

Play Therapy with Sexually Abused Children

What is “Play Therapy”?

“... a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the child’s natural medium of communication, play.”

(Landreth, 2002)

The Play Therapy Relationship is Focused On:

| Person | rather than |
| Present | rather than |
| Feelings | rather than |
| Understanding | rather than |
| Accepting | rather than |
| Child’s Direction | rather than |
| Child’s Wisdom | rather than |
| Problem | |
| Past | |
| Thoughts/Acts | |
| Explaining | |
| Correcting | |
| Therapist’s Instruction | |
| Therapist’s Knowledge | |

(Landreth, 2002)

Children’s Play Will Reveal

- What they have experienced.
- Their feelings or reactions about this.
- What they need in their lives.
- Their self-image.
- Their image of others.
- Their image of God.

Play Therapy Rules - Don’t

1. Don’t criticize any behavior.
2. Don’t praise the child.
3. Don’t ask leading questions.
4. Don’t allow interruptions of the session.
5. Don’t offer information or teach.
6. Don’t preach.
7. Don’t initiate new activities.
8. Don’t be passive or quiet.

(Praise vs. Encouragement)

PRAISE is primarily given to children when they do a task well and usually involves an evaluative response. Because of this, children can learn to not trust in their own ability to evaluate and learn to depend on other’s evaluations of them. Children can easily misinterpret their value as persons, their “goodness” or “badness”, according to the amount of praise statements received or not received. The child can come to believe: “Only when I receive praise am I a valuable person, and if I don’t receive praise that must mean I am not valuable.”

(Landreth, 2002)
**Praise vs. Encouragement**

**ENCOURAGEMENT** implies faith in the child as he is, not in his potentiality. The emphasis is on the child’s actions, not on the child’s worth. Encouraging statements build on the positiveness of the action and the effort — and can always be given; when a child attempts a task, fails at a task, or accomplishes a task. A child needs encouragement as a plant needs water.

---

**Therapeutic Responses . . .**

- Are brief and interactive
- Allow child to lead
- Are personalized
  - Avoid: “David really likes hitting that bop bag.”
  - Use: “You really like hitting that bop bag.”
- Touch feeling (match child’s affective level)

---

**Facilitative Responses**

- Was the response freeing to the child?
- Did the response facilitate decision making or responsibility?
- Was spontaneity or creativity facilitated?
- Did the child feel understood?

---

**Play Therapy Rules - Do**

1. Do set the stage.
2. Do let the child lead.
3. Do track behavior.
4. Do reflect the child’s feelings.
5. Do set limits.
6. Do salute the child’s power and effort.
7. Do join in the play as a follower.
8. Do be verbally active.

(Landreth, 2002)

---

**Other characteristics of therapeutic responses**

- Avoid asking questions
- Help child to go on – do not interrupt natural flow of child’s play
- Are nonevaluative
- Do not praise!
- Build self-esteem

---

**Therapists/Adults should communicate to children . . .**

- I’m here
- I hear you
- I understand
- I care

(Landreth, 2002)
Tracking

- follows, or tracks, with eyes & words
- occurs from the therapist’s chair
- labels child’s feelings
- identifies child’s behavior; goal of misbehavior
- accepts feelings, regardless of actions
- responds to child’s meaning

Facilitative Responses

- tracking behavior
  - “now you’re pouring sand…”
- reflecting feelings
  - “you’re really mad at the alligator…”
- reflecting content
  - “those two are fighting…”
- esteem building / encouragement / focusing on strengths
  - “you decided... you’ve got a plan…”

Facilitative Responses

- conveying understanding
  - “You’re cooking.”
- freeing the child
  - “In here, you can spell it anyway you’d like to.”
- setting limits
  - ACT limit setting model

Facilitative Responses

- facilitating decision making & responsibility
  - “In here, you can decide.”
- facilitating spontaneity & creativity
  - “It can be whatever you’d like it to be.”
- enlarging the meaning
  - “It can be scary to be all alone.”

