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Features

The therapy behind play therapy

By Bethany Bray
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Ashley Wroton, a licensed professional counselor (LPC), says parents of her young clients have told her that pediatricians sometimes make comments suggesting that they try “real” therapy with their child rather than play therapy.

“Play therapy *is* real therapy,” says Wroton, a registered play therapist who works with clients ages 3-12 at a group outpatient practice in Hampton, Virginia. “Play is the medium through which the therapy occurs. ... The play helps them open up to

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make better connections.”

The idea that play therapy isn’t a wholly serious or legitimate approach to therapy is a misconception with which play therapists often contend — including among other helping professionals, says Jeff Cochran, a professor of counselor education and head of the Department of Educational Psychology and Counseling at the University of Tennessee. Perhaps understandably, those not trained in the theory might be skeptical of the effectiveness of allowing a child to explore a room full of art supplies, stuffed animals and toys for the length of the therapy session. However, Cochran explains, under the watchful eyes of a play therapist, the toys are a medium through which the child communicates, learns, self-discovers, shares experiences and forms a trusting therapeutic relationship. The play, he asserts, serves simply as a bridge to therapy.

“Because we refer to it as *play*, [people assume] it’s supposed to be all light and easy for the child. But, no, it’s work,” says Cochran, a member of the American Counseling Association.

Defining play therapy

The fourth edition of *The Counseling Dictionary*, published by ACA, defines play therapy as the “use of play as a means of establishing rapport, uncovering what is troubling a person (often a child), and bringing about a resolution.”

Under the broad umbrella of play therapy are **a number** of focused methods and approaches, ranging from child-centered, filial and dyadic to animal-assisted play therapy. Although most often associated with children, play therapy can also be used in varying forms with teenagers and adults, as well as with children and their parents or their caretakers together. It can also be used in conjunction with more traditional therapy methods such as cognitive behavioral, Adlerian, Gestalt and narrative therapies.

However, simply having some toys in a therapy office or encouraging clients to draw or play with blocks as they talk with a counselor is not play therapy, stresses Dee Ray, an LPC and director of the Center for Play Therapy at the University of North Texas. The 2014 **ACA Code of Ethics** emphasizes that practitioners should undergo “appropriate education, training and supervised experience” to become fully competent in a specialty area such as play therapy before using it in practice. Practitioners can also obtain special play therapy credentials (such as the **registered play therapist** credential) through training, supervision and other requirements. These credentials provide practitioners additional credibility and may be preferred by certain employers or clients, Ray explains.

The process

Play therapy generally begins with a period of observation and assessment by the counselor, followed by work to process and focus on challenges the practitioner has identified based on cues the client exhibits during play.

Wroton starts therapy by talking with her child client’s parents or caregivers to hear what they believe the presenting issue is. After first watching the child play on his or her own, Wroton conducts a session in which the child and adult caregivers (or other family members living in the home with the child) play together so she can observe how they interact. Afterward, she talks with the parents or caregivers about what she noticed.

Play therapists learn much through observation, including how the child handles separation from the caregiver when the child is brought into the therapy room, Wroton says. Some children are clingy or start crying when the parent leaves, whereas others don’t seem to mind at all. This provides play therapists cues about

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the child's level of attachment.

Other cues can be found in how clients play with objects in the playroom. For example, clients with anxiety, obsessive-compulsive behaviors or control issues are often very structured in their play, Wroton says. They might engage in organizing behaviors rather than playful play. She remembers one young boy who gravitated toward arranging the stuffed animals by category: jungle animals, farm animals, aquatic animals and so on.

At the same time, Wroton says, practitioners need to watch from session to session to see if clients' play behaviors change at all. At first, organizing behaviors might be a way for clients to soothe themselves or to create order because they're nervous. But if those same behaviors continue across sessions, they could be an indication of anxiety, autism, past trauma or other issues.

Most important, each client in play therapy will need a tailored approach and a different degree of involvement from the counselor, Wroton says. She notes that some of her clients are very independent while playing, hardly making eye contact with her as she makes observations and asks questions, whereas others invite her to play with them.

Play can run the gamut from imaginative to soothing or sensory, such as child clients painting or placing their hands in water or sand elements. As clients explore and play, Wroton narrates with questions such as "I wonder why this toy is doing that?" or "I notice that you don't invite me to play. Do you invite other friends to play?"

