



# **CHILD-CENTERED PLAY THERAPY 101**

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MICHIGAN PLAY THERAPY TRAINING ACADEMY

# Learning Objectives

1. Define Child Centered Play Therapy (CCPT).
2. Explain how CCPT differs from other play therapy models.
3. Explain how one's views about children, and the therapeutic relationship, impact therapy.
4. Identify what types of toys are needed in a CCPT room.
5. Identify resources for acquisition of appropriate toys for the play room.
6. Demonstrate the 5 essential CCPT skills (structuring, empathic listening, imaginary play, limit setting, and faith & respect).



# The Therapeutic Agents of Play

- Self expression
- Access to the unconscious
- Indirect teaching

**Facilitates  
Communication**

**Fosters  
Emotional  
Wellness**

- Catharsis
- Abreaction
- Positive emotions
- Counterconditioning fears
- Stress inoculation
- Stress management

- Creative problem solving
- Resiliency
- Moral Development
- Accelerated psychological development
- Self-regulation
- Self-esteem

**Increases  
Personal  
Strengths**

**Enhances  
Social  
Relationships**

- Therapeutic relationship
- Attachment
- Social competence
- Empathy

# Play Therapy Models

## NON-DIRECTIVE

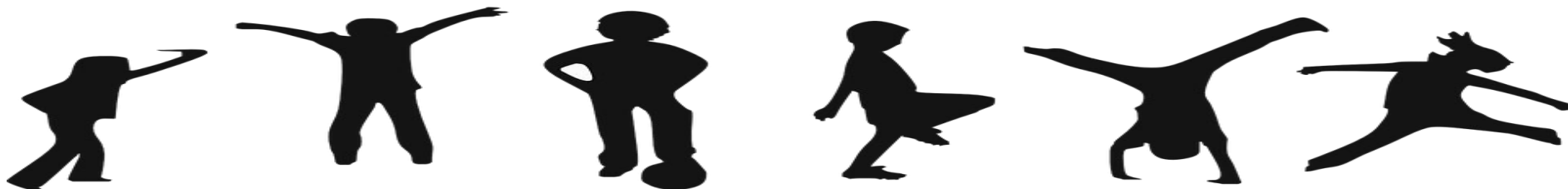
- Child-Centered (CCPT)
- Experiential
- Filial
- Jungian
- Psychoanalytic
- Psychodynamic
- Relationship
- Sandplay

## DIRECTIVE

- Cognitive-Behavioral (CBT-PT)
- Narrative
- Object-Relations
- Prescriptive
- Solution-Focused
- Trauma-Focused Cognitive Behavioral
- Theraplay

## EITHER

- Adlerian
- Family
- Animal-Assisted
- Ecosystemic
- Gestalt
- Group
- Integrative
- Sand tray



# So, what is CCPT?

Child Centered Play Therapy (CCPT; Landreth, 1991; 2002; 2012) is a developmentally responsive, play-based mental health intervention for young children ages 3 to 10 who are experiencing social, emotional, behavioral and relational disorders. CCPT utilizes play, the natural language of children, and therapeutic relationship to provide a safe, consistent therapeutic environment in which a child can experience full acceptance, empathy, and understanding from the counselor and process inner experiences and feelings through play and symbols. In CCPT, a child's experience within the counseling relationship is the factor that is most healing and meaningful in creating lasting, positive change. The goal of CCPT is to unleash the child's potential to move toward integration and self-enhancing ways of being.



# Child Centered Play Therapy

American psychologist, Virginia Axline, was a student of Carl Rogers. She expanded the philosophies of nondirective/person-centered therapy for application with children in play therapy in the 1950's. Most current play therapy practice are based on her work.



CCPT has further been developed, written on and taught by Garry Landreth.

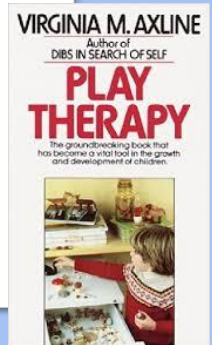
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# Basic Principles of CCPT

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## Basic Principles of CCPT

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.





