

CHAPTER

1



An Introduction to the Field of Play Therapy

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The field of play therapy in the Western tradition began when the early pioneers of psychotherapy began to apply and adapt their emerging approaches to psychotherapy with adults to the mental health needs of children. Early on, play was identified as a child's natural way of establishing relationships, communicating, and problem solving. Sigmund Freud saw play as a child-like form of free association, and as such, thought it could provide a window to the inner workings of the child's mind (D'Angelo & Koocher, 2011; Ellenberger, 1981). Hermione Hug-Hellmuth (1921) published and presented the first professional paper using the term *play therapy*. Anna Freud (1936/1966) and Melanie Klein (1932) focused on extending and applying psychoanalytic approaches to children, and each wrote of the role of play in their work with children (Donaldson, 1996). Play in therapy was seen as developmentally appropriate for interacting with children and as a vital part of the psychotherapeutic process (Carmichael, 2006; O'Connor, 2000). Initially, however, play was not seen as a separate modality from analysis but as a seamless part of the therapy process. As Donald Winnicott (1971) described:

Psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist. Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play. (p. 53)

Since these early beginnings, a number of clinical models of psychotherapy for adults (behavioral, client-centered, cognitive, and gestalt) began to develop that both built on and challenged the assumptions of the early analytic models (Prochaska & Norcross, 2010). Many of these models were then adapted for use with children, utilizing play as a way to engage, assess, communicate, and positively impact their young clients (Carmichael, 2006; Kottman, 2011; Landreth,

2012; O'Connor, 2000). Throughout its history, play therapy has been practiced by a variety of child mental health professions, each of which adapted it through the lens of their own evolving disciplines, responding to the needs of children in their distinct historical times, and creating applications for their treatment settings. Play therapy was not so much seen as a professional field distinct from the broader field of psychotherapy, but as a particular way of extending psychotherapy to children in a form better matched to their developmental, emotional, cognitive, and relational abilities.

CHALLENGES TO PSYCHOTHERAPY AND PLAY THERAPY

Mental health professionals continued to develop various psychotherapy models, and by the 1970s there were almost 100 models (Saltzman & Norcross, 1990) with competing claims of applicability, efficacy, and primacy. Research findings on the effectiveness of psychotherapy ranged widely, from studies showing little or no benefit to any type of psychotherapy to studies showing substantial benefit for many types of psychotherapy (Prochaska & Norcross, 2010; Saltzman & Norcross, 1990). Simultaneously, child development research had been growing since the 1950s and was being incorporated into the practice of child psychotherapy. Behavioral models were becoming more widely used. These emphasized a more psychoeducational approach to clinical practice, with less emphasis on the relational and dynamic processes that had characterized the field up until then. This proliferation of models and claims resulted in a call for more dialogue between researchers and practitioners, the development of integrated models, more accountability for therapeutic outcomes, and the development of more research-based prescriptive psychotherapy adaptations (Duncan, Miller, Wampold, & Hubble, 2010; Norcross, VandenBos, & Freedheim, 2011; Wampold, 2001).

Through the 1960s and into the 1980s (and for that matter, even today) play therapy has continued to be practiced by child mental health professionals from various disciplines using the whole range of existing psychotherapy models. This combination of interdisciplinary practice and the variety of therapeutic models has created a rich play therapy tradition. Yet, these same qualities made it difficult for play therapy as a field to provide a unified response to competing trends that challenged the use and effectiveness of play therapy as a form of child psychotherapy. Louise Guerney and Charles Schaefer, active proponents of play therapy during this period, have reflected on the challenges the field faced (Association for Play Therapy, 2010b, 2010d). There were few, if any, books or articles being published in the field, training opportunities were limited, and there was no professional group specifically identified to promote the field. It was, as Guerney described it, “the dark ages of play therapy” (Association for Play Therapy, 2010b).

