Introduction: The Child-Centered Approach, Student and Practitioner Approaches to Learning, and Our Approach to Teaching

Chapter 1

COPYRIGHTED MATERIAL

Play therapy is based upon the fact that play is the child's natural medium of self expression. It is an opportunity which is given to the child to 'play out' his feelings and problems just as, in certain types of adult therapy, an individual 'talks out' his difficulties.

—Excerpt from the classic Play Therapy *by Virginia Axline*

Overview: The Core Application Focus Issues

Perhaps you are a student in the helping professions. You want to help children and you've heard of play therapy, but you don't know how and why it works, or how to do it. While you will additionally need supervision and instruction, this book is designed to take you as far as possible toward being ready to apply the skills needed to be a deeply healing therapeutic agent for the children you serve. When you complete your study, you should be well on your way to being able to do the work, as well as to acquiring a deep understanding of the "how and why" behind the skills. As you come to understand the work through your study, we encourage you to think of how you can explain what you are learning to others with interests in helping children, but who do not yet have the background and education to know how. Honing your skills in explaining to others the benefits of child-centered play therapy (CCPT)—what you do and why—will be an important addition to your overall proficiency as a play therapist.

Perhaps you are a practicing counselor or therapist, but learning play therapy and the child-centered approach is quite different from the work that you have been doing. This book is well designed for active learning and will provide you guidance in applying what you learn as you study. It is comprehensive in the skills you will need in addition to your graduate education in your particular discipline. Most of our chapters, especially the core or "essential skill sets" chapters, have "Common Problems Encountered" sections near the end. You may use these to prevent or troubleshoot common errors as you begin to apply your CCPT skills.

Perhaps you are a therapist or counselor who has long served adults and adolescents, but have limited experience providing direct counseling to children. Perhaps you have become discouraged by watching children continue to suffer, and dysfunction continue to cross generations, as some of your adult clients resist change. As Virginia Axline (1947, 1969) pointed out in the time-honored work *Play Therapy*, "while therapy (for children) might move ahead faster if the adults were also receiving therapy or counseling, it is not necessary for the adults to be helped in order to insure successful play therapy results (pg. 66)." We look forward to introducing you to the world of children and the child-centered approach to play therapy. In that world, change can come very quickly—if you are patient, almost anything is possible—and if you are open to it, the work can renew hope for children and parents, and be very gratifying.

In the coming pages we introduce child-centered play therapy and ourselves. Following this, we address some of the frequently asked questions that can be addressed in the beginning. In the following chapter, we address child-centered play therapy in the context of child and human development (Chapter 2), discuss ideal therapist qualities (Chapter 3), the underlying principles of play therapy, and the functions of play. In Part II, the essential skill sets, we guide you through preparing your contexts and each of the skills that you must master over time, from tracking with empathy (Chapter 6) to setting limits (Chapter 7), from role-play (Chapter 9) to understanding children's stages in child-centered play therapy (Chapter 10), from working with parents and teachers to evaluating progress and termination (Chapters 11 and 12). In Part III, we introduce you to wrap-around skills (Filial Therapy and Helping Children Capitalize on Gains Made in CCPT—Chapters 13 and 14) that grow from CCPT and are often helpful additions. And in Part IV we address CCPT in the context of governing principles of the helping professions such as ethical and professional issues and diversity issues in CCPT (Chapters 15 and 16).

Whatever your circumstances, theoretical base, or point of view in beginning your study, we encourage you to be an active learner. You may notice that each chapter begins with an application focus issue, intended to draw you into the core problem in helping children therapeutically that the chapter addresses. Following from this, each chapter continues with primary skill objectives that orient you to the goals of the chapter in skill-based terms. We encourage you to picture yourself in each of the case studies and illustrations. We encourage you to complete as many of the activities for further study as possible, in order to deepen your contemplation of CCPT and skill development.

While CCPT is a comprehensive skill set and we lay out a logical sequence of chapters and sections, as an engaged learner you may choose to jump to the chapters that seem to answer your most pressing questions first, coming to others as you follow the questions that come to your mind next. The book is designed to use as a reference, as well as an initial text. Our hope is that it will serve you in this time of your development, and also as a reference in your work in service to children for many years to come.

