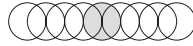


CHAPTER 3



History, Theory, Principles, and Variations of Child-Centered Play Therapy

CCPT was originally developed by Virginia M. Axline, sometime before 1947, because she recognized that “play is the child’s natural medium of self-expression” (1969, p. 9). Axline had been a student of Carl Rogers, the originator and developer of client-centered therapy; she decided that if adults could talk out their problems in an atmosphere of empathy, acceptance, genuineness, congruence, safety, and self-regard, then children could play out their problems if that same atmosphere could be created in a playroom. Client-centered therapy (Rogers, 1951) is rooted in the assumption that human beings have a powerful drive not only to solve their own problems, but to strive for self-actualization. Thus there is ultimate trust in clients’ own abilities to understand themselves, gain mastery over their problems, and direct their own lives in productive and emotionally healthy ways. In client-centered therapy, the therapist gives clients permission to be themselves, providing unconditional acceptance that precludes judgment or evaluation. This depth of acceptance allows clients to know who they are; to explore their unique selves; to accept

themselves, and to take full responsibility for their behavior, attitudes, and emotional growth. The client-centered therapist accomplishes this by creating an atmosphere of complete acceptance, where the only commentary is an empathic listening response that acknowledges the client and his or her feelings at the deepest level of understanding.

Axline developed eight basic principles to guide the CCPT process. Although seemingly simple in nature, these guidelines provide a foundation for facilitating change and growth in child clients. Axline (1969, p. 73) outlined the eight principles as follows:

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 is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the *feelings* the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
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 to institute change is the child's.
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.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
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.

Each of these principles is examined individually below.

Building the Relationship

Although Axline's first principle seems basic to any form of therapy, it sometimes can be particularly challenging with children. Young children, for example, tend to be mother-oriented and may have trouble separating from their mothers to enter the playroom with a therapist. Middle childhood can be fraught with issues of trust, especially if a child has felt blamed for problems in the family. To be successful in establishing the rapport necessary to do CCPT, the therapist must be

highly attuned to the needs of each child and respond in an empathic way. In beginning CCPT with a very young child who may not want to separate from a parent, it may be necessary to invite the parent into the playroom with the child, and to give the parent specific directions to sit passively in the room while allowing the therapist to respond to the child. In one case where a 2-year-old had been sexually molested by a babysitter whom the mother had considered to be a friend, little Catherine could not be pried away from her mother. She was willing to go into the playroom if her mother could be with her, however. Although Catherine said nothing to the therapist for a number of sessions, the theme of the sessions revolved around such therapist responses as “You feel safe with Mommy in here,” “You don’t feel comfortable with me,” “You keep watching me. You’re not sure what you think about me,” and “It’s hard to play when you don’t feel comfortable.” Such responses finally allowed Catherine to separate physically from her mother in the playroom, and eventually to enter the playroom with the therapist alone.

It should be noted that Virginia Axline never allowed a parent to enter the playroom with a child, setting as a limit the child’s entering the playroom alone. If the child did not want to go with her, Axline gave the child a choice: to wait in the waiting room alone while she spoke to the parent for an hour, or to enter the playroom with her, leaving the mother in the waiting room. Although Axline’s approach to managing a child’s reluctance to part from a parent is respectful of the CCPT process, we have found that parents often view it as a lack of acceptance of their children’s fears. Parents may not be able to tolerate their children’s distress at the very beginning of treatment, and therefore may terminate treatment. Furthermore, times and philosophies have changed in the intervening 60-plus years, and parents are included in the therapeutic process more readily today than in Axline’s time.

Building rapport with a child is a process that takes time, though the time it requires varies from child to child. The relationship grows as the child begins to recognize that the CCPT therapist is consistently attuned, is nonjudgmental, allows self-direction, and consistently establishes rules that are needed to create emotional and physical safety. As the child begins to trust the process, in turn the child begins to trust him- or herself. This trust develops as the child begins to sense mastery of self and the concomitant positive regard that naturally follows.

The case of Brian offers a good example of rapport building, trust, and mastery. He lived with a single-parent father who obtained custody of Brian and Brian’s twin sister when the mother chose her abusive boy-

friend over her children. His mother had been given an ultimatum to get rid of the boyfriend or risk losing her children.

After spending a fair amount of time exploring the room and “feeling out” the emotional safety created by the therapist, Brian began to focus his play on the dollhouse. During many sessions, Brian created tornadoes, torrential downpours, and monsters to wipe out the contents of the house as well as the family members. He had the mother doll repeatedly jump off the roof of the house to her death. Throughout this play, Brian processed a variety of feeling states as the therapist followed his lead. Without judgment or interpretation, the therapist followed and acknowledged how scary it was to be in a house during such a violent storm, how the boy liked to have the mother jump off the roof, how unsafe it felt to be in the house, and so on. Even though it was clear that Brian was trying to gain mastery over the loss of his mother, he never identified the house as his home or the people in it as his family. Therefore, no reference was made to how his play was connected to the real turmoil he felt when his mother abandoned him, choosing an abusive boyfriend over him and his twin sister.

In this case, the therapist built rapport by unconditionally accepting Brian’s use of play as metaphor. To point out the obvious connection with reality might have been intrusive or overwhelming and could have interfered with the therapeutic process.