In imaginative and role-play scenarios, Wroton might ask her child clients, "What could have gone differently?" or "What do you wish had gone differently?" Their answers, along with the scene they have acted out previously, can provide clues about the issues troubling these children. For example, repeatedly arranging toy figures with a "bad guy" in the scene might indicate that a child is struggling with trauma or violence from his or her past.

Wroton says she determines the course of sessions "once I learn how *they* [the children] do the work and how engaged they are. ... I use the dynamic I see in session with them. I use my narration to challenge their thought process, make observations and ask questions. [I] guide and tease at those threads I see coming out."

The power of play

A quote from play therapy researcher and author Garry Landreth is often used to explain the method's effectiveness: "In the play therapy experience, toys are like the child's words, and play is the child's language."

In addition to speaking a child's language, play therapy provides a supportive, therapeutic environment and, therefore, an incubator for learning and healing, Cochran says. "When a therapist is reaching out to the child in kindness, [the child] will gradually open up. It makes all the rest of the pieces work from that therapeutic relationship core," he says. "They cherish the undivided attention that for some adults might be too intense."

Cochran and his wife, Nancy, both specialize in child-centered play therapy and together present trainings and workshops on the topic. They co-led an education session titled "Growing play therapy up for older children, adolescents and adults" at the ACA 2018 Conference & Expo in Atlanta this past spring.

"Once the child knows that the therapy hour is a place where they are safe, a spark is lit," says Nancy, an ACA member and a trainer and consultant in child-centered

play therapy with the National Institute for Relationship Enhancement. “With children, that’s the purity of it. The child has the ability to ... take the lead and work through to mastery.”

In fact, the crux of what makes play therapy so effective — and different from most other counseling methods — is that it is directed by the client, the Cochrans assert. Play therapists don’t suggest that clients play with a certain toy or work on a presenting problem. Instead, play therapists offer warmth, empathy and a gentle structure for clients to make their own meaning through the exploration and play they chose to engage in.

In play therapy, Jeff explains, the counselor sets up the process that leads to self-discovery on the part of the client. “You let the process teach them,” he says.

“It’s really the child that directs,” Nancy says. “They’ve got a unique voice in here [the play therapy room] which doesn’t always include words. When children are given the chance to go on a journey of self-discovery, they come in and they find a unique voice within that room. Once they find their individual voice, they become more accepting of self. Not only that, but they *embrace* self.”

Play therapy gives clients a safe space to explore what it feels like to be in control, she adds, with learning opportunities presenting themselves at every turn. As young clients try out the various toys in the playroom, they are learning what they do and don’t like, explains Nancy, an adjunct assistant professor in the Department of Educational Psychology and Counseling at the University of Tennessee. They can also push against preconceived ideas — whether of their own making or instilled in them by others — of what they are and aren’t good at.

In the process, Jeff adds, these clients are learning not only that they can play the xylophone, for example, but that they can take on a challenge and master it.

“They can try and fail and put themselves at risk in sessions [in ways] that they wouldn’t otherwise,” Nancy says. “The process and the therapist’s unconditional positive regard allow the child to make choices and be their own guide. They can be surprised by what is discovered.”

Giving clients control

One of the Cochrans’ graduate students worked with a child referred to play therapy because he was exhibiting obstinate behavior at preschool and not connecting with classmates. The 4-year-old had experienced abuse in his past, and his fear of taking risks discouraged him from trying new things or learning at school. Nancy says that the boy was nonverbal until the 10th session of play therapy.

In his first appointment, the boy was withdrawn and anxious, alternately slouching against the wall, crawling underneath a rug and hiding behind a shelf of toy bins for much of the session. Throughout the session, the Cochrans’ graduate counseling student offered gentle narration, such as “You’re not too sure about this” and “This is difficult for you.” She stayed with him, talking him through the process, which showed that she was committed to allowing him to choose how to proceed in his playtime, Nancy says.

Afterward, the graduate student confided to Nancy that she thought she had failed and had just made the young boy miserable. When they went back and watched video footage of the session together, however, Nancy pointed out something that the counseling student had missed. The boy had repeatedly tossed toys out from behind the shelf where he was hiding, but in the very last minute of the session, he found a pair of toy binoculars and had looked through them directly at the counseling student.

"It showed that he was curious, reaching out and was open to an eventual relationship," Nancy says. "[I told the student], 'Think of all the things he expressed and you helped him express. It was so beautiful that you stayed warmly right there with him.'"

