal with her

behavior (Rakesh & Srinath, 2010). In addition, researchers also provided tools for M.G's father and relatives to implement play therapy techniques in their everyday life in order to make sure that the progress continued. M.G's progress throughout her play therapy sessions was very encouraging, and follow up sessions found the young girl actively involved in dance and drawing classes without the behavior problems or constant crying that she had displayed right after her mother's death. Being able to process and work through her grief through play therapy helped little M.G. become secure again and heal emotionally (Rakesh & Srinath, 2010). This study provides evidence for the power of play therapy, specifically filial play therapy as Schaefer recommends for children bereaved of a loved one (Schaefer, 2010).

Authors Landreth, Homeyer, Glover, and Sweeney (1996) provide several cases in which other methods of play therapy are utilized with bereaved children. Using sandplay in one study, the result was that the single child participant was provided with the "opportunity to illustrate and process issues of low-self esteem, abandonment, and lack of control over his father's death, resolution of grief issues, and confrontation of guilt and rage" (Landreth, et al., 1996, p. 137).

In the cases of children who were treated with use of puppets, group play therapy, and child-centered play therapy, the results were all very similar to the young boy who participated in sandplay therapy (Landreth, et al., 1996). Although in each study there were different methods implemented, researchers studied the personalities of the children beforehand in order to determine which type of play therapy would work best for them. Therefore, all of the children in each of the case studies showed improved behaviors, emotional stability, and security with the use of therapeutic play (Landreth et al., 1996).

In more than one situation, play therapy has been shown to be a terrific interaction method with grieving children in order to help them progress in their development in a healthy fashion.

Nancy Boyd Webb's (2011) research on the subject of implementing therapeutic play in the lives of children who are bereaved also supports the belief that this kind of therapy greatly improves a child's psychological and emotional health after experiencing such an event. Webb reviews basic developmental factors that may affect a child's ability to be able to understand what death is and how he or she must handle it, and then goes on to talk about specific grief situations and processes. She provides research that she herself conducted in counseling children who were affected by Hurricane Katrina, play therapy sessions with the goal of helping children whose teacher has died, and play therapy that includes the mother after the father passed away in a terrorist attack.

In her research, Webb (2011) especially highlights the importance of family and parental involvement in her article as well as recognizing a child's cultural background and familial traditions and beliefs. By keeping these factors in mind while holding play therapy sessions, Webb records much progress in each child's emotional and psychological health.

Children Who Have Been Abused or Traumatized

The technical definition of child abuse is "any act of commission or omission that endangers or impairs a child's physical or emotional health and development" or "any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm" (Childhelp, 2011, para. 2). The

most prevalent types of child abuse include neglect, violent, sexual, and emotional abuse (Childhelp, 2011), and the consequences that the abused child must live with are oftentimes devastating.

There is more than one form of child abuse, but no matter how the abuse takes place, victims are always left with psychological issues that they must deal with. Some of the issues that abused children may face later in their development include emotional detachment, depression, chronic illnesses, strained family relationships, unhealthy premature sexual behaviors, anxiety, and difficulty forming stable relationships (Benoit, 2012). Much research has been conducted on the practice of play therapy as it relates to child abuse. These studies show that there is strong correlation between faster and more effective healing progress in a child victimized by abuse and the therapeutic use of play by a professional counselor or a parent. Whether the abuse is emotional, physical, sexual, or neglectful, play therapy has been shown to have positive effects in these child victim's lives and development (White & Allers, 1994). In a meta-analysis of the outcomes of 42 play therapy studies, it was found that play therapy is just as effective as verbal therapy is for adults, and that there is a strong relationship between involving parents in the process and treatment effectiveness (Leblanc & Ritchie, 2001).

Cases of sexual abuse. The sexual abuse of a child is viewed by society as heinous and a crime that steals a person's childhood. The reason for the deep-set emotional and psychological difficulties that a child has in overcoming this kind of abuse stems from the fact that sexual abuse "forces children to experience behavior for which they are not developmentally or emotionally prepared" (Landreth, et al.,1996, p. 8). Cases of suspected sexual abuse can also be very difficult for counselors who are working with

child victims because these children typically have a very difficult time in disclosing the abuse because of feelings of embarrassment, shame, guilt, and confusion.

A study conducted that involved 26 children who had been sexually abused showed improvement in nearly a third of the children's coping skills and behavior after merely ten sessions of play therapy (Blankenship & Lawver, 2008). Unfortunately, ten sessions is a short amount of time in counseling techniques such as these, and had the study been monitored for a longer amount of time, the results may have been clearer. Although this study was cut short, one-third of the children displaying results that quickly is still a terrific result.