Acceptance of the Child

At other times, children are willing but hesitant to go into the playroom with a therapist whom they have just met. Because the playroom looks enticing, and because children are used to being directed by adults, some children enter the playroom and then freeze when the therapist states: “This is a very special room. You can say or do almost anything you want in here. If there’s something you can’t do, I will tell you.” Children who lack self-direction or confidence may stand in the center of the room and just look around. Others may stand there and cry. Because it is painful for therapists to see children struggle, a basic instinct is to comfort such a child or help the child “get started” by introducing some toy or activity. In CCPT, it is not the job of the therapist to “take care” of the child, but rather to accept that child exactly where he or she is. Appropriate empathic responses in such situations might include “You’re nervous about being in here with me,” “It’s hard to get com-

fortable when you're with someone that you don't know," "You're afraid you'll do the wrong thing," or "You're upset at being someplace new and don't know what to do." It is important to remember that true acceptance is tuning in to the feelings of the child exactly as that child is in the moment.

Although Axline (1969) recommended that therapists remain silent if children were silent and should busy themselves with notes or doodling until the children revealed some type of feeling, we recognize that long silences can be emotionally threatening to some children. Silence is often interpreted as disapproval. For example, adults often "give the silent treatment" when children (or other adults, for that matter) are doing something of which they disapprove. Although Axline took notes during sessions, this is rarely done by current CCPT therapists. One cannot take notes and be fully child-centered at the same time. We believe that any activity that pulls a CCPT therapist's total attention away from a child conveys something negative to the child, such as lack of interest or ignoring "inappropriate" behavior. Continually conveying acceptance, through comments made about what the play therapist is observing about the child, builds the atmosphere of genuine interest and acceptance from the first few moments the child and therapist enter the playroom and throughout the session.

One question often asked by novice play therapists is whether acceptance is misinterpreted by children as agreement with the children or approval of the children's behavior. It is important to remember that aside from setting the limits required for physical and emotional safety, a therapist makes no judgment about a child's play. An assumption of CCPT is that children are doing exactly what they need to do at any given time in order to work on their own problems. For example, if a child decides to spill water over some of the toys and on the carpet, the CCPT therapist would respond by saying something such as "You're having fun pouring the water on those things," or "Sometimes it's fun to get things wet." If the child looks for a reaction from the therapist, the therapist might say, "You're wondering what I think about your spilling the water." If the child insists on knowing what the therapist's reaction is, the CCPT therapist simply responds, "You really want to know what I think. Remember, you can do just about anything you want to in the special room." (It should be noted that in the case of spilling water, therapists can manage the amount of dampness in the playroom by limiting the amount of water available. For example, the therapist might include

just 1 or 2 cups of water in a small bottle. This allows children to engage in spilling play without soaking the playroom for subsequent clients.)

Establishing a Sense of Permissiveness

Permissiveness is established when the CCPT therapist uses an accepting tone, maintains genuine interest in the child's play with nonjudgmental facial expressions, and behaves in a nonjudgmental and nondirective manner. Early in treatment, children in CCPT explore the room and are mindful of the therapist's responses or actions, which can either convey permissiveness or not. Children are so attuned to the way adults relate to them that even simple gestures can limit a child's sense of permissiveness in the playroom. For example, if the child overfills a cup with water, the water then runs off the edge of the play sink, and the therapist takes a sponge to prevent the rug from getting wet, the therapist has conveyed through that one action a lack of permissiveness.

Permissiveness in CCPT does not mean that a child is free to do anything at all; as we describe later, there are rules that are enforced at appropriate times in a therapeutic manner. The permissiveness described here refers to the therapist's giving children permission to express whatever they are thinking and feeling at the moment in the playroom.

Permissiveness in the relationship between a child and a play therapist is part and parcel of every play therapy encounter. It requires consistency on the part of the therapist to maintain permissiveness by avoiding any direction for the child, any introduction of topics, or any probing questions, no matter how "innocent" they may seem. Therapists may innocently or unwittingly cross these boundaries, but by doing so, they are putting their own imprint on therapy sessions rather than allowing children to lead the way. Just as negative judgment is inappropriate when one is trying to create a permissive atmosphere, so too is approval, praise, or encouragement. All judgment, be it positive or negative, sends a message to a child about the therapist's expectations with regard to the child's play. For example, if a child is throwing bean bags at the bean bag board, continues to fail to get a bean bag through one of the holes, and seems frustrated, it would be inappropriate to say, "You're trying hard. You can do it." The subtle message sent by the play therapist is that the child should continue the activity until he or she succeeds. This may cause the child to feel bad if he or she doesn't suc-

ceed, because the therapist might be disappointed. Instead, a better response would be “You’re really frustrated! It’s hard to get those bean bags through the holes.”

The foundation of a healthy relationship in CCPT is built on the rapport that is established through the play therapist’s consistent attitudes of acceptance and permissiveness. The child learns to trust and have confidence in the therapist, in a manner that allows the child to feel safe enough to begin revealing deep feelings. With some children, this trust develops relatively quickly. For example, Joey was a severely abused child who lived with foster parents. In his first session, Joey covered his face with two masks that were in the playroom. He also told the play therapist that he had to wear the masks because the boy who was under them was so ugly and dirty that the therapist wouldn’t like him. Because the play therapist maintained a posture of acceptance and permissiveness, Joey slowly began to remove each mask until his face was uncovered. By the end of the session, Joey felt safe enough to fill a baby bottle with water, and to cuddle up like a baby on the therapist’s lap as he cooed and sucked the bottle. Although this is not the most typical first play session with an emotionally disturbed child, it serves to emphasize the power of acceptance and permissiveness in creating the safety a child needs to explore vulnerable feelings. With many children with emotional and behavioral problems, this is a much slower process, because the children’s prior experience with adults is that they cannot express themselves and feel safe. All that is required of the therapist is to be empathic, be patient, and to trust the CCPT process—that is, to allow the child’s issues to unfold at a pace the child is able to manage. The payoff is that children will develop mastery over their thoughts, feelings, and behavior.