## Basic Principles of CCPT

2. The therapist accepts the child exactly as he is.

## Basic Principles of CCPT

3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feeling completely.

## Basic Principles of CCPT

4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back back to him in such a manner that he gains insight into his behavior.

## Basic Principles of CCPT

5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and institute change is the child's.

## Basic Principles of CCPT

6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.

## Basic Principles of CCPT

7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.



## Basic Principles of CCPT

8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.



# Axline's (1947) Eight Basic Principles of the relationship of play therapist & child

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he/she is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his/her feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him/her in such a manner that he/she gains insight into his/her behavior.
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8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship (pp. 73-74)



The background of the slide features a dark, textured surface, possibly sand or a chalkboard, adorned with numerous colorful chalk spirals. These spirals are drawn in various colors including blue, green, yellow, orange, and red, creating a vibrant, abstract pattern around the central text area.

## Therapeutic Objectives of Child-Centered Play Therapy

1. Develop a more positive self-concept.
2. Assume greater self-responsibility.
3. Become more self-directing.
4. Become more self-accepting.
5. Become more self-reliant.
6. Engage in self-determined decision making.
7. Experience a feeling of control.
8. Become sensitive to the process of coping.
9. Develop an internal source of evaluation.
10. Become more trusting of his/herself.



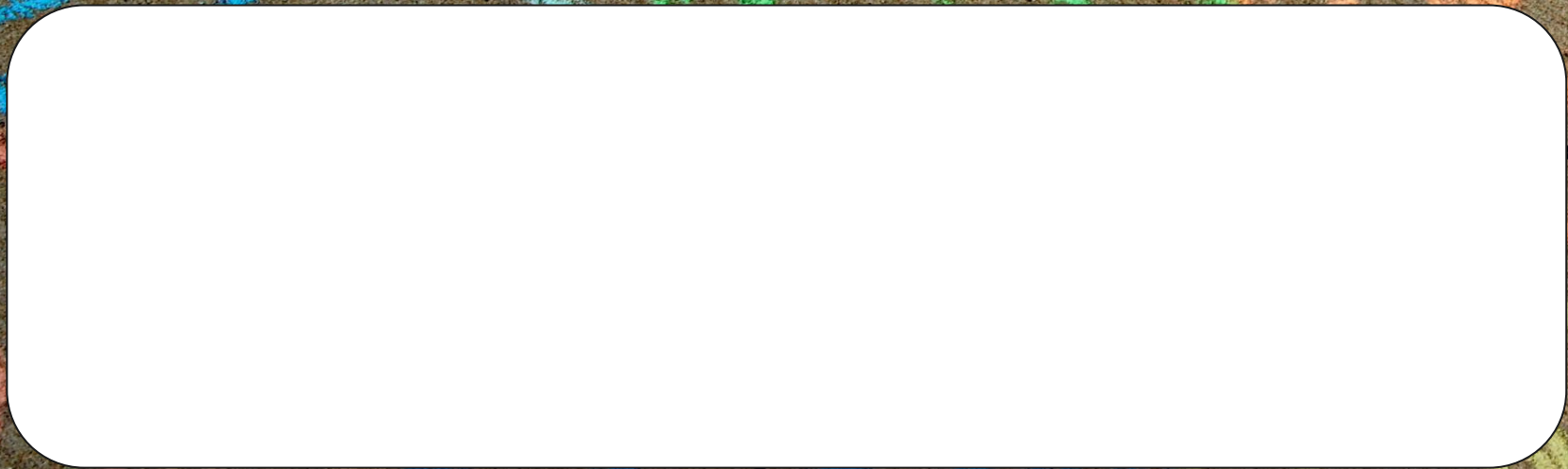
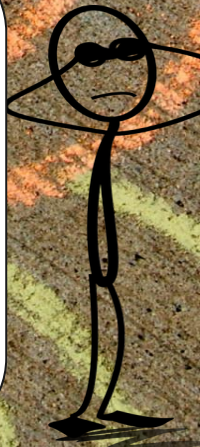
## In Play Therapy, Children Learn ...