In concluding this introduction, may we say, "Welcome. Read on. We are optimistic for what you will learn. We are hopeful that our book will support you in the work you will do. There are many children in need of counseling, who are hurting and can use the help of a great new (or rejuvenated and renewed) child therapist or counselor. The better your skill development from this study of CCPT, the better our world will be."

Primary Skill Objectives

The following Primary Skill Objectives are provided to guide you through this introductory chapter, and for reflection and review after the completion of the chapter. After reading, it is our hope that you will:

1. Gain a basic understanding of what CCPT is and orient yourself for further study.
2. Meet the authors and gain some knowledge of our backgrounds, especially how we came to be passionate about this work.
3. Consider the importance of and establish goals for your personal development related to CCPT.
4. Gain the answers to frequently asked questions that are generally on the minds of professionals or students beginning their study of CCPT.

Figure 1.1

What Is Child-Centered Play Therapy?

Child-centered play therapy is evolved from and true to the approach that Virginia Axline simply called *Play Therapy* (Axline, 1947). As can be noted in the quote that leads into this chapter, play in therapy is the child's mode of communication, for sharing his world, his inner thoughts and feelings, and the meanings that he makes of his experience of his world. It is the child's opportunity to communicate what he could not as easily put into words. Play in therapy is also child-to-self communication. This is quite similar to the way that many adults go over and over a topic that has been bothering them when working with their counselor—in ways that they will not when thinking about it alone, even if they are thinking about it "all the time." When troubled, many humans will think about a matter or topic to a point of anxiety. This anxiety causes interruption in the thought, and they will then stop thinking about it—most times without reaching resolution or new meaning from the experience. In adult therapy, the counselor's listening and empathic responses help the adult client work through this anxiety and gain insight. In CCPT, with the counselor's attentive tracking and empathic responses, children work all the way through such repetitive, unproductive loops to reach new understandings of

E1C01_1 06/09/2010 5

their experience, and new decisions of who they want to be and how they want to behave. A skilled child-centered play therapist can facilitate this process for a child without the child having to do what may not be developmentally possible—that is, articulate in words such a complex and abstract process.

Please don't think that because the child need not articulate this process in words, and because it is child-centered (i.e., adult facilitated, but child led), that you cannot set practical goals, measure progress, and gain indications of a child's internal process from her play. Certainly you can, and as a rule should. We address these topics throughout the book, especially in Chapters 10–12.

Also, you may know that Virginia Axline and others referred to the approach in the early years as *nondirective*. We find this to be a misnomer. Being nondirective, attentive, and loving with a child is a very valuable and beautiful thing, but it does not approach the power and efficiency of a skilled child-centered approach when therapy or a significant counseling intervention is needed. We don't see child-centered play therapy as nondirective, even though it is child-centered. As playroom toys are carefully selected for child self-expression, it could be said that the playroom directs a child to self-express. However, it is important to also understand that children do not have to be directed to self-express. To facilitate a child's therapeutic self-expression, one only has to remove the impediments to self-expression. How to do this is addressed throughout the book, and through detailed descriptions and examples of the core skills of CCPT.

As the therapist attends to the child client's experience with empathic acceptance, the child is freed up and in a sense "directed" by being allowed to attend to his inner experience, his thoughts, feelings, reactions to his outer world, and his choices. As we explain in terms of child and human change theory in Chapter 2, a child does not need to be directed by his therapist to better behavior. This direction can come from his inner desire and drive to mature, once the child is open to it as opposed to defended against what he does not want to admit about himself or his experience. As the counselor attends to the child client's attempts at self-direction, facilitated through the structure and skills of CCPT, the child is directed to attend to his attempts at self-direction, self-responsibility, internal locus of control, and internal locus of evaluation.