THE FIELD OF PLAY THERAPY BEGINS TO EMERGE

Out of those challenges came a proposal by Charles Schaefer to form an organization to revitalize the field of play therapy. In 1982, he enlisted Kevin O'Connor as a cofounder and formed the Association for Play Therapy, initially bringing together a group of play therapy professionals for the exchange of information, establishment of training, and creation of collaborative networks of researchers, educators, and practitioners (Association for Play Therapy, 2010d). O'Connor took the lead in creating the association's first newsletter, and Schaefer coordinated the first few national conferences. Along with Schaefer and O'Connor, the original directors included Louise Guerney, Eleanor Irwin, Ann Jernberg, Garry Landreth, Henry Maier, Borislava Mandich, and

Eileen Nickerson (Association for Play Therapy, 2014). Two years later, the association offices moved to California and were housed at the California School of Professional Psychology, where O'Connor had been appointed as a faculty member. The association began to grow, and over time it began to realize the vision of its founders.

Developing a Strong Professional Organization

The early group of networking play therapy practitioners, instructors, and researchers would need the strength and resources of a much larger organization. Seeing the need to involve a wider base of play therapists, the board of directors named Lessie Perry as the first membership campaign chair in 1988 to lead this effort (Association for Play Therapy, 2010c). In 1991, the association launched a companion fundraising organization, the Foundation for Play Therapy, to help fund play therapy research and public awareness campaigns. In 1992, the first two state branches were chartered in Oregon and Texas (Association for Play Therapy, 2014) in an effort to begin to better serve the networking and training needs of play therapists on a more regional basis.

The association held its first annual conference in 1984, hosting over 50 mental health professionals committed to the emerging field of play therapy. The first three conferences were held in New York. The fourth conference was hosted by the University of North Texas in 1987 under the direction of Garry Landreth. Since then, the conference site has been rotated among geographic areas of the United States of America and Canada to expand the reach of the organization and its mission. There were over 1,100 attendees at the 10th conference held in Atlanta in 1993, and overall membership stood right at 3,000. The 10th conference provided a forum for a number of leaders in the field to offer their insights on the developments in the field over the past 10 years and the challenges that lay ahead (Berner, Duke, Guillory, & Oe, 1994). John Allan identified opportunities for growth including the need for qualified play therapy supervisors; the development of well-equipped play therapy rooms in schools, agencies, and hospitals; more collaboration between play therapy and family therapy; and more play therapy research. Kevin O'Connor expanded on the research challenges by calling for the increased identification of basic play therapy processes and the development of a comprehensive theoretical model. Charles Schaefer called for research to identify whether specific disorders would benefit from specific types of play therapy. These themes have shaped the association's mission since then and are woven into many of the current programs and initiatives.

In this same general time frame, Phillips and Landreth (1995, 1998) conducted an extensive survey of mental health professionals practicing play therapy, including many members of the association and a number of other professionals identified through related interests and organizations. They found the greatest number of play therapists self-reported having an eclectic theoretical orientation, followed by those who reported having a client-centered orientation. Most of those surveyed had received their play therapy training through continuing education rather than university-based graduate course work. Most reported minimal training in child development, with most of that training coming through continuing education. Phillips and Landreth suggested graduate education opportunities in both play therapy and child development would need to be expanded to support both good practice and the kind of research needed to better define the field. There would also need to be more opportunities for new practitioners to receive play therapy supervision and mentoring in order to ensure adherence to the best standards of practice.

Kevin O'Connor remained as the executive director until 1998, leading the association from its early days as a networking group to a multifaceted professional organization. The association had grown to the point that a full-time professional association executive was needed, and in 1999, William Burns was named executive director (later becoming president and CEO).

The association has maintained its office in the Fresno, California, area throughout its history, with its current office in nearby Clovis. Three of the first staff members, Kathryn Leiby, Diane Leon, and Carol Muñoz Guerrero, have been part of the organization since the 1990s. The association transitioned from an appointed to a membership-elected board of directors, with the board chair elected by the directors themselves. Over the first 20 years, the organization made strides in cultivating new leadership, reshaping organizational governance, and creating a more stable financial foundation to support the association's evolving mission.