- to respect themselves.
- that their feelings are acceptable.
- to express their feelings responsibly.
- to assume responsibility for themselves.
- to be creative and resourceful in confronting problems.
- self-control and self-direction.
- to accept themselves.
- to make choices and to be responsible for their own choices.

LANDRETH, G. (2012). PLAY THERAPY: THE ART OF THE RELATIONSHIP.



# How do YOU view CHILDREN?

A large white rounded rectangle with a black border, intended for a user to write their response to the question.

# Landreth's Tenets for Relating to Children

1. Children are not miniature adults.
2. Children are people.
3. Children are unique and worthy of respect.
4. Children are resilient.
5. Children have an inherent tendency toward growth and maturity.
6. Children are capable of positive self-direction.
7. Children's natural language is play.
8. Children have the right to remain silent.
9. Children will take the therapeutic experience to where they need to be.
10. Children's growth cannot be sped up.





**In CCPT ...**

*Relationship is Key*





In Play Therapy

**RELATIONSHIP IS KEY!**

The focus is on:

Person of the child ... rather than ... the problem

Present ... rather than ... past

Feelings ... rather than ... thoughts or acts

Understanding ... rather than ... explaining

Accepting ... rather than ... correcting

"The relationship is always focused on the present, living experience with the child."

Landreth, G. (2012). Play therapy: Art of the Relationship. p. 82



I must be still within myself and *see* the child.



I must be still and *listen* to the child.

I must be still and *make contact* with the imagination of the child.

I must be still and *follow* the lead of the child.



I must be still and *experience* the child.

I must be still within myself and *touch* the hidden inner person of the child.



I must be still within myself and *wait* for the child.

*If I am to be helpful to the child, I must make contact with the person of the child at all levels of experiencing*

G. Landreth, 2012, Play Therapy: The Art of the Relationship



# The Play Therapist ...

Accepting Kind Sensitive  
non-judgemental **Objective** HONEST

## CHARACTERISTICS OF

Empathic **PLAY THERAPISTS**  
Warm & Caring Balanced  
INTENTIONAL PROFESSIONAL

Courageous open-minded  
RESPONSIBLE self-aware encouraging  
Sincere Future-Minded REAL

Patient Fully Present  
well-rounded RESPECTFUL

**SECURE** Understanding  
Flexible TOLERANT OF AMBIGUITY

**SENSE OF HUMOR**



## Play therapists, ask yourself ...

- Is your intent to change the child?
- Do you hope the child will play?
- Are you more accepting of some behaviors than others?
- Do you have a low tolerance for messiness?
- Do you have a need to rescue the child from pain or difficulty?
- Do you have a need to be liked by the child?
- Do you feel safe with the child?
- Do you trust the child?
- Do you expect the child to deal with certain issues?



# The Play Room

Pam Dyson

<https://www.youtube.com/watch?v=wollge82HFc>

University of North Texas

<https://www.youtube.com/watch?v=LZSVQI-B65c>

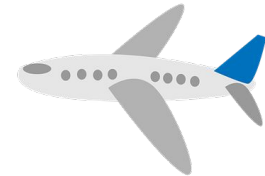






# Play therapy toys should be...

- 😊 Safe
- 😊 Not all new
- 😊 Not beloved
- 😊 Sometimes damaged
- 😊 Well organized
- 😊 Non-removable



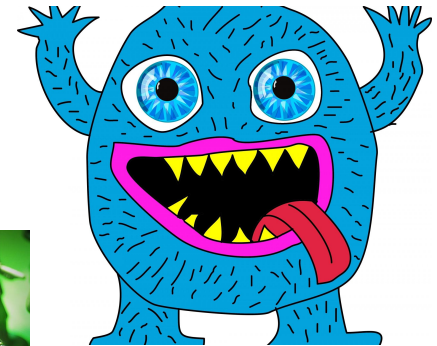
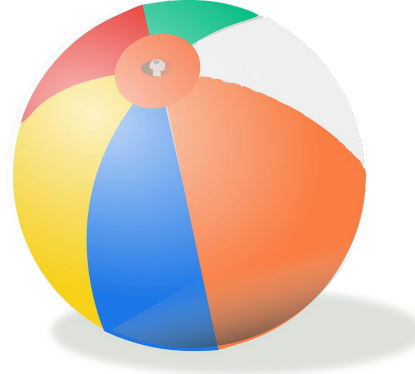
## Family Related & Nurturance Toys