Empathic Recognition and Reflection of Feelings

The very essence of the CCPT process is the therapist’s use of “empathic listening” or “reflective listening.” It is through the proper use of this skill that the CCPT therapist is able to create the atmosphere in the playroom that establishes acceptance, permissiveness, and the basis for a secure relationship with the child. Empathic listening is a skill of attunement, beginning with the recognition of feelings and culminating in a response that actively conveys the identified feelings in an accepting and nonjudgmental manner to the child. It is not meant to

be a mechanical repetition of what the child says, nor is it an analytical interpretation of the child's words or play. At times an empathic response may be a simple description of what the child is doing, but whenever possible, the best responses include the use of feeling words that are in tune with the child's play. For example, if a young child pours a pitcher full of water into the sink and starts splashing the water with his or her hands while giggling, an acceptable empathic listening response would be "You're splashing in the water." An even better response would be "You're really enjoying yourself. It's fun to splash in that water." An interpretive response, which is inappropriate in the CCPT approach, would be "You like splashing in the water because you aren't allowed to do that outside of here."

Empathic or reflective listening is a therapeutic skill that appears easy, but some child therapists have a difficult time with it. Empathy requires therapists to "get out of their own heads and into children's heads." Children are usually transparent, and by listening to their vocal inflections, looking at their faces, and studying their body language, one can usually determine what they are thinking and feeling. Empathic listening involves the therapist's stating what is observed in this way. The therapist is attuned to what the child is saying and doing, and comments on it while recognizing the emotions the child is explicitly or implicitly conveying.

Essentially, the play therapist's use of empathic listening sets the tone for each CCPT session. Of all the skills used in the playroom, empathic listening comprises the majority of comments made by the CCPT therapist. These responses, however, are not meant to be a running commentary on every detail of a child's play; rather, they are thoughtful, accepting responses indicating that the therapist is attuned to and interested in the child's play. To accomplish this, the CCPT therapist uses the skill of empathic listening in a gentle, nonintrusive, almost rhythmic manner, but with an inflection that lets the child know the therapist understands how he or she is feeling. Once the child trusts the therapist and the process of CCPT, the therapist may respond less frequently, though this is generally in later stages of the therapy. As stated earlier, long periods of silence should be avoided, so that they do not undermine the therapist's nonjudgmental stance. Furthermore, when therapists try to "pick and choose" the timing of their empathic responses, it is easy for their own biases to exert an influence. For example, it is common for new CCPT therapists to readily reflect feelings such as excitement or enjoyment, while remaining silent about feelings

of sadness or anger. In CCPT, it is important for a therapist to accept *all* of a child's feelings, and this is accomplished through the effective use of empathic listening.

Axline (1969) wrote about not reflecting direct questions from the child, to avoid bogging down the play therapy process during the exploration phase of CCPT. In fact, we have found the exact opposite to be true. In other words, when therapists reflect direct questions with "You're wondering what that is," or similar comments, children quickly learn to trust their own ideas and to express their own feelings more directly. We all must remember that as adults, we question children all the time. As a consequence, children learn to ask questions as a way to communicate with others. Yet questions are often inadequate expressions of feelings. For example, if a child is rushing to complete some activity, nervously looks at the clock, and asks, "How much time do we have left?," the most appropriate empathic listening response is not "Two minutes," but rather "You're worried that you're not going to have enough time to finish that." Interestingly, the child usually feels satisfied knowing that the therapist understands the child's dilemma. Also, with very young children, the reflection of questions such as "What is this?" often leads to some interesting and creative play when the therapist answers, "You're wondering what that is," or "You're trying to figure out what that is; you're not sure."

In a play session 3-year-old Helena held up various toys and asked repeatedly, "What is this?" When the therapist continued to respond, "You're wondering what that is," Helena relied on herself and came up with some very creative ideas. For example, when she asked about several darts that she held in her hand, and the therapist replied, "You're wondering what those are," Helena responded by handing the darts to the therapist and stating, "Here, they're flowers." Then when she asked what the dart gun was and heard from the therapist, "You're trying to figure that out," Helena turned the gun upside down, looked through the part where the trigger was, and said, "Smile! It's a camera, and I'm going to take your picture."

Helena's responses raise the important question of how much creativity adults actually squelch in children. Armed with preconceived notions from the adult perspective, parents, teachers, and even therapists probably provide too many answers or too much direction. In CCPT, empathic listening allows therapists to tune in to children's world of play and respond in ways that let children know the therapists are with them and interested in their play and their ideas.