Over the course of therapy, the young client opened up more and more. At the second and following sessions, he went behind the shelf and dumped toys out, both to explore and to see how the student counselor would react. He later gravitated to self-expressive work in a sand tray and used the counselor as an ally as he fought with a punching bag and engaged in imaginative role-play and rescue schemes. Eventually, the boy and the counselor played together, with the boy proudly setting up challenges and showing off his skills tossing balls into a toy bin.

The client was in foster care, and over the course of therapy, his play evolved from symbolic to direct expression as he drew pictures of what he wanted his family to look like, Nancy adds.

At one point early on in therapy, the counselor moved in to sit next to the client as he was working at the sand tray. He responded during the next session by putting objects in all the chairs to let her know that he wasn't quite ready for that, Nancy recalls with a chuckle. "He was in control to let her in, little by little. But from the start, he wanted to know her and wanted her to know him. That connection was made from the very first session by giving him control of *when* and *how* — even though that first session wasn't very playful."

Watching video footage of the difference between when the client first came to play therapy and later sessions is remarkable, according to Nancy. "When you look across the sessions we did with him, his whole physical presence in the room changes, from looking downcast, to playing, laughing and making eye contact."

In play therapy, clients learn to shed the defensive behaviors they have established to hide a vulnerable core, Nancy says. "They grow up — or down — to the age they're supposed to be. You can have a child in play therapy who is 7 years going on 40, or 7 years going on 2. They develop the skills [in play therapy] to be a good, solid 7 years old," she says. "They try on roles, explore what it feels like to be in control, integrate what is useful and let go of what they don't need."

Jeff acknowledges that play therapy's power of self-discovery "sounds deceptively simple. ... It's hard to believe it can be so impactful." However, through play, clients are able to examine themselves and push limits to discover patterns of repeated mistakes and blind spots.

For example, a play therapist might see young clients use a doll to act out, fluctuating between caring and nurturing behaviors and hurtful behaviors. Jeff says the counselor can narrate with empathy, accepting all play behaviors and attending to the child's process as the child makes choices of how she or he wants to be in life.

"Being with a child while she tries on hurtful ways of being can be like allowing a child to have all chocolate for lunch to find out that it's not actually good," Jeff says. "They're playing out what they're thinking about: 'How does it feel? What does it mean to me?' They can fluctuate between what they've seen in their life versus what they want."

Testing limits and making connections

Ray, an ACA fellow and a professor in the counseling program at the University of North Texas, is a registered play therapist and a certified supervisor in both child-centered play therapy and child-parent relationship therapy. She estimates that roughly 70 percent of a play therapist's work is nonverbal and 30 percent is verbal.

When play therapy practitioners do speak, it is typically to offer reflection and encouragement on the play they are observing or to offer guidance such as setting limits, she says.

"If [the child client] is depending on an adult to make decisions, I would respond, 'In here, it's up to you.' If they're asking, 'How do I spell this?' or 'How do I draw this?' the answer would be, 'In here, you can draw or spell it any way you want to,'" Ray says.

When a young client becomes angry or tests limits, the counselor can recognize how the client is feeling and redirect the behavior. For example, when the child gets agitated, the play therapist can suggest that rather than drawing on the wall, they draw together on paper, rip the paper or punch a punching bag, Ray says.

"The child learns that every decision they make has consequences," she says. "Acknowledge that they do have that feeling, and the feeling is OK. But never say, 'You can't.' Say, 'This [behavior] is not for doing.'"

This type of limit setting emphasizes that the child's feelings are valid, Ray explains. It also sends the message that the child's behavior — not the child himself or herself — is the problem and that there are always other ways of expressing strong feelings through an acceptable behavior. If a counselor presents the limit as "You can't," it implies that something about the child is not OK, Ray says. This type of response also might engage the child in a power struggle with the counselor by personalizing the expression of the feeling, she explains.

Children will naturally bump up against limits as a form of exploration, so play therapists will often see young clients who want to climb on things, break toys or exhibit other destructive behaviors, Jeff Cochran says. As with so many aspects of play therapy, the manner in which the counselor diffuses these urges can be an opportunity for self-discovery.

"We start with a simple opening message: 'In this room, you can say anything you want and do almost anything you want, and if there's something that's not OK to do, I will tell you,'" Cochran says.

When the child does bump into a limit, the play therapist responds with empathy to the child's experience in that moment and limits as little of the child's behavior as possible — just enough to keep the child and therapist safe and the therapy room functional. "That in itself becomes therapeutic," Cochran says. "They learn that there are ways to express themselves other than pushing boundaries. The therapist doesn't have to make that happen; it's a naturally occurring thing. They learn themselves who they are and what they want. Is what you are doing going to get you what you want?"