- Doll family
- Doll house
- Furniture
- Puppet family
- Animal puppets
- Baby dolls
- Baby bottle
- pacifier
- Dress-up clothes
- Blankets
- Kitchen dishes
- Play food
- Doctor's Kit
- Play money
- Cash register
- Phones



## Aggressive Release Toys

- Dart guns with darts
- Small plastic soldiers
- Small plastic dinosaurs
- Small plastic monsters
- Monster puppets
- Plastic/Rubber knives
- Handcuffs
- Tear apart or stretch doll
- Beach or nerf balls



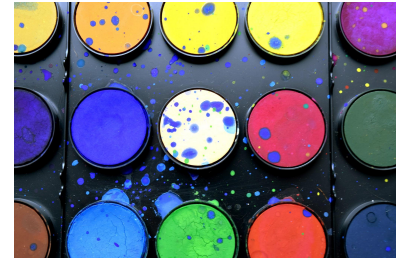


## Creative Expression & Building Toys

- Crayons, Markers, Pencils
- Drawing Paper
- Construction Paper
- Blackboard &/or Dry Erase Board
- Sandbox & Sandtray
- Assorted Miniatures
- Blocks & Construction toys
- Playdough



- Glue
- Tape
- Scissors
- Paint



## additional toys

- Mirror
- Sunglasses
- Magic Wand
- Castle
- Jail
- Emergency Vehicles
- Hospital play set







# Where do you get all these toys?



Donations



Garage Sales



Thrift Stores



Amazon, Target, Meijer, Walmart, Michael's



Dollar Stores



Oriental Trading Company

*A great time to shop is  
after season sales!*





# **The Five Basic Play Therapy Skills**

[Landreth video clip](#)



# STRUCTURING SKILL

What to say when starting and ending each special play session; how to help your child/client understand how the play sessions work and to set the tone.

# STRUCTURING SKILL

## **Introductory Message:**

"[Child's name], this is a very special playroom. You can do almost anything you want to do in this room. If there is something you may not do, I will let you know." (VanFleet, 2000, p. 21).

OR ....

" [Child's name], this is our playroom, and this is a place where you can play with the toys in a lot of the ways you'd like to." (Giordano, Landreth, & Jones, 2005, p. 26)

# STRUCTURING SKILL

## **Playroom Departure:**

Time warnings are given prior to the ending of the session. Five minutes prior to the end of session, you say, "[Child's name], we have five more minutes in the playroom today."

At the end of the session, pleasantly and firmly say, "[Child's name], our time is up for today. We need to leave the playroom now."  
(VanFleet, 2000, p. 21).

# EMPATHETIC LISTENING SKILL

**There are MANY elements to this basic skill. It ...**

- shows the child/client that he or she has your complete attention and that you will accept him or her.
- is a way for you to “walk in the child's shoes.”
- shows acceptance by reflecting feelings and “giving a play-by-play” commentary of the actions in session.

# EMPATHETIC LISTENING SKILL

There are MANY elements to this basic skill. It ...

- assists ***“the child in developing a greater self-awareness by making specific responses ... Through increasing personal awareness of feelings, the child has a greater understanding of his emotional state. Also, responses that acknowledge the child's competencies help the child gain a clearer understanding of personal strengths and abilities”***

(Giordano, Landreth, & Jones, 2005, p. 30).



# EMPATHETIC LISTENING SKILL

## Do's & Don'ts

**DO** practice epoche before the session (and periodically throughout, if your mind wanders!) in order to keep your attention on the child.

**DO** use your own words to describe the actions of the session and paraphrase any statements made by the child/client. Focus especially on any ***feelings***.