As the association approached its 20th anniversary, Ryan, Gomory, and Lacasse (2002) surveyed the membership, which at that point included just over 4,000 members. Based on the results of the survey, there was a renewed call for strengthening the quality of continuing education and encouraging the development of more graduate-level classroom and clinical training in play therapy. Although play therapy services were being provided to a wider range of clients, the play therapists providing the services were likely to be Anglo or Euro American females, which was a more narrow demographic than the populations served. It was recommended the association support efforts to recruit a more diverse membership, to support more culturally informed training, and to improve access to play therapy services.

In reflecting on his years with the association, Burns (Association for Play Therapy, 2013) noted two accomplishments in which he took particular pride. One of these was the launching of the Leadership Academy in 2005. The academy used an online learning platform to train current and future association leaders in the organizational mission and governance model. Since then, the academy has graduated cohorts annually, producing over 200 leaders better equipped for service to the association and the field of play therapy. The other accomplishment was the transformation of the association newsletter into a full-color, quarterly magazine, *Play Therapy*, in 2006. The new magazine was designed to highlight major organizational initiatives and feature articles on current interests and trends in play therapy.

Over the years other changes have also occurred. Membership has continued to grow from those initial 50 members in 1982 to a new high of 6,074 members at the time of this writing (K. Leiby, personal communication, July 27, 2014). Not only are there more members, but membership has expanded geographically not only across the United States of America, but throughout North America and into over 20 other countries around the world. William Burns retired as president and CEO in March 2014, and Katheryn Leiby, the first employee of the association originally hired in 1992, was named president and CEO.

Building a Strong Foundation for Play Therapy Practice and Research

The early leaders in the field and the growing membership of the association began to turn their attention from networking and organizing to the work of developing the field of play therapy by establishing a strong theoretical, technical, and research base for the field. There was a renewal of professional writing in the field to stimulate conversations on theory, practice, and research. Graduate education opportunities were expanded, and better training and supervision opportunities were developed. A credentialing process was established for play therapists and supervisors to help define the specialty area for other mental health professionals, as well as for members of the public who might access these services. A review of existing play therapy research by Roger Phillips in 1985 noted, "surprisingly little is known about play therapy from experimental work" (p. 752). Most of what had been written about play therapy had been written from a clinical perspective rather than a research perspective. Much of what had been published had been anecdotal and presented to illustrate a particular model of therapy rather than to rigorously study the specific impacts of play on therapeutic outcomes. For research to proceed, play and its

therapeutic components, as well as play therapy, would need to be operationally defined to allow for empirically based outcome measures.

Defining Play Therapy

Not long after play was first incorporated into clinical work with children, multiple definitions of play, of psychotherapy, and of play in psychotherapy were developed. Many people also recognized that play, in its many forms, was beneficial and might be used by those interacting with children to promote children's well-being. But what made play therapeutic? What was play therapy? One of the association's early initiatives was the development of a shared, operational definition of play therapy that would serve as the foundation for the development of comprehensive theories, rigorous research, and unified efforts in promoting the field to other professionals and the public. After much review and discussion, the board of directors adopted this definition in 1997:

Play therapy is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties to achieve optimal growth and development. (Association for Play Therapy, 1997)

New Publications in Play Therapy

A new generation of publications in play therapy began with *Handbook of Play Therapy* (Schaefer & O'Connor, 1983), which included contributions from a number of those early members of the association. The *Handbook* was followed by a second volume (O'Connor & Schaefer, 1994) with updates on recent trends in the field. These early volumes were the predecessors of this current book. The first 10 years of this new emphasis on professional publications included books by authors such as John Allan (1988), Eliana Gil (1991), and Garry Landreth (1991).

In response to the need for new play therapy research, the *International Journal of Play Therapy* was first published by the Association for Play Therapy in 1992 under the direction of then executive director Kevin O'Connor and guest editor-in-chief Cynthia K. Bromberg. Following the premier issue, the journal was published semiannually and then expanded to quarterly issues in 2009. The association now contracts with the American Psychological Association for the distribution of the journal, which includes electronic archiving of all issues so these are available to researchers around the world.