CCPT is a different experience than everyday play for the child. In CCPT, the therapist utilizes a well defined set of skills in a consistent, predictable manner which creates a context which promotes children's

Table 1.1 **Examples of Mechanisms of Change in CCPT**

- Developing the Ability to Self-Express & Finding the "Moral Compass"
- Experiencing Self-Regulation
- Evaluating and Changing Irrational Self-Talk
- Choosing New Life Directions

self-expression and self-direction; so the therapist in CCPT is active, disciplined, and predictable. Paradoxically, this allows the child to engage in self-expression that is not structured or predictable, in which the child communicates to self and therapist through play, much the way an adult may discuss his concerns in a counseling session, leading to new awareness, new life decisions, and more mature choices.

CCPT has applications for common childhood problems and normally occurring concerns as well as anxiety, depression, oppositional defiance, sexual and physical abuse trauma, grief, and adjustments to life events. CCPT cannot "cure" problems of a more organic or biological nature such as attention deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder, or biochemical depression, but nonetheless it can successfully be utilized as a highly effective intervention before diagnosis, for example, to rule out or determine if the child's symptoms are transient and due to adjustment problems or developmental delays. And for children with correct diagnoses of neurological, biological, or organic disorders, CCPT is a highly effective adjunctive treatment. It helps children overcome effects that *can be* within their control. Because children with such disorders also tend to have concurrent emotional problems, they benefit greatly from CCPT, which strengthens internal locus of control and self-regulation and promotes a sense of self-worth, self-responsibility, and self-efficacy.

Mechanisms of Change in CCPT

It may help to introduce you to CCPT if we briefly introduce you to some of the many mechanisms of change within CCPT. Examples follow.

Developing the Ability to Self-Express

A child thrives when given the opportunity to discover her own "voice" in CCPT. Becoming aware of one's beliefs, intentions, and desires can be

difficult when constantly faced with the many expectations of others (not to mention the media) and the competitive environments of school and society. When a child is given the opportunity to experience himself as a thinking, feeling, autonomous being, he discovers that he can tap into internal resources to find a "moral compass" and that his thoughts and feelings can be experienced and expressed in an individual way. This "voice" may be found in art or music, in drama, movement, or words. It is a child's unique language that is listened to and understood by his therapist.

Experiencing Self-Regulation

CCPT provides a structure in which a child can self-express and cannot fail. This does not mean that there are no limits or consequences—certainly there are. As you will see, carefully applied limits and consequences are applied as needed to anchor the child's work to reality *and to* facilitate self-expression. However, the structure directs a child to realize the mistake made, realize the consequences, and continue the self-expression that he is driven to do in an acceptable way. In this process, a child learns that she can express her deepest, darkest emotions, and she can *manage the monster*, so to speak. She learns that she can let intense emotions out, and still control her actions. The child learns to self-regulate—release the emotions and contain oneself as needed.

Evaluating and Changing Irrational Self-Talk

Many children appear to change self-talk or their expectations for themselves in relation to their world in CCPT. If that self-talk happens to be irrational, it will not stand up to the clear light of examination through experience in the child-centered playroom. This leads to children's viewing themselves as good and lovable . . . and this leads to viewing others as good and approachable . . . and this leads to more secure attachment, approachability, and enhanced relationships with others.

Choosing New Life Directions

Very often, a child's choices can be too abstract for him to discuss in words, but can appear quite obviously in play therapy. Children can often be seen to vacillate between "good" and "bad," alternating from

characters that represent the worst of their thoughts and inclinations to those of their best. In such moments, children may be trying on the different personas as if to see how they feel, to see which feels like the person he wants to be. Fortunately, given the opportunity, a child will choose the best he can be. When a child is stuck in the "bad" or inhibited from choosing to be his best, CCPT provides the opportunity to get to that best self that he *is almost ready* to be, but has been defended and inhibited from being.

Can the Process Really Be Child-Centered? Does a Child Really Know the Way?

Our answers to the questions in the section title are "yes" and "yes, given the necessary conditions." We find these questions very understandable. Trusting that the child knows the way—the true path to her healing—can be a difficult leap of faith. By socialization or intuition, we, like many adults, learn to take care of children, to teach and guide them. Obviously, there is much that children cannot do for themselves. That is the nature of being a child in contrast to being an adult.

