



CHAPTER ONE

GROUP PLAY THERAPY

Daniel S. Sweeney and Linda E. Homeyer

Group play therapy is a natural union of two effective therapeutic modalities. Play therapists and group therapists share several important traits. Both are committed to a therapeutic process that is creative and dynamic. Both are centered on the development and maintenance of safe and therapeutic relationships. Both are focused on facilitation of an unfolding process as opposed to the application of an immediate solution. Both are engaged in efforts requiring prerequisite training and supervision. The marriage of play therapy and group process is a natural and intuitive response to the needs of emotionally hurting children.

Children can and do benefit from the relationships and interactions with other children within the context of a group play setting. In the same way that group counseling works with adults, group play therapy provides for children a psychosocial process through which they grow and learn about themselves and others:

In group counseling relationships, children experience the therapeutic releasing qualities of discovering that their peers have problems too, and a diminishing of the barriers of feeling all alone. A feeling of belonging develops, and new interpersonal skills are attempted in a "real life" encounter where children learn more effective ways of relating to people through the process of trial and error. The group then is a microcosm of children's everyday world. In this setting children are afforded the opportunity for immediate reactions from peers as well as the opportunity for vicarious learning. Children also develop a

sensitivity to others and receive a tremendous boost to their self-concept through being helpful to someone else. For abused children who have poor self-concepts and a life history of experiencing failure, discovering they can be helpful to someone else may be the most profound therapeutic quality possible. In the counseling group, children also discover they are worthy of respect and that their worth is not dependent on what they do or what they produce but rather on who they are [Berg & Landreth, 1998, p. 256].

Children learn about themselves in group play therapy. They learn because they are permitted to communicate in their own language—play—and they learn as they hear and observe the perceptions of the therapist and the other children toward them. Children learn that is not just acceptable to be unique, it is valued. Cooperation is important in a group, and compliance sometimes imperative. At the same time, creativity and originality is honored. A therapeutic play group may provide the closest thing to the structure and acceptance of a family as is possible for some children. Van der Kolk (1985) listed several elements of the play therapy group that contribute to these benefits:

- Accepting the child totally
- Extending a simple invitation to play without explanations, goals, reasons, questions, or expectations
- Helping the child learn self-expression and enjoy respect
- Permitting but not encouraging regressive behavior early in therapy
- Permitting all “symbolic behavior” while limiting destructive behavior
- Prohibiting children from physically attacking each other
- Enforcing limits calmly, noncritically, and briefly; mentioning limits only as necessary
- Feeling and expressing empathy

The chapters that follow will bring greater focus to the theory and process of group play therapy. This chapter provides a brief introduction to the subject in general, offering a brief look at play therapy and therapeutic play groups to serve as foundational material for the balance of the book.

Play Therapy

Most readers will have a basic familiarity with the theory and process of play therapy. The following summary is provided as context for the discussion of using play therapy in groups. Landreth (1991) provides a succinct and comprehensive definition of play therapy:

Play therapy is defined as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the child's natural medium of communication, play [p. 11].

The premise upon which play therapy is based is spelled out in the last few words of this definition. Therapists who understand the importance of play in the lives of children, and that children naturally communicate through play, are well on their way to understanding the world of children. Conversely, the therapist who employs traditional adult-style counseling with children sends a very clear message to child clients: "I am unwilling to enter your world of communication; therefore, if this process is going to work, you have to leave that world and come into my adult world, which includes my level of thinking and communication."

The recognition of the importance of children's play is paramount. Its value to children and its subsequent value to the therapeutic process with children is crucial. Caplan and Caplan (1974) summarize several unique attributes about child's play:

- Play is a voluntary activity by nature. In a world full of requirements and rules, play is refreshing and provides a respite from everyday tension.
- Play is free from evaluation and judgment by adults. Children are safe to make mistakes without failure and adult ridicule.
- Play encourages fantasy and the use of imagination. In a make-believe world, children can exercise the need for control without competition.
- Play increases interest and involvement. Children often have short attention spans and are reluctant to participate in a lower interest, less attractive activity.
- Play encourages the development of the physical and mental self (pp. xii–xvii).

