

CHILD-CENTERED

Play Therapy

| DEE C. RAY, PHD, LPC-S, RPT-S & GARRY L. LANDRETH, EdD, LPC, RPT-S

Child-centered play therapy (CCPT) is a theoretically-grounded and evidence-based intervention that recognizes the relationship between therapist and child as the primary healing factor for children who are experiencing emotional and behavioral challenges. Axline (1947) developed CCPT by applying Rogers's (1951) person-centered counseling approach to children. Initially referred to as nondirective play therapy, Landreth (2012), Guerney (2001), Ray (2011), and others further defined and developed CCPT. CCPT is supported by almost 80 years of research on its effectiveness and is recognized by formal agencies as a promising evidence-based treatment (e.g., California Evidence-Based Clearinghouse for Child Welfare; APA Division 53 Society of Clinical Child and Adolescent Psychology). In separate meta-analyses, Lin and Bratton (2015) and Ray, Armstrong, Balkin, and Jayne (2015) reported that CCPT participation across varied settings and across cultures resulted in statistically significant improvements in emotional and behavioral problems and parent-child relationships.

Basic Tenets

According to person-centered theory, a 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 (Ray, 2011). A child comes to evaluate self-worth based on perceived expectations and acceptance from 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. "A powerful force exists within every child that strives continuously for self-actualization. This inherent striving is toward independence, maturity, and self-direction" (Landreth, 2012, p. 62).

CCPT focuses on facilitating an environment of safety, acceptance, and empathic understanding in order to unleash the child's natural tendency toward self- and other-enhancing growth. In CCPT, the therapist trusts the child's inner direction to move toward positive growth within facilitative relationships. The therapist recognizes that the best way to understand a child's behaviors and emotions is to empathically

discover the way in which a child sees his or her world. CCPT is most effective when a therapist can provide, and a child can perceive, an environment and relationship accepting of the child's internal world, a relationship that leads toward personal integration and functionality (Ray & Landreth, 2015).

Perspective on Child Clients

In CCPT, the person of the child is the primary focus. Children may be referred for challenging behaviors and/or concerning diagnoses, yet the CCPT therapist seeks to build a relationship with the child, not the problem (Landreth, 2012). Maladjustment results from incongruence a child experiences between concept of self and encounters with others or the environment (Landreth, 2012). Problematic behaviors develop from an inability to reconcile self-perceptions in relationships or environmental demands. When children exhibit concerning behaviors, those behaviors are manifestations of the child's view of self and world. Hence, CCPT therapists do not view problem behaviors as representative of a deficit in the child, but as a child's attempt to be seen, heard, and accepted. Although CCPT therapists are trained in diagnosis, conceptualizing children through a medicalized, deficit-based perspective negates the very foundation of CCPT tenets and contradicts the goals of CCPT.

Treatment Description

CCPT occurs in a playroom supplied with carefully selected toys and materials that encourage the expression of a wide range of feelings, facilitate therapeutic use, and promote relationship building (Ray & Landreth, 2015). The setting often determines playroom size. Playroom materials, placed throughout the room within categories (i.e., real-life, acting-out/aggressive-release, creative/expressive), allow for visibility of each material.

CCPT practice is particularly concerned with providing an environment of safety in order to facilitate the child's exploration of self and letting go of rigid behaviors resultant from a threatened self-concept. Consequently, the child-directed nature of sessions is one unique and essential feature. The child decides session content by taking the lead in play and interaction. The therapist facilitates the child's exploration and attempts to empathically respond to the child's worldview by not guiding goals or therapeutic content (Ray & Landreth, 2015). Axline

(1947) outlined the principles of CCPT through emphasizing the primacy of relationship, acceptance, permissiveness, safety, attunement to feelings, belief in the child's ability to solve problems, allowance of child-directed play, patience with process, and limit-setting.

Specific types of responses consistent with CCPT guidelines include reflecting feelings ("You feel angry"), reflecting content ("You got in trouble at school"), tracking behavior ("You're picking that up"), facilitating decision making ("You can decide"), facilitating creativity ("That can be whatever you want"), encouraging ("You figured it out"), facilitating relationship ("You want me to know that you like me"), and limit setting. These responses are considered basic skills in CCPT and are used to demonstrate the therapist's belief in, acceptance, and understanding of the child. The CCPT manual (Ray, 2011) specifies the protocol for implementation of effective practice.