Developing Graduate Education Specific to Play Therapy

Garry Landreth established the Center for Play Therapy in 1980 at the University of North Texas in Denton. The center has become the largest play therapy training program in the world, providing graduate training at the master's and doctoral levels and continuing education for professionals and serving as the site of ongoing play therapy research and training. The center includes a comprehensive library of play therapy resources for practice and research and sponsors an annual Summer Play Therapy Institute and Fall Play Therapy Conference (Landreth, 2012). At the time the center was established, there were approximately 40 universities in the United States offering at least some coursework in play therapy. As of December 2013, 177 universities reported offering coursework as well as increasing opportunities for clinical practicum experiences (Burns, 2014).

In 2009, the association adopted standards for Approved Centers of Play Therapy Education to continue to encourage the training of practitioners and researchers in play therapy. Modeled on the example set by the Center for Play Therapy at the University of North Texas, the purpose

of these standards was to encourage the training of highly qualified practitioners and researchers who could produce new, peer-reviewed publications and generate research to advance the field of play therapy in the professional community and among the public. The Center for Play Therapy became the first approved center in June 2009, and at the time of this writing, there were 23 approved centers across the United States of America supporting play therapy theory, research, and practice (K. Lebbey, personal communication, July 27, 2014).

Establishing Credentialing and Standards of Practice

In the early 1990s, Diane Frey (Association for Play Therapy, 2010a) and other leaders began developing a credentialing process for play therapists to help identify the core knowledge and skills mental health professionals of any discipline who practiced play therapy should have. Registration was seen as an important way to encourage high standards of training and practice of play therapy to better protect clients and to raise professional and public awareness of the field. In 1993, the Registered Play Therapist (RPT) and Registered Play Therapist-Supervisor (RPT-S) credentials were first offered, and at the end of 2013, there were 1,184 RPTs and 1,785 RPT-Ss recognized around the world.

To ensure play therapists were able to obtain high quality continuing education, the association established standards for Approved Providers of Play Therapy Continuing Education (Association for Play Therapy, 2010a). Each year, thousands of hours of continuing education are offered across the country by such approved providers. In 2001, the association launched its first web-based continuing education program to make high-quality training available to anyone with Internet access. The association's E-Learning Center was launched in 2008, offering a wide range of noncontact continuing education hours for new and experienced play therapists (Association for Play Therapy, 2014).

Play therapists are a multidisciplinary group made up of psychologists, counselors, family therapists, social workers, clinical nurse practitioners, and others. Each of these mental health disciplines has its own standards of practice, codes of ethics, and licensing regulations. To supplement these varied guidelines, regulations, and codes of ethics, the Association of Play Therapy developed guidelines specific to the practice of play therapy. These address situations that are more common in play therapy and/or in clinical work with children. The Voluntary Play Therapy Practice Guidelines developed in 2003 were updated in 2009 and 2012 as the Play Therapy Best Practices (Association for Play Therapy, 2012c). In addition, the association's "Paper on Touch: Clinical, Professional, and Ethical Issues" (Association for Play Therapy, 2012b) addresses issues specific to the use of therapeutic touch in play therapy.

Establishing a Research Base

Historical debates on the value of psychotherapy were primarily internal debates among practitioners and researchers regarding the validity of particular theoretical models. Today's debates involve many more stakeholders, such as third-party payers, health policy leaders, and consumers, with an emphasis on outcomes for specific clients and with specific problems. Developed from empirical research methods in the medical field (Norcross, Beutler, & Levant, 2006), play therapy research has followed this trend toward evidence-based practice, moving from studies that mostly compared the effectiveness of various models of play therapy to research focusing on the therapeutic relationship, the matching of the therapeutic approach to clients served, and the identification of the therapeutic mechanisms of play therapy across play therapy models (Drewes, 2011a, 2011b).