The group play therapy process would do well to recognize these imperatives about the play of children. Landreth (1991) suggests: "Children's play can be more fully appreciated when recognized as their natural medium of communication. Children express themselves more fully and more directly through self-initiated spontaneous play than they do verbally because they are more comfortable with play. For children to 'play out' their experiences and feelings is the most natural dynamic and self-healing process in which children can engage" (p. 10).

Sweeney (1997) discussed the fundamentally preoperational nature of play and play therapy. Adult talk therapy is essentially characterized by the formal operations of Piagetian development. Adult communication is by its nature abstract and sophisticated, whereas children are by their nature concrete and simple. Play

and language are essentially relative opposites, as they are contrasting forms of representation. When compelled to cognitively verbalize, children must translate thoughts into the accepted medium (talk). The inherent limitation is that children must fit their world into this existing medium. Play and fantasy, however, do not carry this limitation. Children can create without the restriction of making their creation verbally understandable. Play and children, therefore, do not lend themselves to operationalism—they are in fact *preoperational*.

The diagnostic criteria for many of the childhood disorders in the DSM-IV (American Psychiatric Association, 1994) are essentially sensory based. This makes sense, because children themselves are so sensory focused. It would seem, therefore, that a treatment approach for children should also be sensory based. Talk therapy approaches do not meet this criterion. Play therapy does.

It is crucial to remember that the lives of children are so often outside their own control and are often intruded upon, sometimes in very traumatic ways. Therapeutic interventions, therefore, should not only be nonintrusive but provide high levels of safety for children. Play therapy does this. Play therapy provides children a safe place and safe relationship in which to abreact. It works through the use of metaphors and symbols, where toys and play may represent an abuser or an abusive situation; through the use of projection, where intense and frightening emotions may be projected onto the play media and activity; and through sublimation, where negative emotions toward people may be displaced onto toys. Additionally, play therapy allows the child to experience in fantasy what is not allowed in reality: mastery and control over people and situations.

Group play therapy combines the advantages of the play therapy event with the benefits of group process. In the safety and growth-promoting setting of the play therapy experience and the natural course of interaction with other children in the group experience, children learn about themselves, others, and life.

Group Play Therapy in Practice

When children are experiencing interpersonal and intrapersonal difficulties, group play therapy can be a dynamic intervention. In addition to learning about themselves and others, children benefit from the reciprocal encouragement of the group process. Before discussing some technical considerations of group work with children, it is helpful to explore some of the benefits and rationale for group play therapy with children. Sweeney (1997) summarized nine basic advantages of therapeutic play groups:

- Groups tend to promote spontaneity in children and may therefore increase their level of participation in the play. The therapist's attempt to communicate permissiveness is enhanced by the group dynamics, thus freeing children to risk engagement in various play behaviors.
- The affective life of children is dealt with at two levels – the intrapsychic issues of individual group members and the interpersonal issues between the therapist and group members.
- Vicarious learning and catharsis take place in any group setting. Children observe the emotional and behavior expressions of other group members and learn coping behaviors, problem-solving skills, and alternative avenues of self-expression. As children see other group members engage in activities that they may initially feel cautious or apprehensive about, they gain the courage to explore.
- Children experience the opportunity for self-growth and self-exploration in group play therapy. This process is facilitated by the responses and reactions of group members to a child's emotional and behavioral expression. Children have the opportunity to reflect on and achieve insight into self as they learn to evaluate and reevaluate themselves in light of peer feedback.
- Groups provide significant opportunities to anchor children to the world of reality. Limit setting and reality testing occur not only between the therapist and individual group member but also among the children themselves. Because the group serves as a tangible microcosm of society, the group play therapy experience is tangibly tied to reality.
- Because play therapy groups serve as a microcosm of society, the therapist has the opportunity to gain substantial insight into the children's presentation in their everyday lives. This real-life perspective may be seen in the microcosm evident in the playroom.
- The group play setting may decrease a child's need or tendency to be repetitious or to retreat into fantasy play. While these behaviors may be necessary for some children in the processing of their issues, the group play therapy setting can bring children stuck in repetition or fantasy into the here-and-now.
- Children have the opportunity to practice for everyday life. The therapeutic play group provides the opportunity for children to develop interpersonal skills, master new behaviors, offer and receive assistance, and experiment with alternative expressions of emotions and behavior.
- The presence of more than one child in the play therapy setting may assist in the development of the therapeutic relationship for some children. As withdrawn children observe the therapist building trust with other children, they are often drawn in. This helps reduce the anxiety of children unsure about the playroom and the person of the therapist.

