THE IMPORTANCE OF PLAY THERAPY

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Introduction:
As adults, in both our personal and professional lives, I would pose the question of “how do we best learn, grow, and adapt to changes throughout our life on the planet that would cover a life timeline which could best be categorized as the” ebb and flow of our lives” or “the good, the bad and the ugly”? So naturally as Christian helping professionals that work with young children as well as adolescents, I pose again the question of how do we best serve therapeutically the challenging issues of hurting children and teens that parents and other caregivers bring to us to serve and help?

The way a child most naturally expresses himself or herself is through their play. Often we find that a child who is confronted with a major life adjustment such as the divorce of parents, the sudden death of a loved one or the traumatization ( the Greek word, traumat means wound ) brought on by violence or abuse, will be best served through an interactive and yet safe play therapy environment. I believe my previous sentence to be true based not only upon my 36 years of my broad eclectic play therapy approaches and work with a few thousand kids but because of the research and outcome based results of hundreds of past and present clinicians like ourselves who have found an integrative play therapy approach to be the best treatment intervention of choice.

Two paradigms developed by experienced play therapist experts, Linda Chapman and Vija B. Lusebrink, we can get a sound foundational understanding of the developmental processes by which children deal with the world around them. See Handout # 1. We as helping professionals may try to help children with an array of talk therapy modalities with a less than desired outcome or positive impact. The first phase of development and growth for a child is through that child’s emergence of their sensory and kinesthetic faculties. The next developmental progression for a child is the growth of their affective and perceptual capacities. A child’s cognitive skills and ability to abstract and understand cause and effect aspects of behavior develop later. So play serves as a catalyst to help them to eventually have greater insight and mastery over his or her circumstances and environment.
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From the early days of Virginia Axline and Dr. Clark Moustakas, many social workers like myself learned approaches to working with children that really resonated with kids apart from more traditional talk therapy modalities. Those were the days that working with children and taking a child centered focus was not known to many of us as play therapy. The field of play therapy is exploding across all disciplines of the helping professions. The International Association for Play Therapy which is headquartered in Fresno, California, serves as a clearinghouse and starting point for many social workers wanting to explore training opportunities and network possibilities for other like minded compatriots whose direct practice is primarily focused on children and teens and their parents.

This workshop’s mission and objective is to give an overview of where the field of play therapy has come from but where it is headed. Another objective is to introduce some approaches and techniques that participants will find practically beneficial to take away from this convention. As editor of the book, Foundations of Play Therapy, and a leader in our field of play therapy, Charles Schaefer has found that 14 major theories exist with their own unique play therapy style. Those theories are as follows: Family, Jungian, Psychoanalytic, Cognitive Behavioral, Adlerian Group, Child-centered, Prescriptive, Attachment-oriented, Object Relations, Gestalt, Filial, Ecosystemic, and Phenomenological. Linda Chapman’s clinical art therapy work in California and university research has demonstrated how the behavioral symptoms have diminished after each play therapy session.

One of the Biblical verses this clinical social worker and play therapist supervisor finds central to those we counsel is found in the 8th verse of Psalms 62 which says that the Lord wants us “to pour out our heart (from scripture, we know that the heart refers to our emotions and that we need to find healthy ways to pour out and express our deepest feelings of hurt, pain sadness, and fear) and take refuge with God.” Children have demonstrated and shown us that kids can “pour out their hearts” most effectively through play therapy. In play therapy, their need to have healthy emotional catharsis gets expressed through their capacity to choose what they would like to select to do in the playroom that day which empowers a child who has often felt at the mercy of adult directives. This workshop as well, will stress the importance of laughter and humor in the play therapy relationship with a child.

The play therapist must carefully select toys that will help children express their thoughts and feelings. The strategic arrangement of the toys and the atmosphere of the playroom must provide comfort, security, and consistency so that each child will feel safe in acting out problem situations and relationships. Each play therapy approach has its own theoretical framework and rational for the play therapy process and the selection of toys for the playroom. The play therapist’s primary role is to help facilitate the play therapy process to help each child gain a better understanding of themselves, others, and the world around them so that they may learn new attitudes and behaviors to replace self-defeating ones. The play therapist chooses items for the playroom that are designed to facilitate therapeutic exploration and risk taking that will help them learn new ways of interacting with others.
Play therapy has been shown clinically to work best with children who have had significant concerns surrounding issues of impulse control, poor self esteem and inadequate social skills, and kids who have experienced some type of trauma. Play therapists look for themes that repeat themselves over the period of time that play therapy sessions are being conducted. See handout # 2.

As well, trained play therapists will note unusual behavior in a session but will be slow to a rush to judgment and interpretation of behaviors being exhibited by kids coming to play therapy. See handout # 3 on recommended toy list for the play therapist.

The last part of our workshop time will be spent on specific play therapy techniques that this play therapist has found helpful in connecting with kids but as well utilizing and transferring some of these same techniques at home with these same kids and their respective family members. Our time together will conclude with your questions.

My objectives for our time together today are as follows:

I. Provide a solid overview of essential concepts for the Christian clinician in the play therapy field.

II. Provide some added “therapeutic tools” for the social work practioner to take back to his or her practice that can be immediately integrated that can immediately be integrated back into their work with children.

III. Provide expertise and counsel as a registered play therapist supervisor for workshop participants with questions posed by the workshop.

There will be numerous additional handouts relevant to the field of play therapy that will be available at the conclusion of our time together. As well, if you are interested I will have available a brief bibliography related to pertinent resources for your play therapy edification. Thank you in advance for your interest in play therapy and your service to others.