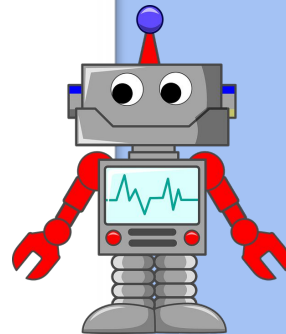
**DON'T** ask questions or tell the child what to do – ***this is the child's session*** to lead (hence, child-centered play therapy!). Remember, most questions can easily be turned into statements.

# EMPATHETIC LISTENING SKILL

## Do's & Don'ts continued

**DO** *Redirect questions* that the child/client asks, such as “what is this for?” by reflecting the question (“You're trying to figure out what that is?”). If the child persists, say, “In our special playroom it has been many different things. You can use it just about anyway you'd like.” If the child **STILL** persists, give a simple answer, such as “Some people might use it as a ..., but you can use it just about any way you'd like.”

**DON'T** be a robot. If the child/client says, “Don't repeat me!” or “Why are you talking like that?” Make sure you are varying your restatements, explain that you are trying to understand everything this he or she is saying, and (if all else fails) reduce or eliminate reflective statements for awhile..



# IMAGINARY PLAY SKILL

This skill is essential for the times **when the child wants you to play with them.**

At this point, you “drop” the reflective statements and join in the play until the session switches out of imaginary play. It could be he or she asking you to take on a role (like the superhero or “bad guy”) or it could be a tea party, puppet show, playing house, school, or store. During this time the child will be the director of the play – and you follow their lead.

# IMAGINARY PLAY SKILL

If you aren't sure what the child wants you to do, try something and watch for the child's reaction. (Most times they will make sure you are on the right track!) If you are totally at a lost of what to do, ask in a side whisper, "What would you like me to do?"





# LIMIT SETTING SKILL

This skill keeps you and the child **safe** during the sessions . With effective limit setting by the therapist, children learn that they are responsible for what happens to them if they make a choice or break a limit after they have been previously warned and informed of the consequences.

# LIMIT SETTING SKILL

The number of limits is kept to a minimum in order to foster an atmosphere which permits freer expression. In setting limits, consider whether the limit is necessary for the child's safety, your safety, or the protection of valuable toys or property.



# LIMIT SETTING SKILL

## THE VANFLEET METHOD

A three step sequence of stating the limit, giving a warning, and enforcing the consequence can be used in a child-centered play therapy session.

# LIMIT SETTING SKILL

## THE VANFLEET METHOD

### Step One: State the limit

When the child breaks or obviously is about to break one of the playroom limits, the therapist **STATES THE LIMIT** to the child in a brief, clear, specific manner. The tone of voice should be pleasant, but firm and forceful.

*"[Child's name], you'd like to shoot that dart gun at me. Remember I said I'd let you know if there's something you may not do? One of the things you may not do here is point or shoot the dart gun at me. But you could shoot it at that puppet."*

*If you need to act quickly, simply state, "[Child's name], one of the things you may not do is ... But you could ..."*



# LIMIT SETTING SKILL

## THE VANFLEET METHOD

### Step Two: Giving a Warning

The second time ***the exact same behavior*** occurs in the session, the therapist gives a warning.. To do this, restate the limit and then state what will happen if the child breaks the limit again.

*"[Child's name], remember that I said that you could not point or shoot the dart gun at me? If you point or shoot it at me again we will have to leave the playroom today (or, not play with the guns anymore today)."*

# LIMIT SETTING SKILL

## THE VANFLEET METHOD

### Step Three: Enforcing the Consequence

If the child breaks **the same exact limit** for the third time that day, the therapist must enforce the consequence. To do this, the limit is restated and then the consequence given in the warning is followed through.

*"[Child's name], remember I said if you pointed or shot the dart gun at me we would have to leave the playroom for today? Since you chose to point it at me again, we have to leave today."*

# LIMIT SETTING SKILL

## THE VANFLEET METHOD

If the same behavior is repeated in a subsequent session, the therapist can remind the child of the limit by giving the warning once and then enforcing the consequence on the second offense.



# FAITH & RESPECT SKILL

This is an important skill to help the child feel competent and self-empowered. An example of this would be allowing the child to struggle and trusting that they will find the solutions they need.

# Stay in touch ...

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