Ethical and Legal Considerations

It is appropriate to reiterate the need and ethical responsibility for a group play therapist to have proper training and supervised experience in the field. Additionally, child therapists must be familiar with the laws of the state in which they practice. Counselors should also be aware of the ethical guidelines of the corresponding professional organizations, as well as the policies and procedures for any employing institution. For therapists who focus on group work, the Ethical Guidelines for Group Counselors established by the Association for Specialists in Group Work (1990) are also a useful resource.

Parental permission must be obtained prior to providing group therapy for children, just as with individual counseling. Since parents are legally responsible for their children, they must be made aware of the purpose of the group, and appropriate consent secured. Bear in mind that child custody is frequently an issue, so it is crucial for the therapist to ensure that it is the legal guardian who is providing the consent, and that it is informed consent. Planned exercises should be explained to the parents—and to the children. In some situations, namely a school counseling setting, additional authorization may not be necessary.

Just as with any group, children cannot be given an absolute promise of confidentiality when in group play therapy. Confidentiality may need to be broken by the therapist in a reportable situation, as when it is essential to report abuse to authorities or to pass information on to school or agency administrators per policy.

Some states have strengthened parental rights laws. These laws may provide, in part, that no school employee may “encourage or coerce a child to withhold information from the child’s parents” (Texas Education Code, 1995). Consequently, school counselors have been informed that they may not request that the children in a counseling group maintain the confidentiality of what is shared by others in the group sessions. Even though the law may have been intended to be sure school personnel do not impose secrecy between any particular child and his or her parents, this expanded application has been made. Clearly, being well informed of one’s own state and professional laws and ethical codes is important.

Screening and preparation for the play groups is also an ethical issue. Children are rarely self-referred, so it is the therapist’s responsibility to ensure appropriate group placement. Just as with adult groups, children should have the opportunity to participate or leave the group.

Group Selection and Size

The success of a play therapy group may well be related to the selection of group members and the size of the group. Ginott asserts that the basic requirement for selection to a group is the presence of and capacity for “social hunger” (1975).

This refers to children's need to be accepted by their peers and a desire to attain and maintain status in the group.

Some children will not respond well to group play therapy. These children should generally be seen on an individual basis. While this is generally a case-by-case decision, Ginott (1961) suggested some contraindications:

- Siblings who exhibit intense rivalry
- Extremely aggressive children
- Sexually acting-out children
- Children experiencing difficulty due to poor infant-mother attachment
- Sociopathic children (that is, children intending to inflict harm or revenge)
- Children with an extremely poor self-image

The chapters that follow will discuss various criteria for group selection. It is generally recommended to use individual play therapy as part of the process of screening for potential group play therapy members. Even a single play session may reveal the indication or contraindication for inclusion in a group. Other screening methods may also be appropriate, including parent report, teacher report, behavioral assessment, and child interviews.

Another consideration in group work with children is the size of the group. Generally, the younger the children, the smaller the group. Very young children are usually just beginning to learn how to function in groups of any kind outside of their immediate family. An associated issue may be the level of structure that is provided in the group, and whether this should be related to the age of the children. This will generally vary according to the group theory and the group population, as will be discussed in later chapters. It is important to remember that it is challenging to attend to too many children, and most facilities cannot accommodate a large group. Remember that two children make a group, and even this small a group can be very beneficial.