But can a child really know the way to his own deep internal repairs, to the changes needed to guide his external behavior to a better way? Can he overcome his progress inhibiting factors if you don't teach and guide him toward wise behavior? We address this in more depth in Chapter 2 and following chapters, but for this introduction suffice it to answer: Yes, he can—if he is provided with the right therapeutic conditions and with a structure carefully built to facilitate his explorations, a structure where there is nothing else to do but master the awareness and self-learning that he needs in order to direct his path toward his best self. If his problem is a discreet surface concern, it would be best to simply teach the behavior. But if his problem approaches the deep and internal, akin to "facing the monster" inside himself, or visiting a scary place or vulnerable time in his development, he needs a skilled therapist to be *right there with him* and to accompany him into his inner world. Yes, he can find the way, in the context of CCPT, but he cannot go there alone. Empowered in the therapeutic relationship, he can find his way there with his counselor accompanying him, and he will come back better, stronger, clearer thinking, and ready to face the challenges of his life with all the wisdom and maturity appropriate for his age.

Research Supporting CCPT

There is a significant research base supporting CCPT. In this section, we review one very helpful meta-analysis, a small sample of recent studies, and a small sample of older studies indicating the breadth of applications and results possible with CCPT.

Meta-Analysis

In a recent meta-analysis of 93 studies from 1953 to 2000 regarding the effectiveness of play therapy, Bratton, Ray, Rhine, and Jones (2005) found good effect sizes for play therapy in general, led in volume of studies (78%) and effect size (significantly larger at $p < 0.03$) by studies that are child-centered or very similar to CCPT. It would be difficult to make an exact claim for the child-centered approach from within this analysis partly due to the varying ways that persons in the field refer to child-centered and other approaches. Currently, there are multiple approaches to play therapy, so the child-centered approach is now commonly designated "child-centered," but originally, following from Axline's work, all play therapy was child-centered but referred to simply as "play therapy." Bratton et al. concluded, "Play therapy can be considered effective regardless of therapeutic approach, with the humanistic [CCPT or closely related] interventions demonstrating a large effect size and the non-humanistic treatments [e.g., behavioral, cognitive, and directive play therapy interventions, such as board games] demonstrating a moderate effect size" (p. 380).

Recent Studies

We provide a sample of recent studies representing the wide variety of successful results and applications of CCPT below. In a study of 36 elementary school children who are homeless, Baggerly and Jenkins (2009) found indications congruent with previous research of the effectiveness of CCPT with children who are homeless, demonstrating "improvement in homeless children's development related to classroom learning processes after receiving CCPT" (p. 51). Previously, in a study of child-centered group play therapy with 42 children who were homeless, Baggerly (2004) found significant improvements in self-esteem, anxiety, and depression.

Shen (2002) investigated the effectiveness of short-term child-centered group play therapy for 65 children in Taiwan who had

experienced an earthquake. In support of previous studies of play therapy with American children, children in the experimental group demonstrated significantly lower anxiety and suicide risk than children in the control group.

In a study with 41 elementary school–age children assigned to CCPT treatment or wait list control group, Ray, Blanco, Sullivan, and Holliman (2009) found that children with CCPT decreased aggressive behaviors statistically significantly, while children from the control group did not. Ray et al. explained that CCPT is an "intervention that offers the child an environment in which aggression can be expressed and empathically responded to" (p. 162).

In a study of 60 elementary school–age children identified as symptomatic of attention deficit/hyperactivity disorder by *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, Text Revision (DSM-IV-TR) criteria (American Psychiatric Association [APA], 2000) randomly assigned to sixteen 30-minute weekly sessions of CCPT or reading mentoring, Ray, Schottelkorb, and Tsai (2007) found that both groups demonstrated improvement critical to the disorder and school success, with the CCPT group demonstrating significantly more improvement in measurement areas "indicating that children in [CCPT] were significantly less stressful to their teachers in personal characteristics, specifically emotional distress, anxiety, and withdrawal difficulties" (p. 107). Additionally, in a longer term study of 23 children identified as exhibiting behavioral and emotional difficulties, Muro, Ray, Schottelkorb, Smith, and Blanco (2006) took extensive measures after 16 and 32 sessions, finding significant global improvements across a variety of relevant scales after 32 sessions, with improvement being statistically steady over the full duration of therapy.