The growth and learning that begin in play therapy naturally carry over and are applied elsewhere in clients' lives, Wroton says. In other words, the "work" of play therapy continues, even if the play therapist doesn't observe a direct cause and effect in sessions, she says.

Wroton remembers one client, a 9-year-old boy, who had been adopted after going through the foster care system. Before being removed from his birth home, he had been exposed to graphic sexual content, anger, violence and alcohol abuse. In play therapy, he responded well and gravitated to making scenes in a sand tray.

Wroton told the boy, "I want to know what it's like to be in your world." Repeatedly, he would respond to this prompt by creating a scene that involved a king figure and several blue Smurfs. He would bury and uncover the Smurfs, and then rebury them. When he was finally finished making his scene, the Smurfs would always

remain buried beneath the sand. They weren't uncovered until it was time to clean up, Wroton says. The boy didn't identify who or what these figures might represent, simply referring to them as "Smurfs," she adds.

Then, one day, something changed for the client: He buried and reburied the Smurfs like usual, but he also buried the king and left him beneath the sand. Afterward, Wroton received a call from the client's adoptive mother. Her son, who previously had never talked much about his past, was suddenly opening up and connecting more with her.

Wroton thinks the Smurfs and king figure in the boy's sand tray scenes represented experiences and feelings that the young client had tucked away — including family members who were abusive yet for whom he also held some positive memories. Through the sand tray, he was processing these feelings and coming to terms with what the memories meant to him.

"Typically, a change in play means a change in processing," Wroton says. "What motivated him that day, I'm not sure. For a month and a half, he had played out that scene over and over with the same characters. We might do the work here, but the application of it, and the completion of the work, is done [outside of session]. And that's the end goal."

What lies beneath

Ray thinks there is no better method than play therapy for reaching children who have behavioral or mental health challenges. "So many of our interventions are about telling, doing and suggesting. But in play therapy, we trust the client to know where they need to go," says Ray, a past president of the Association for Child and Adolescent Counseling, a division of ACA. "It's an intervention that trusts the child — they know where to go to solve their own problems and move toward self-enhancing solutions. If you offer a relationship that facilitates growth, the child is able to make the change through the developmentally appropriate language of play."

"It's something that is very, very different than most mental health interventions," Ray continues. "It's not acting upon the child; it's acting *with* the child."

The self-directive aspect of play therapy reached one of Ray's clients in ways that other more direct methods might have failed to do. The 8-year-old girl was referred to Ray by her school because of aggressive behavior, which included being suspended after trying to hit her teacher. However, in play therapy, the girl never mentioned any anger regarding school, her teacher or her classmates. Instead, she played out scenes from her family and home life, where, it turns out, she was being abused.

In play therapy sessions with Ray, the client gravitated toward drawing her family and setting up scenes with figures in a dollhouse. As the characters in the dollhouse would interact, the girl would exhibit what Ray calls a "play disruption." In the middle of a dollhouse scene, the girl would become more active and move through the room, often throwing or trying to break things. After directing her energy and aggression in this way, she was able to finish her scene in the dollhouse.

The girl wasn't willing to talk with anyone about her family issues at school. The style of her play in play therapy, however, was an outlet for her to communicate and process what was happening. The young client talked about specific abuses that were happening at home during the family scenes she played out in therapy, Ray says.

Once the root of the child's struggles became clear, Ray took the necessary steps

to report the suspected abuse, documenting what the client had verbalized in session. Through play, the client formed a therapeutic bond with Ray and was able to work through what was troubling her. As a result, the child's aggressive behavior at school dissipated.

"If I had brought the child in and said, 'Let's talk about how you're aggressive at school,' she would have shut down and not talked," Ray says. "Having a counselor who trusts a child is so different than what many children experience [from adults]. That message of, 'I'm going to accept you no matter what and trust that you know where you need to go,' that, to me, is the healing factor of play therapy. It's predicated on this amazing factor that if you put a child in an environment where they have control, they will move toward change."

Not just for kids

Missy Galica, an ACA member and LPC intern in Lubbock, Texas, uses sand tray therapy in her work with adult clients, including college students from Texas Tech University. The medium can be particularly helpful for clients of any age who are struggling to find the words to articulate how they are feeling, she says.