Another study performed by researchers Bratton, Ray, Rhine, and Jones (2005) set out to measure the effectiveness of play therapy techniques. After compiling the research results of 93 separate studies that were conducted over a period of 47 years as well as performing original research, the authors found that 80% of the treated children showed positive and effective results, regardless of gender, age, and reason for therapy. The study also found that children have more positive outcomes if a parent is involved in the play therapy sessions and process.

Cases of violent abuse. Domestic abuse in the United States is unfortunately becoming a more prevalent and dangerous problem. Between substance abuse, mental illnesses, and family crises, there are many factors that can lead to violence in the home. Unfortunately, typically the primary suspects in childhood physical abuse cases are the parents of the victim. Teachers and peers have also been found to be perpetrators, but this is seen on a less frequent basis. Usually when or if the abuse is discovered, the child is removed from the home for his or her safety. In such cases, although the abuse may have

ended, the effects of the abuse on the child have not (Landreth, et al., 1996).

Play therapy can be utilized in these cases in order to help the child to disclose the abuse, express their emotions and hurt over the abuse, and develop coping and adaptive strategies to deal with his or her past. The way that play therapy is structured also helps the child to come to terms with everything at his or her own emotional pace, which is very important in cases of physical abuse. This is because physical abuse often stems from the perpetrator's need for control and power over the child. Many children who are abused physically live in constant fear and this can create severe self-esteem and relationship problems later in life if they do not receive help as soon as possible (Landreth, et al., 1996). There are many play therapy approaches available in order to specifically help children who have been physically abused. Among current research include case studies involving puppet play, doll play, and miniature play. Cases in which the therapist is attempting to allow the child to disclose physical abuse can be greatly helped by the use of dollhouses and miniatures. Children are able to act out with the toys what a typical day looks like for them. Along the way, children may drop hints of suspicious behavior of the suspected abuser, which allows the counselor to have more clarity and ask better questions. Especially in young children that cannot verbally express their experiences well, this is a very useful and therapeutic technique (Landreth, et al., 1996).

Working with children who have been abused. Counselors use all kinds of toys, dress-up clothes, role-playing games, computer concentration games, and books in play therapy. The "sandbox" is a great example of how play therapy helps a therapist to understand what a child is trying to express. The child is provided with numerous

figurines and small toys and is asked to use these toys to act out a day in his or her life. A child may be too afraid, frustrated, or ashamed to explain to a counselor the abuse that they are experiencing, but they may feel safer to act out the abuse through the use of these figurines. Especially in the case of sexual abuse, children who have been hurt are very hesitant to open up to counselors (Landreth & Homeyer, 1998). A meta-analysis of studies involving abuse and play therapy have shown that only 11% of children will disclose sexual abuse when asked at the initial time of the interview (Sorenson & Snow, 1991). Many counselors have to spend a large amount of time and energy in order to allow the child to feel comfortable and safe enough to admit to the abuse.

There are a number of variables that play therapists need to keep in mind before working with children who have been abused, according to author Eliana Gil (1991). These factors consist of the child's age at the time of the abuse, the frequency and length of the abuse, the severity of the abuse, the child's relationship to the perpetrator, the emotional temperament of the victim's family, whether or not the perpetrator threatened the child, the child's psychological health, the child's sense of guilt or shame, the gender of the victim, and how the parent has responded to the child about the abuse (Gil, 1991). Every child is different, and play therapy techniques should always be flexible and shifted to fit each specific case.

Also, the therapist needs to be aware of certain considerations during treatment and therapy sessions such as the clinician's own presuppositions (which should be set aside as much as possible), risk factors for the child especially when the offender is a family member, communication with social service agencies and the court, and the therapist's own gender which may affect the child's cooperation and comfort levels (Gil,

1991). Things can become complicated when courts are involved, so therapists need to educate themselves about the law and how to work with the government while still focusing mainly on the child's well-being.

As discussed above, specifically in cases of sexual abuse, there is an abundance of research on the benefits of including the non-offending parent(s) in the process of the play therapy journey (Hill, 2006; Hill, 2009). Gil (1991) writes, "[psychologists] have repeatedly emphasized the pivotal role the non-abusive parent plays in the healing of the child. The child's recovery is greatly enhanced by a parent who believes the child and is not accusatory but is unequivocally supportive and reassuring" (p. 6). Dr. Andrew Hill's research on the effectiveness of parental support reveals that it helps because it helps the child to feel secure, it teaches parents how to work with their children at home, it gives the parent a sense of control and confidence in his or her own parenting abilities, it helps to bond the parent and the child together, and in some cases it helps to bond a husband and wife in their own parenting partnership (Hill, 2006).