Baggerly and Bratton (2010) outlined a progression of controlled outcome studies in play therapy that have occurred since early leaders in the association began their push to establish a substantial body of play therapy research. Meta-analytic studies of previous research have demonstrated that play therapy can be effective in treating a number of presenting problems (Bratton & Ray, 2000; Bratton, Ray, Rhine, & Jones, 2005; LeBlanc & Ritchie, 2001; Ray, Bratton, Rhine, & Jones, 2001). The Foundation for Play Therapy, the association's fundraising partner, has sponsored research forums for a number of years, and several years ago it made several substantial financial grants for play therapy research projects that showed promise for meeting evidence-based standards. Edited books by Reddy, Files-Hall, and Schaefer (2005) and Drewes (2009) offered examples of play therapy researchers responding to the call for research to help create an evidence base for the practice of play therapy.

PLAY THERAPY PRACTICE AND RESEARCH ADVANCING INTO THE FUTURE

Kazdin (2009) has pointed out that although there is a wealth of research literature on child psychotherapies, our empirical understanding of the process and outcomes is still limited. In an interview in 2010, Charles Schaefer characterized play therapy research as still "in its infancy" (Association for Play Therapy, 2010d), and he called for well-designed and well-controlled studies that would compare favorably to the types of research being done to create an evidence base for other forms of psychotherapy. To inform an evidence-based practice of play therapy today, there are specific needs for more rigorous research on the therapeutic mechanisms and therapeutic outcomes and effectiveness. D'Angelo and Koocher (2011), in their review of existing play therapy research, noted that there had been a dramatic increase in publications on play therapy over the past 10 years, and they noted a shift from more theory-specific approaches to a "more pragmatic and eclectic version of play therapy, frequently blended with more directive treatment" (p. 442).

In 2010, the *International Journal of Play Therapy* featured updates on the status of play therapy research. The quantity and quality of play therapy research have both certainly improved since Phillips's (1985) review 25 years earlier (Baggerly & Bratton, 2010). Urquiza (2010) described a division within the field of play therapy regarding research. Some people in the field are encouraging continued efforts to empirically demonstrate the value of play therapy to the larger field of mental health and to the stakeholders who pay for those services and expect results. Others have offered a strong critique of the use of medical model-type research and the applicability of such methods to psychotherapy research. While these groups have differed in research methodology, they both have the common goal of therapists being wise and intentional in their work and being accountable for the outcomes of their work. Urquiza made a number of recommendations to help move play therapy research efforts ahead, such as conducting more specific research examining the types of interventions to be used and the types of problems to be addressed, creating manualized treatments that can be readily replicated, and doing a better job of assessing subjects pre- and postintervention to better capture the range of possible relationships between the treatments provided and outcomes observed. He also outlined a progression of empirically supported research steps that might move play therapy research from preliminary studies to randomized controlled trials with results that can show particular play therapy approaches to be empirically "well established" or "probably efficacious" by evidence-based standards.

In 2010, Phillips updated the review of play therapy research he conducted in 1987. While acknowledging the surge of research and publications since then, he still came to the conclusion that "a body of credible scientific evidence for most of PT [play therapy] still does not exist"

(p. 13). He offered the observation that some of the problem has to do with researchers' inability to operationalize play and play therapy in such a way as to meaningfully confirm that what is done in session is indeed play therapy and that the outcomes attributed as results of these actions are truly the result of what is being called play therapy. He urged more research focusing on the "therapeutic mechanism issue" (p. 22). In contrast to Phillips' conclusions, Baggerly and Bratton (2010) reviewed recent play therapy research and had a considerably more positive conclusion; they state play therapy researchers "have made steady progress in conducting research of sufficient rigor to help establish play therapy as an evidence-based treatment" (p. 36).