Goals of CCPT

Traditional reference to a treatment goal or objective is inconsistent with child-centered play therapy philosophy. Goals are evaluative and imply tracking specific, externally established achievements required of the client. Children should be related to as persons to be understood as opposed to goals to be checked off or persons to be fixed. Because a central hypothesis of CCPT philosophy is that the therapist has an unwavering belief in the child's capacity for growth and self-direction, establishment of treatment goals is somewhat contradictory.

However, CCPT therapists seek to facilitate an environment in which the child can experience growth, leading toward healthier functioning. The child leads the relationship where the child needs to be. When the therapist reaches the goal of providing a psychologically safe and accepting environment, the child is likely to engage in the innate process of moving toward greater independence and positive ways of being (Ray & Landreth, 2015). Although the CCPT relationship does not set specific behavioral goals, sufficient research evidence supports behavioral change as an outcome of CCPT. CCPT participation demonstrates positive and substantial change, as measured by instruments assessing externalizing and internalizing behaviors, parent and teacher relationships, self-concept, and academic achievement.

Powers of Play

The primary power of play in CCPT is the use of play as the common language between therapist and child within relationship. Play is the means by which the child contributes to the play therapy relationship and works through problems. A child is free to choose to play or not to play. Play is not applied or required by the therapist but serves as an expressive tool for children to communicate their inner worlds. Within the play therapy relationship, the child engages in self-expression, building attachment and empathy with others, problem-solving, and regulating emotions and behaviors. The powers that evolve within the relationship cultivate positive self-concept and resiliency.

Summary

CCPT is grounded in the philosophy that when children experience a genuine, accepting, and warm relationship, they will unleash their

potential to move toward healthy, holistic functioning. The relational focus in CCPT philosophy lends its tenets and skills to application by systemic partners, such as parents, teachers and caretakers, through filial, child-parent relationship therapy (CPRT), and child-teacher relationship therapy (CTRT; Landreth & Bratton, 2019). The CCPT focus on a way of being with children, rather than doing to or for children, is a revolutionary approach to walking with children in their journey toward maturity, integration, and development.

References

- Axline, V. (1947). *Play therapy*. New York, NY: Ballantine.
- Guerney, L. (2001). Child-centered play therapy. *International Journal of Play Therapy, 10*, 13-31.
- Landreth, G. (2012). *Play therapy: The art of the relationship* (3rd ed.). New York, NY: Routledge.
- Landreth, G., & Bratton, S. (2019). *Child-parent relationship therapy (CPRT): An evidence-based 10-session filial therapy model* (2nd ed.). New York, NY: Routledge.
- Lin, Y. W., & Bratton, S. C. (2015). A meta-analytic review of child-centered play therapy approaches. *Journal of Counseling and Development, 93*, 45-58.
- Ray, D. (2011). *Advanced play therapy: Essential conditions, knowledge, and skills for child practice*. New York, NY: Routledge.
- Ray, D., Armstrong, S., Balkin, R., & Jayne, K. (2015). Child centered play therapy in the schools: Review and meta-analysis. *Psychology in the Schools, 52*, 107-123.
- Ray, D., & Landreth, G. (2015). Child centered play therapy. In D. Crenshaw & A. Stewart (Eds.), *Play therapy: A comprehensive guide to theory and practice* (pp. 3-16). New York, NY: Guilford.
- Rogers, C. (1951). *Client-centered therapy: Its current practice, implications and theory*. Boston, MA: Houghton Mifflin. 📖

ABOUT THE AUTHORS



Dee Ray, PhD, LPC-S, RPT-S, Distinguished Teaching Professor and Director of the Center for Play Therapy at the University of North Texas, has worked as a play therapist and play therapist educator for over 20 years. She has published over 100 articles, books, and chapters on play therapy. She is on the board of the Association for Play Therapy and recipient of the APT Research Award.

dee.ray@unt.edu



Garry Landreth, EdD, LPC, RPT-S, Founder and Director Emeritus of the Center for Play Therapy at University of North Texas, Director Emeritus of the Association for Play Therapy, recipient of the APT Lifetime Achievement Award and the APT Research Award.

garry.landreth@unt.edu