Danger and Landreth (2005) found a large practical significance in helping prekindergarten and kindergarten children with speech difficulties improve expressive and receptive language skills. Garza and Bratton (2005) examined the effects of CCPT compared to a curriculum-based small group intervention for 29 Hispanic children referred due to behavior problems, finding CCPT to show statistically significant decreases and large treatment effects in externalizing behavior problems compared to the curriculum-based treatment group, as well as moderate treatment effects on internalizing behavior problems.

Demanchick, N. H. Cochran, and J. L. Cochran (2003) presented two case studies indicating improvement in adults with developmental disabilities who were experiencing severe and persistent behavioral

and emotional difficulties for which no other intervention had seemed effective. Demanchick et al. noted that "due to problems in communicating with psychologists, counselors, and other daily helpers, adults with developmental disabilities may experience a lifetime of daily routines that involve few if any opportunities for emotional expression, validation and growth" (p. 47).

Similarly, Ledyard (1999) presented three cases studies of CCPT with elderly nursing home residents. Observed changes include decreased depression, heightened self-esteem, and improved socialization skills.

Older Research

Sampling from older research to exemplify the breadth of application and results, CCPT has been evidenced as effective with: alleviation of hair pulling (Barlow, Strother, & Landreth, 1985), amelioration of selective mutism (Barlow, Strother, & Landreth, 1986), increased emotional adjustment of sexually abused children and witnesses of domestic violence (Kot, Landreth, & Giordano, 1998), progress from poor reading performance (Axline, 1947; Bills, 1950; Bixler, 1945), improved academic success for children with learning disabilities (Axline, 1949; Guerney, 1983c), decreased speech problems (Axline & Rogers, 1945; Dupent, Landsman, & Valentine, 1953), improved social and emotional adjustment (Axline, 1948; 1964), and improved self-concept (Kot, Landreth, & Giordano, 1998) and self-efficacy (Fall, 1999).

The Background of CCPT in Theories of Counseling and Psychotherapy and Links to Varied Theories

Virginia Axline was a student, and subsequently a colleague of, Carl Rogers. Child-centered play therapy is the person-centered approach applied to helping children. It carries the clear person-centered focus on the core conditions of therapeutic relationships, including psychological contact and conveyance of the therapist's empathy, unconditional positive regard, and congruence (Rogers, 1957). It values an individual's self-responsibility, with choices in self-direction facilitated through self-awareness or discovery of previously denied aspects of self. And it values the therapist's being involved with and affected by clients through deep and genuine empathic connections.

In addition to person-centered, we see the mechanisms of change within CCPT resonating with a wide range of approaches to counseling and psychotherapy. For example, in a cognitive-behavioral approach (Beck & Weishaar, 2008; Ellis, 2008), a counselor might readily teach an adult client to think about thinking, to evaluate her thoughts, her "shoulds and musts," in order to change thought patterns that create dysfunction. But *thinking about thinking* is a higher order thought process not available to most children. We find that for children to change dysfunctional thoughts, a greater awareness of experience is needed rather than a greater awareness of thought. In CCPT, children gain awareness of previously denied experiences, and dysfunctional thoughts appear to change as evidenced in behavior change.

That process of realizing previously denied experience also has a partial connection with psychoanalytic, psychodynamic, or object relations approaches (Luborsky, O'Reilly-Landry, & Arlow, 2008). CCPT shares with the approaches a focus on the therapist-client relationship and each client's apparent inner experience. The focus is often on what is going on between the therapist and client. But unlike these approaches, interpretation would not be a part of the work for the same reason that a child-centered play therapist would not attempt to direct a child to think about thinking—to make meaning of the therapist's interpretation requires a cognitive function not possible for most children.