Some of the most difficult play sessions occur with children who do not speak during the session and are undemonstrative in their actions and gestures. Such was the case with Jack, an 11-year-old boy, whose parents had recently separated and were in the middle of an acrimonious divorce. When Jack entered the playroom for the first time, he lay across the bop bag and just stared at the play therapist. When the play therapist reflected, "You're not sure what to do in here," Jack responded, "Nope." As Jack continued to lie on the bop bag and roll around a bit, the play therapist reflected, "You seem bored. It's hard to figure out what to do in here." Jack responded, "Yep." Through most of this first session, Jack continued to lie on the bop bag, look longingly at the play therapist, or casually look around the room. The play therapist continued to reflect his actions and, whenever possible, his feelings. Empathic listening comments included statements such as "You're looking at something over there," "You're not sure what you want to play with," "It's hard getting started when you're someplace new," or "You're looking at me and wondering what you're supposed to do in here." Again, Jack responded in the affirmative to all the reflective commentary, but seemed immobilized. To a seasoned CCPT therapist, however, such unwillingness to play and lack of expression are not problematic. They simply require the play therapist to stay attuned to the child and create an atmosphere of acceptance and permissiveness until the child is ready.

By the second session, Jack continued his reluctance to play or speak until the last 5 minutes of the session. At that point, with a forlorn look on his face, Jack simply asked the play therapist whether she knew that his parents had separated. The play therapist acknowledged that she knew this and reflected back, "You wanted to make sure I knew that. You seem pretty sad about it." And Jack responded, "Yep." During the third session, Jack became more animated and started to play in an aggressive (though still controlled) way with the bop bag and dart guns. The father reported to the play therapist that his son had always been uncomfortable with expressing feelings, but was extremely sensitive. Children like Jack will need to make sure that the playroom is a safe enough place to reveal themselves before they can do so.

Years ago, while teaching a class on the value of empathic listening, Bernard Guerney related a story about a session Carl Rogers held with an adolescent client. Rogers had seen the teenager in individual client-centered therapy for about a year. Rogers reported that the boy never spoke during the entire time, but sat there looking at him or staring out the window. Reportedly, Rogers continued to accept his silence and

would make some reflective comments when he thought it was appropriate. In a final session, the young man reported to Rogers that he was feeling much better and ready to end therapy. Rogers, being curious as to what helped the boy, asked him what helped make the change. The young man replied that Rogers was the first person to accept him totally as he was, never forcing him to speak, but being totally present with him. What an illustration of the power of acceptance and attunement!

Respecting the Child's Ability to Solve Problems

At the core of client-centered therapy is the belief that, given the appropriate atmosphere, all people are capable of solving their own problems. In CCPT, there is absolute belief in children's ability to solve their own problems through play, given an appropriate play therapy atmosphere. In CCPT, children learn that they are completely responsible for themselves and their behavior.

For example, Robbie, a 7-year-old boy who was referred because of problems with self-control, soon learned the power of self-responsibility. Although Robbie was thrilled upon entering the playroom, his exuberance and lack of self-control soon led to his shooting the therapist with the darts three times—thus ending the play session within minutes of its start, in accordance with the limit-setting skill of CCPT (see Chapter 5). With each successive session, Robbie extended his playtime by some minutes, but still could not refrain from breaking the limit by shooting the therapist three times. (It should be noted that the remainder of the “therapy time” involved having Robbie sit in the waiting room as the play therapist spoke to his mother about Robbie's self-control issues and why it was important to end each session after a rule was broken for the third time.) After five or six sessions like this, Robbie began to recognize that he ultimately had control over being able to spend the entire time in the playroom; he began choosing to shoot the dart gun everywhere except at the therapist, no longer necessitating the limit setting.

During his subsequent play therapy sessions, Robbie expressed much anger and frustration as he shot the dart gun, punched the bop bag with as much force as he could muster, spilled water all around the room, and threw various toys about the room without ever once hitting the therapist with anything. Then one day, Robbie settled into building with bristle blocks until the 1-minute warning, when Robbie promptly shot the therapist with a dart, smiled at the therapist, and walked out

of the playroom; he thereby ended the session a few moments earlier, but did so under his own control. The therapist responded by stating, "You enjoyed shooting me again. It's important to you to be in charge of ending the session." Following that session, Robbie's play focused on issues of self-mastery—being able to obtain a high score when shooting darts at the target, getting all six bean bags through the holes in the bean bag board without missing, and so on. With each passing session, his mother talked to the therapist about all the positive changes she was seeing in Robbie at home and in school. Although it had been difficult for Robbie's mother to understand the rationale for ending the first five play sessions after only a few minutes, she now came to understand the value of the therapist's respect for Robbie's ability to work through and solve his own problems.

Because of the CCPT therapist's deep respect for children's ability to solve their own problems, any way a child chooses to play or not to play is considered what the child needs to do in order to achieve mastery of self and the play environment. It does not matter if the child is overly dependent, fearful, boisterous, outspoken, anxious, aggressive, or withdrawn. The CCPT therapist has confidence in all children's ability to figure out what they need to resolve their emotional and behavioral difficulties and to learn to trust and accept themselves. As they play within this trusting, permissive, and accepting atmosphere, children come to sense the play therapist's trust in them. This in turn allows children to develop their own sense of trust in self, self-acceptance, and self-responsibility. Therefore, when a child struggles to load a dart gun, make a basket with a Nerf basketball, untie a knot in a jump rope, or the like, the CCPT therapist feels comfortable *not* jumping up to help or *not* instructing, but simply responding to the frustration or determination the child is feeling.