What brings many of Galica's college-age clients to counseling are academic struggles. By creating scenes in a sand tray, the students are often able to work through nonacademic issues that are troubling them and spilling over into their behavior and schoolwork.

Sand tray work "is good for those who just aren't good at [verbal] communication or for those whose brains work faster than their mouths," Galica says. "The sand tray makes them slow down. You really have to think about what you're doing. You have to think about the representation and object placement. It's also good for those who get nervous or people who just don't like getting grilled with questions [from a counselor.] It gives them time to explore what they want to say, and they don't have to have answers right away."

As is the case with child-centered play therapy, sand tray work is nondirective. The client chooses what gets made in the sand tray and the meaning attached to it. Counselors should be careful to prompt clients to describe and talk about the scenes they have made in the sand tray without interjecting their own observations, Galica emphasizes.

"If you don't 'get it' at first, if you don't see a meaning, it's OK. It's the client's space to do what they need to do," she says. "Anything you can think of that happens in life can be represented in a sand tray, [but] don't make any assumptions. Ask the client what things represent. You may see something and assume, 'Oh, this is XYZ,' but it may be the opposite."

As part of the meaning-making process, Galica takes photos of each scene after clients finish their sand trays. Later, they look at the photos together, talk about the progress the client has made and discuss how the person's sand tray scenes have evolved. This is also a good way to track and prompt discussions of representations that come up repeatedly with clients, Galica says.

Clients often have to take some time to think it through before they can explain the scenes they have created in their sand trays. Many times, Galica says, issues and challenges that have been troubling clients don't become clear to them until they see the issues played out in a sand tray. For example, a client who is feeling overwhelmed with school or home life might put figures all in a jumble on top of one another. Or a client may use one object to represent themselves and place another object or objects at a distance or facing away from them. In this case, the client may be struggling with loss, attachment issues or fear of letting loved ones down. Ultimately, however, it is up to the client — not the counselor — to

discover and talk through the issue that has taken shape in the sand tray. At the same time, the counselor provides the prompting and support to help and encourage the client, Galica says.

"It can be tempting to ask, 'What are you doing?' or 'What does that mean?' But don't stop them. Let it play out. Wait to the end and then say, 'Talk to me about this. Describe it for me,'" Galica suggests. "Often, it will be something you [the counselor] never would have thought of. I learn something new every day."

Galica recalls a particular client whose parents wanted him to become an engineer and were paying his way through college. He hated his engineering courses, however, and harbored a desire to become a jazz musician. This had manifested into academic and other struggles while he was away from home. When the client made sand tray scenes, he often placed a female figure at a distance from the figure he used to represent himself. After multiple sand trays and discussions, it became clear that the client was terrified to tell his mother he didn't want to be an engineer.

Galica began to focus on that fear with the client, asking him to express his feelings in a draft letter to his parents. She also had him speak to an empty chair as if his mother were there, which is a technique often used in Gestalt therapy. It took the student the entire semester before he felt prepared to tell his parents about his own dreams for his future.

As clients play out situations in sand trays, Galica asks them to show her what they would want life to look like if they had a magic wand to fix everything they were struggling with. What would a resolution look like? What would it look like in five, 10 or 20 years? From there, Galica and her clients talk through the issues and consider options for arriving at realistic resolutions.

Galica says sand trays can easily be used in conjunction with any modality to which a counselor is loyal. She regularly uses them along with cognitive behavior therapy for her college-age clients. Another benefit, she notes, is that the materials are readily available and easily transportable. Practitioners can pick up a plastic tray, sand and small figurines at any big box or craft supply store.

Sand tray work is a method that many counselors might not consider for adult clients "because we're culturally conditioned [to think] that we don't play after a certain age," Galica says. However, sand tray work is very accessible (for both counselor and client), creative and versatile, she asserts.

"Broadly, it's a way for clients to communicate without having to use words, because they may not have the words," Galica says. For the client, it means, "I don't have to stare you in the eyes and tell you all my secrets; the sand tray will tell you. ... The beautiful thing about this is that as a counselor, there is no [need to assign] meaning. The only meaning comes from the client."

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**** **Additional resources** Books published by ACA (Available at [counseling.org/publications/bookstore](https://www.counseling.org/publications/bookstore))

- *Play Therapy: Basics and Beyond* by Terry Kottman
- *Partners in Play: An Adlerian Approach to Play Therapy* by Terry Kottman and Kristin Meany-Walen

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