There are limitations, however, when it comes to allowing a parent to become a part of the play therapy sessions. Therapists need to be aware that children may be embarrassed to go into the details of the abuse with their parents present and may want their privacy. Also, the parents may be so discouraged and overwhelmed by the child's disclosure about the abuse that they bring a negative energy to the session. Parents can also be unprepared and even resistant to involvement because they are in denial of the abuse that their child has suffered (Hill, 2006). Therefore, in letting parents join play therapy sessions, therapists need to be very cautious but also encouraging towards the parent-child bond throughout the therapy.

Play Therapy in Hospital Settings

Hospitalization can be an incredibly frightening experience for children, especially when it happens suddenly and under emergency situations. In years past, pediatric hospitals were viewed as only in place to help a child's physical condition. However, lately there has been substantial progress in the area of hospital psychiatry and counseling, especially with children. Although children can be resilient, an illness and hospitalization can be severely traumatizing to some, and therapy is recommended especially for long-term and serious illnesses. This is why most hospitals have at least one child-life specialist in the pediatric ward. The task of a child-life specialist is defined as providing "therapeutic services and play activities to promote the physical, emotional and developmental growth of patients and minimize potential stress and trauma for patients and families" (Children's National Medical Center, 2012). Child life specialists work with children mainly, but also with the families who may be grieving or suffering from anxiety and stress as a result of the child's hospitalization.

When working with hospitalized children, child life specialists mainly implement aspects of play therapy. The fun, free, and playful dynamics of play and games can greatly help to reduce the feelings of stress and fear that constantly hang over the child. Play therapy is also a light and non-pressured way to allow children to discuss their anxiety and ask questions about their illness. In addition, one of the responsibilities of a child life specialist is to observe the mental and psychological state of a child in order to provide doctors and nurses with information about how they should proceed medically. It is perfectly clear through research and observation that play therapy is incredibly therapeutic and beneficial in the lives of children who have been hospitalized for various

reasons such as burn victims, cancer, chronic illnesses, and traumatic injuries caused by abuse or accidents (Landreth, et al., 1996). Unfortunately, there is a lack of empirical research involving children in hospitals and play therapy. However, according to the U.S. Bureau of Labor Statistics (2013), there is a rising demand for child life specialists in hospitals today because of the effectiveness that hospitals have seen in children's psychological health when play therapy is implemented. It is hoped that in the near future, researchers will be able to back up these observations with empirical studies.

Criticisms of Play Therapy and Future Research

Most research involving play therapy has shown that it is very beneficial to a child's psychological and emotional health compared to the child being without therapy. However, as with any form of therapy, there are concerns and criticisms that need to be addressed. One concern that psychologists have brought up is the caution that must be exercised when using play therapy as a means to help a young child disclose suspected child abuse. Often, methods such as the sandbox described earlier can be solely up to the interpretation of the counselor, and therefore not fully reliable. Therapists must exercise extreme caution and tread lightly when dealing with abuse cases in which the child cannot verbally testify that abuse has taken place (Landreth, Homeyer, Glover, & Sweeney, 1996).

In addition, reviews of the literature on play therapy have consistently found that there is a lack of empirical, long term studies with large sample sizes to help substantiate the validity and reliability of play therapy in a child's long term psychological health. In one specific review of literature involving play therapy and childhood abuse and neglect, authors White and Allers (1994) express their disappointment in the lack of research as

well as give suggestions for future research. “Surprisingly,” they write, “researchers still have not extracted the science of [play therapy] from the beloved art” (p. 393). They continue by strongly reaffirming their belief in play therapy as an important clinical technique. However, they strongly insist that, “researchers must still suffer through the painful process of standardizing physical therapy definitions and materials and of producing meaningful research that justifies the frequent use of [play therapy] as an interventive treatment” (White & Allers, 1994, p. 393).

Results of Play Therapy Implementation

Despite future research that needs to be conducted, it is clear through the research available that play therapy provides a great service to children who are faced with difficult issues that may hinder their healthy development. The research that is available now shows that play therapy can be very positive and beneficial when shaped to fit the specific needs of the child client. Play sessions are beneficial towards children when administered by a therapist or counselor, and they can also be therapeutic when administered by the parent of a child. Although play therapy is a comparatively recent practice, it is exponentially growing because of its incredibly high success rates in the cases of children who have been abused or traumatized, bereaved children, children with intellectual disabilities, children in hospitals, and children who have experienced behavioral and educational issues. There is room for much more research, but present and past studies show a bright future for the implementation of therapeutic play in the field of counseling children from all walks of life.

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