In fact, if children *clearly* ask for help, CCPT therapists offer assistance, but do so in the least intrusive manner possible. For example, a therapist waits for a child to hand the dart gun to him or her to load it. If the child continues to struggle to load the dart gun and halfheartedly asks, the therapist waits and reflects back to the child, "You're frustrated," "That's hard to do," or "You're really trying hard to do that by yourself." Most of the time, with this kind of acceptance and nonintrusiveness on the part of the play therapist, children are ultimately successful in accomplishing the task for which they initially thought they needed the therapist's help. The result is that the children are delighted as they experience mastery. The play therapist then simply acknowl-

edges this: “You are really proud of yourself for figuring that out.” On the other hand, but similarly, if a child has great difficulty asking for help, the time often comes in play sessions when he or she asks for the therapist’s assistance. To deny the child’s need and the child’s request might be to deny growth in this area. The therapist therefore follows the child’s lead, reflects the need (“You’re having trouble and want me to show you how to do that”), and then assists as the child has asked. As always, the therapist respects the child’s ability to determine what is needed; in this case, it would be to reach out to others rather than always going it alone.

Again, just as children ask questions for which they are not really looking for answers, they often ask for help from an adult when they really don’t want or need it. In CCPT, the unwavering commitment of the play therapist to respecting children’s ability to solve their own problems leads to mastery of self, responsibility for self, and ultimately enhanced self-esteem as children learn that they are capable of solving their own problems. We must ask ourselves, if tempted to help a frustrated child who has not requested help, how the child will learn to cope with frustration (or any feelings, for that matter) if adults are there to solve all his or her problems. Also, if, as adults, we take the responsibility for solving all the child’s problems, aren’t we in fact “putting little dents” in the child’s self-esteem by inadvertently sending a message about dependence and helplessness (“You can’t do that, so I must do it for you”)?

Letting the Child Lead the Way

Another key element of CCPT is the inherently nondirective nature of the therapy. It is totally up to the child—not the play therapist—to decide whether or not to play, whether or not to talk, and what the play or talk is going to be. In other words, while being attuned to the child, the CCPT therapist waits patiently to follow as the child leads the way. One of the best ways to understand this concept is to examine the “don’ts” of CCPT. These include no directing, no judgments, no teaching, no suggestions, no praise, no criticism, no interpretation, and no questions.

Directing the child would be an obvious deviation from the nondirective stance, though it can be tempting for a novice play therapist to

help out a little. For example, if the child's hands are wet from playing in the water and there are no paper towels left, the play therapist might be tempted to say, "You can use the baby blanket to dry your hands." A correct response would be "You don't like your hands to be wet. You're not sure how to dry them off." In CCPT, it is up to the child to determine the solution to this dilemma.

Judgments can inadvertently occur when the novice play therapist makes a point of laying out toys in a conspicuous manner, which could cause the child to think that those toys are the ones he or she should play with. For example, if the play therapist believes the child is having trouble expressing anger, it could be tempting to place all the aggression toys (see Chapter 4) in the center of the room, to encourage aggressive play in an effort to elicit angry feelings from the child. Children are extremely sensitive to adult attitudes, even when these are unspoken, and may feel pushed to do something they are not ready to do to please an adult. When therapists make judgments about what they think children need in play therapy, they are negating their respect for children's ability to do what they need to solve their own problems.

Because children are in the process of learning about many things, they often seem inadequate in their abilities. As adults, it is easy to forget that learning is a process, and that children have an innate drive to learn and master their environment and themselves. Therefore, there is a temptation to teach, especially when adults see an opportunity in children's play to help them learn something that the adults deem important. An example is when a child plays the teacher role at the blackboard in the playroom and either spells a word wrong or adds two numbers incorrectly. The child may look at the word or numbers and seem confused. An appropriate reflective comment would be "You look confused. You're not sure if you did that right." Sometimes this response results in the child's correcting the mistake him- or herself. At other times, the child may ask the therapist if the word or math is correct. When asked directly, the CCPT therapist might say first, "You're wondering if you did that right," and then (if pushed by the child to answer), "You want me to tell you if you did it correctly." When, and only when, the child affirms that he or she wants correction does the play therapist say, "No, that isn't quite right." If asked for the correct answer, the therapist would first say, "You want me to help and tell you the right answer." When the child affirms this, the play therapist can then tell the child the correct answer. In some cases, the child simply proceeds

with the activity and does not notice the mistake. If that is the case, an appropriate response might be “You like being the teacher. You want to write more words [do more problems].”