Summary – Therapeutic Responses

- Avoid questions
- Be succinct
- Track behavior
- Reflect feelings
  - Match the child’s affective level
- Facilitate decision-making
- Encourage – don’t praise

Therapeutic Limits

(Sweeney & Landreth, 2009)

Since boundaries have previously been determined, the play therapist can be consistent and thus predictable in setting limits. This consistency and predictability help the child to feel safe. It is within this structure that the feeling of permissiveness is more important than actual permissiveness. When limit setting becomes necessary, the child’s desire to break the limit is always the primary focus of attention because the child-centered play therapist is dealing with intrinsic variables related to motivation, perception of self, independence, need for acceptance, and the working out of a relationship with a significant person.
### What to Limit

- **Harmful behavior**
  - The child should not harm self
  - The therapist is not to be harmed
  - Other children are not to be harmed
- **Behavior disruptive to therapy routine**
  - Leaving the playroom before end of session
  - Refusing to leave the playroom at end of session

### What to Limit

- **Play therapy materials**
  - Toys belong in the playroom
  - Toys are not to be deliberately broken
- **Other behaviors**
  - Socially unacceptable behavior
  - Inappropriate displays of affection

### Therapeutic Limit Setting - A.C.T.

1. **A** - Acknowledge the child's feelings, wishes, and wants
2. **C** - Communicate the limit
3. **T** - Target acceptable alternatives

*(Landreth, 2002)*

> *I know you'd like to shoot me, but I'm not for shooting, the bop bag is for shooting.*

### Therapeutic Limit Setting - A.C.T.

- **The “ultimate” limit**
  - only if ACT doesn’t work
  - add the consequence

> *"I know you’re mad and you want to shoot me, but I’m not for shooting, the bop bag is for shooting. If you choose to shoot me again, then you choose not to play with the dart gun anymore today."*

### What do Traumatized Children Learn in Play Therapy?

- Learn that the world can be safe, consistent & predictable
- Learn that feelings (both positive & negative) are acceptable
- Develop the capacity to trust and attach with other persons.
- Learn to be creative & resourceful in confronting problems
- Develop a greater capacity to cope
- Experience behaviors and feelings of control/mastery
- Develop an internal source of evaluation
- Learn to be more self-directed, responsible & autonomous
- Develop an enhanced sense of self & become more self-accepting

*(adapted from Landreth, 2002)*

### Play of Traumatized Clients - Reenactment vs. Retraumatizing

- **Reenactment Play**
  - Leads to mastery
  - Client feels free to express emotion
  - Client feels in control
  - Satisfactory conclusion

- **Retraumatizing Play**
  - Fails to provide resolution
  - Creates rather than relieves anxiety
  - Magnifies feelings of helplessness
  - May need to be interrupted
Characteristics of Posttraumatic Play

- Compulsive repetition
- Unconscious link between the play and the traumatic event
- Literalness of play with simple defenses
- Failure to relieve anxiety quickly
- Occurs across wide age range
- Has varying lag time prior to its development

- Carrying power to nontraumatized clients
- Possibility of therapeutically retracing posttraumatic play to an earlier trauma
- Can be dangerous, since prolonged posttraumatic play may create more terror than was consciously there when the play started

Traumatized Child’s Expression

- In play, children can slowly assimilate traumatic experiences by reliving them with appropriate release of affect.
- Children deal with stress and traumas by playing out similar situations and gradually achieving mastery over them.
- In play, the child is in control of the events and there is less anxiety because it is just pretend.

Process of Play Therapy with Traumatized Children

- Mere re-enactment of trauma in the play therapy process – without movement towards resolution is not helpful, and may be dangerous.
- The play therapy process needs to be both facilitated and monitored. Traumatic play may need to be interrupted.
- This interruption, if necessary, should work towards the client maintaining power and control.
- The goal of play therapy is to help the child process the trauma – verbally or nonverbally.
- The meaning of the trauma to the child is not as important as processing it so that it can become tolerable and manageable.

Process of Expressive Therapy with Traumatized Clients

- As previously noted, it is my goal to provide clients with a safe, reparative & relational experience.
- This takes priority over a focus on insight and/or cognitive restructuring.
- My role is therapeutic, not investigative – to be fellow sojourner on the journey & a witness to the story.
- The need for safety extends beyond the therapeutic experience. There may be a need to work with family, school, etc.

Techniques?

I am not opposed to techniques.

- However, therapists should ask themselves three questions:
  1) Is this technique developmentally appropriate?
  2) Does this technique have a theoretical basis?
  3) Does my use of this technique have specific therapeutic intent?
Techniques?

- We need to acknowledge that theory alone is inadequate, and that in fact, theory without technique is mere philosophy.
- At the same time, we need to recognize that techniques alone are inadequate, and that in fact, techniques without theory is potentially reckless and dangerous.

Thank you!

Daniel S. Sweeney, Ph.D., LPC, LMFT, RPT-S
Director, NW Center for Play Therapy Studies
Graduate Department of Counseling
George Fox University
12753 S.W. 68th Avenue
Portland, Oregon 97223
dsweeney@georgefox.edu
www.nwplaytherapy.org