In an additional difference with these theories, a child-centered play therapist would also not direct a child to think about thinking or interpret a child's behavior because of the tremendous power differential between adult and child when a child is in counseling. To do so would be disempowering the child when the child-centered play therapist's goal is to empower the child to more self-responsible decisions. Also, to do so would tend to limit or end the child's self-expression before the child achieves the new awareness necessary to engage a new path of more self-responsible decisions.

CCPT shares the values from existential (Mendelowitz & Schneider, 2008) and gestalt (Yontef & Jacobs, 2008) approaches of awareness of one's experience in the here and now, including the experience of the "I thou" relationship with the therapist (Friedman, 1995, 2001; based on Buber, 1955). It shares reality therapy's (Wubbolding, 2000) high value of self-responsibility, while making much greater use of the child's own ability to take responsibility for himself and his actions. It shares the solution-focused (de Shazer, 1988; Fish, 1996; Hawkes, Marsh, & Wilgosh, 1998) perspective of seeing persons as

capable, seeing little need to focus on the problem or history, while providing a structure within which children choose to move in forward directions.

At times, it even shares key foci with behaviorism (Skinner, 1953). For example, limits are applied when necessary (see Chapter 7) to anchor the child's work to reality and to ensure a structure that facilitates self-expression. In such a situation, a child who has great difficulty tolerating limits (a common aspect of reasons for referral) learns the skill of tolerating limits. For such a child, the motivating reward in the CCPT structure may be continued time to self-express and the child-centered play therapist's continued empathy, unconditional positive regard, and genuine relating. For these naturally occurring rewards of the CCPT structure and therapeutic relationship, such a child becomes motivated to increase his tolerance of necessary limits in ways that he was not motivated in the structures of his other relationships.

Who We Are

It occurs to us that you should want to know about us, some of the backgrounds from which we write this book, and some of how we came to be passionate about CCPT. We will admit that we are "child-centered nerds," that is to say that we enjoy talking with others "on end" about our work and life experiences in providing child counseling services and teaching CCPT. Our work on this book together has been gratifying. We contend that a "child-centered nerd" is a great (and fun) kind of nerd to be! In order that you may know us better, we introduce ourselves next.

Nancy Cochran

Nancy's passion for CCPT seems an obvious outgrowth of her commitment to the care of and respect for children. She has long been a caregiver, observer, counselor, and passionate advocate of children. Nancy opens her CCPT classes and presentations remembering and sharing the play of her own childhood—and she likes to convey this time of childhood as being a time to be revered. From an early age she remembers her own free play and many creative opportunities. She also remembers the adults in her life who took the time to provide safety, caring attentiveness, and freedom as she explored the outdoors, painted and created, wrote, directed, and acted in plays she put on in

her backyard. She has found that during discussions of "childhood memories," as her students reveal varied experiences, some have a very difficult time remembering childhood at all, or when they do, it is very painful, and they are unable to share with others for some time. In these cases, most of the students report "always feeling like a little grown-up" or "lack of time to play" or "I really don't remember playing" for a variety of reasons. In further sharing during the class, members soon unsurprisingly develop an understanding of the meaning and value of play in childhood. As they listen with empathy to the voices of those who remember childhood play—and those who don't—it becomes all too apparent that having time to play was especially meaningful and enlivening for those who were so fortunate. Those who remember childhoods of spontaneity, playful games, imaginary fun, and freedom to be tell stories that make everyone's eyes light up with joy; and there is communal laughter in remembering.

Nancy's early training and professional practice was as a school psychologist. She grew up with a younger sibling who, due to ADHD and emotional problems, constantly struggled in school and life. This had a profound effect on her. While she always knew she wanted to learn more about evaluation and assessment, her true aspiration was to help children who struggle with learning, behavioral, and emotional difficulties to feel valued as individuals, and not to become defined and painfully restricted by their difficulties and labels. She initially learned about and was supervised in CCPT and filial therapy from her school psychology professor at Appalachian State University, Eric J. Hatch, who was a former Penn State student of Bernard Guerney, Jr., and Louise Guerney. In working with families and children as a school psychologist, she naturally evolved to a focus on providing CCPT and filial therapy (Chapter 13) from a longing to be a more direct positive influence, and from a passion to help the child in need (and whole family) when possible. She met and was supervised by coauthor Bill Nordling when she was pulling a rolling duffle bag of toys from school to school as a "traveling play therapist" to provide play therapy to child victims of abuse. She subsequently became a frequent trainer/supervisor in CCPT for the National Institute for Relationship Enhancement (NIRE). Over the past 20 years, Nancy's counseling work has encompassed schools, public agencies, and a private practice. Specific areas of work interests have included attachment issues and foster/adoptive care, working with child victims of abuse, and diversity issues in CCPT. She has enjoyed working with many amazing and courageous children, parents, and therapists while focused on CCPT, filial therapy, CCPT