It may be helpful to keep the group balanced. For example, whereas it is often helpful to run groups on particular topics and for particular populations, it may be appropriate to avoid composing a group of children who have experienced the same trauma. This may be necessary to prevent an escalation of traumatic behaviors or emotions.

If a group has two girls, it may be helpful to balance it out with two boys. It is generally suggested that a group not have a majority of one gender. If a group has two withdrawn children, it may be helpful to balance it with two outgoing or assertive children.

Although this varies with sibling group play therapy and other cases, the age range of children in group play therapy should generally not exceed twelve months. The difference between a three-year-old and a five-year-old is simply too

great for most therapeutic purposes. Unless developmental delays are an issue, this is an appropriate rule of thumb to follow. In terms of gender, children generally do not need to be separated by gender until middle school or junior high school age. Finally, physical size of the children also needs to be taken into consideration. Given the variety of growth patterns of individual children, a single larger or smaller child is not recommended. As with other dynamics, balance is the key.

Group Setting and Materials

A crucial initial consideration should be the facility and materials to be used for the therapeutic play group. A regular counseling office may not be appropriate because of the necessity to set too many limits. Whereas many group rooms are equipped with carpeting, chairs, and soft pillows, a play group room will often have different needs. Ideally, a group room that is set aside for play therapy groups is best, floored with tile and equipped with sturdy toys and furniture. An adequately sized room that is not devoted to play therapy will work, however, as long as the therapist recognizes the need for appropriate limits.

The room should not be too small or too large. A room that is at least twelve by fifteen feet is suggested. A playroom that is too small can lead to frustration and aggression between group members. A room that is too large not only creates the possibility of uncontrolled behavior but also enables the withdrawn child to avoid interaction. The potential for high levels of noise and messiness should also be noted, making the location of the group room in a counseling facility an important consideration.

The play materials may vary according to theory and purpose. Landreth (1991, p. 116) suggests that in general, the play media should be selected to support the following purposes:

- Facilitate a wide range of creative expression
- Facilitate a wide range of emotional expression
- Engage children's interests
- Facilitate expressive and exploratory play
- Allow exploration and expression without verbalization
- Allow success without prescribed structure
- Allow for noncommittal play

Another consideration may also be suggested. It may not be appropriate to provide enough toys of any one type so that each group member can have one. Whereas this may seem to promote fairness, it deprives children of the opportunity to learn to share and resolve conflict with limited play materials.

With older children and adolescents, an activity group setting of some kind is recommended. One of the primary benefits of activity groups is that group members enjoy the continued opportunity for nonverbal expression that play therapy provides, with the accompanied advantage of group activities and discussion.

Length and Frequency of Sessions

The length of each group session must be considered. It is generally recommended to relate the length of the group session to the age of the child members. Simply, the younger the children are—generally, the shorter the session. The group facilitator must consider the attention span of the children, taking note to consider psychological age over chronological age. For preschool children and early elementary-aged children, a play therapy group may run for twenty to forty minutes. For children approaching middle or junior high school, the groups may run well over an hour.

The duration of the group will also vary. Gumaer (1984) noted that most research indicates that for group counseling to be effective with children, a minimum of ten sessions is necessary. Again, this will vary for play groups meeting in different settings (schools, hospitals, and so on) and for different populations (sexually abused, grieving, and so on).

Frequency of group meetings is another issue to deliberate. This will relate to the purpose of the group and the severity of presenting problems. Intensive short-term groups meeting two to five times per week may be very effective. Kotz's (1995) research reported positive results on the efficacy of short-term, intensive child-centered play therapy with children who had witnessed domestic violence and were temporarily residing in family shelters. Although this research involved individual play therapy, it points to the significant potential for short-term, intensive therapeutic play groups.