Play Research and Interpersonal Neurobiology

D'Angelo and Koocher (2011) observed that research in child development is having a significant impact on current play therapy research and practice. Early psychoanalytic views of play were rooted in a 19th-century view of imagination as being primarily the internal activity of an individual on behalf of that individual. Recent research on the role of natural play has expanded and challenged those views. *Natural play*, as currently defined, is not only about personal imagination and self-expression but also about connecting with others and making meaning of one's experience in the social and cultural context. Play is interactional, impacting both the development of the child and the child's environment. Sutton-Smith (2008) described natural play as the child's first efforts to regulate personal responses to real conflicts, and play continues to be the child's major effort and handling conflict through life (Brown, 2009; Russ, 2004). When seen in the context of overall human development, play is a precursor to humans' abilities to parent empathically, foster friendships, relate intimately in partnerships, and pursue adult occupations with zest (Slade & Wolf, 1994). Eberle (2014) put it this way: "Play is an ancient, voluntary, 'emergent' process driven by pleasure that yet strengthens our muscles, instructs our social skills, tempers and deepens our positive emotions, and enables a state of balance that leaves us poised to play some more" (p. 231).

Schore (2012) and Siegel (2012) describe how advances in imaging technologies have given us new ways of understanding the interactions of brain and body as humans interact with each other and their environments. These findings have given us new information about the role of play in child development, informing our understanding of how play mediates the therapeutic relationship and becomes the source of a number of the underlying therapeutic mechanisms at work between therapist and client. Years ago, Bateson (1972) observed "the resemblance between the process of therapy and the phenomenon of play is, in fact, profound" (p. 191). Future therapeutic approaches in play therapy will need to incorporate these developmental understandings of play in conceptualizing the therapeutic alliance and in developing new play interventions (Russ, 2004).

Based on these new findings, Perry and colleagues (Barfield, Dobson, Gaskill, & Perry, 2012; Perry, 2006; Perry & Hanbrick, 2008; Perry, Pollard, Blakley, Baker, & Vigilante, 1995) developed the Neurosequential Model of Therapeutics. This model describes a progressive process of providing therapeutic interventions (including play interventions) sequenced to match the order of brain development. Interventions move from those aimed at remediating the function of the brain stem to those aimed at remediating the higher order functions of the frontal cortex. Initial therapeutic interventions, then, should be geared more toward sensory integration and self-regulation, and later interventions should be geared to more complex affective, cognitive, and relational work.

Play Therapy Integration and Therapeutic Powers of Play

Much like the broader field of psychotherapy, the field of play therapy has been gradually shifting away from model-specific treatments to more integrated and prescriptive models (Drewes, 2011a, 2011b; Drewes, Bratton, & Schaefer, 2011; Schaefer & Drewes, 2010, 2011, 2014). These models focus more on multimodal methods of assessing children's needs, matching these needs with interventions based on an understanding of the therapeutic mechanisms common in most models of child therapy and the factors that establish and maintain the therapeutic relationship. O'Connor (1991) developed one of the first integrative models of play therapy, Ecosystemic Play Therapy. Using an integrative theoretical approach (Drewes, 2011a, 2011b), O'Connor combined a number of elements of psychoanalytic therapy, child-centered therapy, developmental therapy, cognitive-behavioral therapy, Theraplay®,¹ and Reality Therapy (Glasser, 1975) into a comprehensive model of play therapy assessment and treatment (O'Connor, 1991, 2000, 2001, 2011; O'Connor & Ammen, 1997, 2013).

Schaefer has proposed integrative play therapy approaches with an emphasis on the common factors of play therapy and prescriptive methods of tailoring play therapy interventions for specific clients and conditions (Drewes, 2011a, 2011b). In *The Therapeutic Powers of Play*, Schaefer (1993) originally identified 14 change mechanisms common to all play therapy models, and he recently expanded the list to 20 in *The Therapeutic Powers of Play: 20 Core Agents of Change* (Schaefer & Drewes, 2014). Kazdin (2009), in a review of research on therapeutic processes in child therapy, observed that the focus needs to be on the mechanisms of therapeutic change so continued efforts to describe these therapeutic powers of play can lead to studies focused on how and why these therapeutic powers work. Schaefer sees this as one of the promising avenues for future research in play therapy (Association for Play Therapy, 2010d).