training, and related services in a number of different states and on the island of Guam.

Nancy and coauthor and husband, Jeff, currently teach and write about CCPT together, and by 2009 they had taught 13 graduate sections of their CCPT course, including over 200 students, many of whom have gone on to do substantial work with CCPT in school settings (including Head Start and urban, rural, and suburban schools) as well as agency, hospital, and private practice settings. Their work has ranged from the direct applications with children to adapted applications, for example, with highly troubled youth (J. L. Cochran, Fauth, N. H. Cochran, Spurgeon, & Pierce, in press), the full range of youth concerns in middle and high schools, and adults with developmental disabilities (Demanchick, N. H. Cochran, & J. L. Cochran, 2003). Some of those completing CCPT study with Nancy and Jeff now teach their own CCPT courses in university and other settings.

Nancy also stays busy as a mother, writer, and as an adjunct faculty member at the University of Tennessee, Knoxville, in the Department of Educational Psychology and Counseling. She is also the coordinator for Building Resilient Youth and Families: The Child-Centered Outreach in Knoxville (the REACH Program—Relationship Enhancement and Child Harmony), a grant-funded project that provides CCPT, empathic communication for conflict resolution (J. L. Cochran, N. H. Cochran, & Hatch, 2002), the Parent Skills Training Program (Guerney, 1995), and filial therapy (Guerney, 2000; Chapter 13) at a large urban elementary school that serves high risk children and families from high poverty communities. She is president-elect of the Association for Filial and Relationship Enhancement Methods (AFREM). Her goal for the book is to add to the voices and excellent teachers who are working to value and revere childhood, and to improve through compassionate outreach and counseling the well-being of children, families, and communities in need.

Bill Nordling

Many folks would say that Bill's interest in play therapy developed from the fact that he sees life in general as one grand personal therapeutic play experience, with the time he is most serious being when he is in the playroom with children, since in that special hour it is their turn to enter a grand therapeutic play experience. However, although he was interested in marital and family therapy from the time of his undergraduate days at the University of Dallas and throughout his master's degree training at Duquesne University,

his interest in working with children began to develop when he took a job in a residential therapeutic wilderness program for emotionally disturbed children. There, he was able to see the important role that activity and creativity—not just "talking"—had for these children. Following this, Bill worked for two years as an online staff member at Lutheran Youth and Family Services, a more traditional residential treatment program for children and adolescents in New Brighton, Pennsylvania, prior to leaving to complete his doctoral studies at the University of Maryland, College Park.

During his doctoral training Bill was mentored by Robert Freeman, who ran Parent Consultation and Child Evaluation Service at the University of Maryland. Coursework and a supervised practicum under Dr. Freeman, in which Bill had practical experiences doing individual and group therapy with children and working with parents, produced a deep love for child therapy. In 1989, while at the University of Maryland, Bill experienced two life-changing events when he met Bernard Guerney, Jr., and Louise Guerney, who were professors at Penn State University. The Guerneys generously taught, supervised, and mentored him in relationship enhancement, marital/family therapy, child-centered play therapy, and filial therapy. Early in his career, Bill often said that 90% of everything that he learned about working with children, parents, and families came from the Guerneys. Although that percentage has decreased (slightly), still many of the most important things were learned from his relationship with them.

After graduation in 1992, Bill cofounded the National Institute of Relationship Enhancement (NIRE) with the Guerneys and served as the Clinical Director of NIRE's Center for Children and Families. He also served as Director of NIRE's Training and Certification Programs in child-centered play therapy and filial therapy—a position he continues to hold. Bill considers among his most treasured experiences the over-20-year professional and personal friendship with the Guerneys, with whom he has co-conducted well over 100 training workshops.