Therapeutic Responses

While the responses of the group play therapist may again vary according to theory and setting, a few basics should be considered. The therapeutic role of the counselor in group play therapy is similar to that in individual play therapy. However, the group play therapist must have a high tolerance for messiness and noise and must be able to handle frequent chaos. It is imperative that the therapist keep responses balanced between group members and avoid placing the focus on children who are more active or needy. This is an easy trap to fall into but sends messages of nonacceptance to children who are less verbal and less active. These messages generally reinforce an already present—and negative—view of self.

As with any client, therapeutic responses should not be intrusive, and with group play therapy should include the child's name. If a response is made without the child's name, the group members may not know to whom the response is directed. Additionally, it is helpful to avoid using the third person when interacting with the children. For example, when simply tracking behavior, it is best to replace statements like "Randy is playing in the sand" with those in the form "Randy, you're playing in the sand." Children, not unlike adults, are honored when talked to rather than talked about.

Limit-Setting in Groups

The appropriate setting of therapeutic limits in play therapy is one of the most curative and growth-promoting aspects of the counseling process. The pace of group play therapy is magnified considerably over that of individual sessions, and the attending and responsive skills of the therapist may be greatly challenged. The group play therapist must be an expert limit-setter.

A reminder of the basic rationale for setting limits in the playroom may be helpful. Landreth and Sweeney (1997) summarized the following:

- (1) Limits define the boundaries of the therapeutic relationship;
- (2) limits provide security and safety for the child, both physically and emotionally;
- (3) limits demonstrate the therapist's intent to provide safety for the child;
- (4) limits anchor the session to reality;
- (5) limits allow the therapist to maintain a positive and accepting attitude toward the child;
- (6) limits allow the child to express negative feelings without causing harm, and the subsequent fear of retaliation;
- (7) limits offer stability and consistency;
- (8) limits promote and enhance the child's sense of self-responsibility and self-control;
- (9) limits protect the play therapy room; and
- (10) limits provide for the maintenance of legal, ethical, and professional standards [p. 34].

Limits and limit setting are unique in the therapeutic play group. Group members experience limits set not only by the therapist but also by the other group members. As suggested earlier, this serves a key function. The group play therapist also must be keen in anticipating limits and resolved to set limits. Clear and total (not conditional) limits are also imperative when working with groups. Because the activity level may be so high, it can be a temptation to constantly set limits so as to maintain control. The group play therapist should be patient and allow children to work things out for themselves, while setting appropriate limits.

Conclusion

Haim Ginott (1961) suggested that group play therapy is based on the assumption that children will modify their behavior in exchange for acceptance. This premise, combined with the capacity and tendency of children to seek out and establish relationships, underlies the therapeutic advantage for using group play therapy. Ginott posited that the primary goal for group play therapy, like all therapy, is enduring personality change (a strengthened ego and enhanced self-image). To this end, Ginott proposes several questions, from which we can summarize the primary therapeutic goals of group play therapy:

- Does the method facilitate or hinder the establishment of a therapeutic relationship?
- Does it accelerate or retard evocation of catharsis?
- Does it aid or obstruct attainment of insight?
- Does it augment or diminish opportunities for reality testing?
- Does it open or block channels for sublimation? (p. 2)

The answers to these questions bring focus to the goals of therapeutic play groups. Group play therapy should facilitate the establishment of a therapeutic relationship, the expression of emotions, and the development of insight, and it should provide opportunities for reality testing and for expressing feelings and needs in more acceptable ways.

The opportunity for children to connect with each other in reciprocal ways leads to an increased capacity to redirect behaviors into a more self-enhancing and interpersonally appropriate manner. Group play therapy experiences foster insight, which leads to a greater degree of self-control and correspondingly helps to decrease externalizing (acting-out or aggressive) and internalizing (acting-in or regressive) behaviors. Through the opportunity to communicate in their natural medium of communication, children also have increased opportunities to express feelings, desires, and needs in the group play therapy setting.

Although group play therapy has been successfully employed with children for some time, its use has been somewhat limited. Group play therapy successfully blends the benefits of play therapy and group process, and may well serve to optimize the limited resources of both therapists and children. Children grow and heal in a process that helps them translate their learning into life outside the play setting. Group play therapy provides this setting.

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