Integrative and common-factor research in the broader field of psychotherapy has also reinforced the importance of the therapeutic relationship and the need to better understand how the relationship of therapist and client, in and of itself, is therapeutic (Duncan et al., 2010). Play was initially incorporated into child psychotherapy as a way of developing and enhancing the therapeutic relationship (Carmichael, 2006; O'Connor, 2000). Ginott (1959), Guerney (2001), Landreth (2012), and others (Cochran, Nordling, & Cochran, 2010; VanFleet, Sywulak, Sniscak, & Guerney, 2010; Wilson & Ryan, 2006) have greatly expanded our understanding of the dynamics of the therapeutic relationship in play therapy. This emphasis on the therapeutic relationship has been reinforced by recent research in interpersonal neurobiology. Schore (2012) suggested that the work of psychotherapy "is not defined by what the therapist does for the patient, or says to the patient (left brain focus). Rather, the key mechanism is how to be with the patient, especially during affectively stressful moments (right brain focus)" (p. 44).

Play Therapy and Special Populations

Play therapy approaches have begun to spread well beyond the focus of individual client dynamics and the world of young children. Parents and other family members began to be included in therapeutic sessions. The non-verbal and experiential aspects of play therapy began to be included in therapeutic applications to a range of client ages, from adolescents to adults in later life.

¹Theraplay is a registered service mark of The Theraplay Institute, Evanston, IL.

Parent and Family Involvement in Play Therapy

Louise Guerney explained that when she and her spouse/coresearcher Bernard Guerney began to include parents in play therapy work they were doing, “parents were not seen as agents of change” (Association for Play Therapy, 2010b). Landreth today refers to the Guerney’s development of Filial Therapy as “the most significant development in play therapy over the past 50 years” (Association for Play Therapy, 2012a). As Landreth sees it, involving parents creates an “intergenerational process—a bridge to addressing issues on a societal level,” impacting the lives of children served in ways far beyond the therapy room. Meta-analytic studies of play therapy outcomes have indicated that parent involvement is one of the key factors to success in play therapy (Bratton et al., 2005; LeBlanc & Ritchie, 2001).

Play Therapy Through the Life Cycle

Frey (Association for Play Therapy, 2010a), Landreth (Association for Play Therapy, 2012a), and Schaefer (Association for Play Therapy, 2010d) all point to the future of play therapy as including clients of all ages. Contemporary research on natural play emphasizes the functions of play throughout the life cycle to maintain emotional balance and connection with significant others. Play therapists are finding new ways of applying the therapeutic powers of play with adolescents, adults, and senior adults.

Cultural Competency in Play Therapy

O’Connor (1991, 2000) and later O’Connor and Ammen (1997, 2013) dedicated full chapters in their books to the importance of considering diversity issues in all aspects of play therapy practice. O’Connor also wrote a comprehensive article on the topic for the journal *Professional Psychology: Research and Practice* (2005). Gil and Drewes (2005) edited the first major book on cultural dimensions in play therapy to stimulate the conversation about culture and diversity in the play room. Subsequently, the Association for Play Therapy adopted as policy the recognition, incorporation, and preservation of diversity in play and play therapy (Association for Play Therapy, 2014). One of the association’s recent national conferences featured diversity as the conference theme, with many of the branch associations taking similar initiatives. All professional continuing education proposals approved by the association now must include details on how diversity issues impact the subject matter.

The Future of Play Therapy Is Now

Recent research in natural play and in interpersonal neurobiology have provided the field of play therapy with a fresh look at how to understand both the experience of play and play therapy. Yet, with the new truth is also a very old truth: Play is an integral part of how we connect with our loved ones, our world, and our selves. Play is how we rehearse for the challenges of life and refresh ourselves after taking on those challenges. The therapeutic powers of play are the therapeutic powers of life and renewal.

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