Sometimes children will lead therapists to think that they want input in making decisions about their play, perhaps by asking something like “What do you think I should play with?” The novice play therapist might think that the child desires some direction. In our own experience, however, children sometimes do this in the early stages of play therapy because they don't feel that comfortable with the self-direction offered in the CCPT setting. It is important to remember that children are quite used to adults' taking the lead outside play therapy sessions, and may not quite trust the permissive atmosphere that the therapist has established. An appropriate response might be “You're wondering what I think you should do,” or “You're not sure what is okay to do in here.” If the child responds in the affirmative, the next best response is “Remember you can do almost anything you want to in here.” If the child continues to push the issue, the therapist might reflect, “You really want me to help you make the decision about what to do.” If the child responds affirmatively, it is okay to say, “Well, you could choose to play with the bean bags, the dart guns, or the watercolors, or anything else.” In this way, the therapist avoids the direct suggestion of an activity, but informs the child of some possible choices. Occasionally a child strongly pushes the therapist to decide by saying something like “I like the bean bags or the checkers, but I want you to choose.” A CCPT therapist first reflects, “You want my help in making the decision about what to play with,” or “You want me to be happy.” If the child responds affirmatively and just waits for an answer, it is then okay for the therapist to make a choice. After the therapist makes such a choice, however, it is common for children to choose something totally different from or even opposite to the therapist's selection. The therapist would follow this up with an empathic response such as “You don't like my suggestion. You would rather play . . .” Although this may seem like an arduous process, the benefit to the children can be enormous. For one thing, children learn that it really is up to them to take the lead, and that the play therapist will accept their choices when they do. Also, children learn to trust the permissive atmosphere of the playroom, so that they feel free to express themselves in whatever way is most meaningful to them.

Praise and criticism are also judgments and therefore play no part in the CCPT session. Even when children seem to be looking to therapists for some type of evaluation, it is vital to remember that therapists'

evaluations of them are insignificant, in that it really does not matter what therapists think or believe in the CCPT setting. Instead, being a CCPT therapist means mirroring the feelings children reveal. For example, the child paints a picture, holds it up, and asks, "Do you like this?" In order to make an appropriate response, the CCPT therapist must be attuned to the nuances in the child's tone or facial expression. Depending on what the therapist observes, he or she might say, "You're proud of your picture and want to know what I think," or "You seem disappointed in your picture, and you're not sure if I will like it." Often the simple acknowledgment of the child's feeling is sufficient and satisfying for the child, and no further commentary is required. If the child persists in requesting the therapist's evaluation, the CCPT therapist first reflects the child's desire for the opinion and offers a gentle though positively toned appraisal, such as "I like it too," or "I like all the colors you used." (Here the therapist is making a judgment only because the child has pushed for it.) The therapist might underscore the child's lead role in the session by adding, "But in here, it's what you think that counts." It is important to remember that all judgment is reserved until the play therapist has exhausted every opportunity to reflect and acknowledge the child's feelings and intent for wanting the judgment. Very often, a child keeps pushing for an answer to a question because the play therapist has not yet captured the true meaning of what the child is trying to convey. What the therapist must do is try to see the deepest level of feelings or intentions in the child's play and make sure that the reflections capture them. The child needs to feel that the therapist understands the core or the essence of the message.

Interpretation or analysis plays no role in CCPT, as these types of responses assume that a play therapist knows more about what a child needs to heal than the child does. When a play therapist makes an interpretive comment, the attunement with the child diminishes. The more interpretive the comments made by the play therapist, the less control the child has over the direction of the play, as the play becomes what it means to the therapist and not to the child. Suppose the therapist knows from a parent's report that the child has a history of cruelty to animals. Although the child's play in the therapy room has been generally aggressive, the child likes to cuddle and care for a stuffed teddy bear. It would be interpretive to say, "You need to take care of that bear because you feel so guilty about hurting real animals." A more appropriate response from a CCPT therapist would be "It feels good to cuddle that bear. You enjoy taking care of it." When one is tempted to assign

intent or psychological meaning to the child's play, or to use the word "because" in a reflective response, it is likely that the response is an interpretive one and should be avoided.

Questions are avoided in CCPT because they are considered to be directive and can cause children to change the nature or direction of their play. Although attorneys use questions to get information, many times their intent is to make witnesses defensive and confused. This is often the case if a play therapist asks questions. It is very easy for a child to misperceive the intent of these questions. It may cause the child to think, "What does the therapist want from me?" or "What is the 'right' answer?" Also, the child may think that he or she is doing something wrong. Questions make people, including children, feel defensive and put on the spot. CCPT therapists are not interested in helping children gain insight by understanding the meaning of their play; therefore, any "Why?" question serves no purpose. Most adults have been in situations where they ask children why they did something (e.g., hit a sibling), only to have the children shrug their shoulders and say, "I don't know." In fact, children often have no idea why they did what they did, so "I don't know" is an honest answer. Children are only beginning the process of understanding themselves and their behavior. Much of children's behavior is determined by how they are feeling; yet they have not mastered the language of feelings, so they will often act out their anger, frustration, disappointment, hurt, and so on.

In CCPT, therapists strive to help children learn the language of feelings by mirroring or reflecting back to them what the therapists believe they are feeling. Some novice play therapists worry that if they state a feeling word about children's indirect expressions, instead of asking children directly about their feelings, they are putting the idea into the children's heads. In fact, the opposite seems to be true. If a CCPT therapist mistakenly identifies the wrong feeling word, children typically and freely correct the therapist and disagree with the feeling word used. For example, if a therapist states, "You are proud of your picture," and the child is not, the child will say, "No, I'm not." In this situation, the best thing to do is to accept the child's rejection of the feeling by stating, "You're not proud of your picture, and you want me to know that." Sometimes a child disagrees with the reflection of a feeling, especially anger, if the child is not ready to disclose that particular feeling to the play therapist. In such situations, questioning whether the child feels anger would only serve to make the child more defensive about his or her anger, and perhaps more inclined to bury the angry feelings. For

example, if a child is angrily beating up the bop bag, and the therapist reflects, “You are angry and really letting that guy have it,” and the child says, “No, I’m not. I just like punching him,” the best CCPT response is “You want me to know you’re not angry. You are just having fun punching him really hard.”

Treating Play Therapy as a Gradual Process That Cannot Be Hurried

More than ever, children are growing up in a world where the pace of life is in high gear. Children learn things in third grade that used to be taught in junior high school. Their parents run them from one organized activity to another each day after school; for many such children, it is difficult to set up therapy appointments that do not conflict with some activity. Computers give children access to information that only adults were privy to before. Children are taught by high-striving parents that “success” means having a \$100 haircut, designer clothes, and all the latest technology. Because children have learned to become so enthralled with contraptions that provide them with entertainment, it can be a challenge for a play therapist to go into a toy store and find simple, basic toys that are appropriate for play therapy. Parents are impatient with children as they try to master some basic things, such as learning to button their own coats, tie their own shoes, or struggle through math problems. Many parents admit that they do way too much for their children because they don’t have time to wait for the children to do it themselves. As a result, children feel entitled, yet dependent; boastful, yet insecure; idealized, yet inept.

Childhood is actually a very brief period of every person’s life. It spans just 18 years. It is said that more learning occurs during the first 5 years of a child’s life than in the remainder of that child’s lifetime. Because the world is a very big and complex place, children have lots of information to learn, master, and integrate in order to become the persons they will be. At a very basic level, however, a child is learning about him- or herself and how to be and relate in the world. Learning about and mastering the self is the most important facet of learning in childhood. It establishes the child’s personality and how that child will relate to others in this complex world. It is a process that cannot be hurried, as the child needs time, space, and acceptance to complete this process in a healthy fashion.

CCPT gives children all the time they need to learn about themselves and to practice mastery. Play therapists have confidence in children's ability to get to where they need to be, and they are patient with the children's process—whatever it may be and however long it may take. Yet it is amazing how much learning occurs in a relatively short period of time in a playroom where a child's self is the focus. As CCPT therapists, we have learned to appreciate and enjoy the atmosphere of the playroom. In many ways, it relieves therapists of the pressures many feel “to make things happen” and to solve children's problems as they have been presented by the parents. CCPT therapists know that with attunement, acceptance, patience, and good limits, each child will set out on a course of self-improvement and self-actualization. Therapists convey to children that they are not in a hurry, because the therapists patiently follow the children's lead and do not push them in any way. The therapists do not rush in to solve their dilemmas, nor do the therapists have any expectation of what the children must accomplish during the therapy hour. CCPT therapists allow children to be who they are and enjoy their relationships with those children as the children permit. It is truly a freeing experience for children and therapists alike.

The Importance of Limits

The limits that are established in CCPT are very few, but are of utmost importance. Limits help children know that the play therapist will maintain an atmosphere of safety in the playroom, especially when the children feel out of control of their own feelings. When adults do not establish good limits, children feel anxious and insecure. Many children will push adults to establish limits by escalating their negative behavior. Because children rely on adults for the safety limits they provide, children cannot build rapport with or maintain respect for a play therapist who does not maintain a clear and consistent limit structure.

One clear example of the value of limits in play therapy occurred in an FT play session where Audrey, a 6-year-old who was referred because she was selectively mute, was playing with her father. Although he was quite intelligent and clearly understood the reasons for setting limits, Audrey's father struggled to do this with her both at home and in the play sessions. In one session, Audrey needed to test the safety of the playroom, so she began to hit her father, first with Nerf toys and then with the bop bag. Her behavior then escalated to throwing wooden toy

furniture at him, in a desperate effort to get him to stop her. The father continued to be very accepting and simply could not bring himself to state the limit that he was not to be hit with anything. The FT therapist knew that he would have to be pushed to do so, and accomplished this by stating over the office's loudspeaker system to the father: "Remember the rule is you can't be hit with anything. Tell her that!" The father was so surprised at the FT therapist's intervention that he blurted the rule out to Audrey. Upon hearing this from her father, Audrey stopped hitting him with anything; she then exploded into angry and aggressive play directed at everything in the room except her father. The next day, Audrey began to speak "yes" and "no" answers in school. In a short time, she was talking normally to her teacher and peers. Her father immediately understood that when he finally set the limit about being hit, Audrey was free to express the anger she had bottled up inside of her, as the limit made it safe for her to do that. Audrey's father learned a valuable lesson that he was now able to generalize to their home life. Once he established limits for Audrey in the playroom and at home, Audrey was free to express herself without having to worry that her anger could get so far out of control that she might hurt someone.

Children learn self-control and appropriate feeling expression through the use of good limits and consequences. The application of limits and consequences in a three-step process (described in detail in Chapter 5) allows children to learn that they are responsible for their own behavior, and that they have a choice as to whether or not to continue to break a rule. Because children enjoy and look forward to their play therapy sessions, they soon learn that the risk of no self-control leads to the termination of a session. Once children learn that they can have control over themselves and that appropriate expression of feelings leads to release of pent-up emotions and anxiety, the CCPT sessions become a haven of safety to do the work they need to do. As a child's "work" is accomplished in CCPT, the child soon learns to self-regulate, and then generalizes what he or she learns in the therapy room to the outside world.

Six-year-old Colin was referred for treatment because his behavior was out of control both in school and at home. His mother reported that Colin's father had an active alcohol problem and was physically abusive. She felt trapped in the marriage, however, because her family refused to help her and the children leave this horrible situation. The mother was clinically depressed and not responding to medication. She felt compelled to get Colin help, because the school complained to her every day

about his behavior. She was not willing to get help for herself, but dutifully brought Colin to his play therapy session each week. Two sessions with Colin were memorable with regard to his response to limit setting.

In the first session, Colin angrily tore the playroom apart. Toys went flying everywhere. Furniture was turned up on end. He spilled the whole pitcher of water all over the toys and the floor. Then Colin stood in the center of the mess, realizing that the mess made it difficult to play. He found a piece of paper and the watercolors and stated, "I'm gonna paint!" Much to his dismay, the watercolors were dry, and he had already emptied the pitcher of water all over the playroom. The interchange then went as follows:

COLIN: I need to go get more water so I can paint. (*Tucks the pitcher under his arm and is about to leave the playroom.*)

THERAPIST: Colin, remember there are some rules. One of them is that you can't leave the playroom, except to go to the bathroom. Otherwise, the play session will be over.

COLIN: (*Has a bright idea.*) I have to go to the bathroom. (*Is still holding the pitcher tucked under his arm.*)

THERAPIST: Colin, remember there are some rules. One other rule is that you can't leave the playroom with any of the toys. [Exceptions are only made for pictures children draw or objects they create out of clay.]

COLIN: Okay, I'll just go to the bathroom. (*Returns within minutes, holding two little cups of water he has gotten from the bathroom cup dispenser.*)

THERAPIST: Colin, remember there are some rules. Another rule is that you can't bring anything into the special room. (*Frustrated, Colin goes back to the bathroom, dumps the cups of water into the sink, and throws out the cups.*)

COLIN: I really want to paint. (*Looks around the room, trying to figure out how to accomplish this.*)

THERAPIST: You're disappointed that you don't have water to paint. You're trying to figure out what to do about this.

COLIN: (*Eyes light up as he looks in the mess for a little kitchen cup.*) I know what I'm going to do.

THERAPIST: You're proud that you figured out a way to handle your problem.

Colin proceeded to head toward a puddle of water on the rug, scooped what water he could from it with his hands, and sprinkled it into the little cup. Having retrieved only a few drops of water, Colin tried in vain to paint a picture. Frustrated again, Colin threw down the paintbrush and walked out of the room. The therapist responded, "Colin, you're really frustrated that you can't paint, so you want to end the session. Remember, if you leave, the play session is over for today."

The following session, Colin happily entered the playroom. The therapist said, "You seem really happy today. You're anxious to get started." Colin then took a small cup from the play kitchen, filled it with water, safely placed it on the windowsill, and looked proudly at the play therapist. "You seem proud that you figured something out. You want to save that water for something special." With that, Colin promptly made a mess of the room just as he had done in the previous session. Then he picked up a piece of paper, fetched the watercolors, and retrieved the little cup of water he had saved on the windowsill. The therapist responded, "You had fun making a big mess. You're glad you saved some water so you can paint today." Colin beamed as he painted a brightly colored and cheerful picture. When the play session was over, Colin proudly showed his picture to his mother, who promised to hang it up on the refrigerator.

The following week, Colin's mother reported that the school had called to say that Colin's out-of-control behavior stopped the day after his second play session. In subsequent play sessions, Colin's angry play diminished significantly. He no longer trashed the room, and he began to engage for a number of sessions in mastery play. Later, he enacted some family scenes in which the parents were fighting and the kids hid under their beds. This type of symbolic play is often what a child needs to cope in a dysfunctional family.

Variations of CCPT

While CCPT has come a long way since its inception by Virginia Axline, there may be variations from one nondirective play therapist to the next. The important thing is that therapists remain true to the eight guiding principles that Axline originally outlined in her book and to some of the methods she employed. As the CCPT approach has evolved, however, some things have changed since Axline's initial work. Therapists using CCPT today do not take notes during play ses-

sions, and they respond to questions in a more reflective way rather than simply providing information. Therapists also typically do not spend as much time or effort introducing the play materials to child, but allow children to explore the toys in their own way. Most CCPT therapists now sit at a child's level, often on the floor near the child or on child-sized chairs.

Although present-day therapists using CCPT all adhere to Axline's eight principles, there are variations among them in some of the methods they use. As L. F. Guerney (personal communication, 2009) has noted, Virginia Axline did not describe methodologies in great detail in her writings. Subsequent practitioners have had to "translate" her work into the methodologies that have since emerged for CCPT. They have thoughtfully applied principles and methods from Rogerian psychology and Axline's principles, and pieced together information from several other sources. Because of this process, there now exist several different approaches to CCPT—united by Axline's principles, but each with its own unique qualities (see, e.g., L. F. Guerney, 1983, and VanFleet, 2006a, for the Guerney approach; for other variations, see Landreth, 2002; Wilson & Ryan, 2005).

Similarities among these approaches to nondirective play therapy far outweigh the differences, but there are differences. This volume represents the approach developed by the Guerneys as we have described it in the Preface and learned it under the Guerneys' tutelage. It is the culmination of many years of therapy with numerous children in a variety of settings. With stylistic differences in mind, we have shared our rationale for the specific methods described herein, most specifically in Chapter 5 (on CCPT skills) and in Part IV (on practical applications and issues).