Bill left full-time employment at NIRE in 1999 to become Chair of the Department of Psychology at the Institute for the Psychological Sciences (IPS), a Catholic professional school of psychology in Arlington, Virginia. Bill teaches an average of three courses per year in the areas of play and filial therapy, as well as supervising students, presenting and publishing in these areas.

Bill is a firm believer in the importance of building strong professional organizations to support mental health professionals. He was a founding board member of the Maryland Association for Play Therapy.

He also served as a founding board member and as the first president of the Association for Filial and Relationship Enhancement Methods (AFREM), an organization formed to preserve and promote the methodologies developed by the Guerneys (which includes filial therapy). Bill also was a founding board member of the Catholic Psychotherapy Association, a board on which he continues to serve. Bill is currently finishing up his second term on the board of directors of the Association for Play Therapy (APT), and was elected to serve as the president of the APT for 2010. He was also recently elected to his 23rd-year term as "husband" by his wife and playmate, Claudia—the most important of his elective offices.

Bill considers the formation of mental health professionals a major reason he was put on this earth. He considers it a great privilege to have participated in the education and training of many hundreds of talented mental health professionals—many who serve children and who have gone on to become skilled clinicians, educators, and leaders in their communities.

Jeff Cochran

Jeff's passion for CCPT can be said to have evolved from his interest in helping troubled adolescents who were "falling through the cracks" and for whom many had given up hope. Jeff began his professional career as a teacher at an alternative school program for troubled youth, and these youth were the focus of his early counseling interests. As a teacher, Jeff wanted to "change the world" by helping to create a better educated citizenry and to helping troubled youth increase their opportunities through education. When this progressed into his study of counseling, he had intended to counsel mainly adolescents and adults.

However, like "accidental magic," Jeff's eventual progression into a child-centered counselor and advocate seemed meant to be. Jeff and Nancy met in graduate school. As both were graduating and looking for work—Jeff in school counseling, and Nancy in school psychology—they found that one would have a good job prospect in one area, but not the other. When they learned that they could both interview with the Guam public schools and have the additional chance for travel and adventure, they interviewed and immediately accepted positions. Jeff's position was intended to be with middle school youth, in a setting related closely to his interests. But when the contract came in the mail, the counseling position assigned to him was at an elementary school. As he said to Nancy, "I don't know what to do with little kids; that's your

talent—help!" He thought about trying to correct the error, but at the time, he and Nancy were too poor to make the long distance phone calls necessary to have the contract corrected—this was *way* before cell phones! So, Nancy loaned him her dog-eared copies of *Dibs in Search of Self* and *Play Therapy*, and he read Virginia Axline (1949, 1964) on the long plane trip to Guam!

His work in the school setting was relatively clinical, fitting with the needs of his setting. So, however poorly trained he may have been at the time, CCPT became a major and effective core of his work. He continued to practice CCPT off and on, while also developing other counseling interests, and grew to teach and do trainings in CCPT with Nancy and Bill, and eventually as a university faculty member to supervise many graduate interns applying CCPT skills in schools and agencies.

Jeff is currently an associate professor and the coordinator of the Mental Health Counseling Program in the Department of Educational Psychology and Counseling at the University of Tennessee in Knoxville. His counseling experience includes school and agency settings and clients throughout the life span and from a wide variety of backgrounds, and has taken place in a number of states as well as Guam. His research foci are by and large the effects of therapeutic relationships, but a significant part of his background of training and research are in rational emotive therapy (Ellis, 2008) and other cognitive behavioral approaches (Beck & Weishaar, 2008). You can likely see this influence in how we often conceptualize clients and CCPT, and in some of the ways we explain how CCPT works. Most recently, Jeff became the director, principal investigator, and cofounder with Nancy and Bob Kronick of the Building Resilient Youth and Families project, the grant-funded project utilizing CCPT and related wrap-around services to prevent juvenile delinquency among high-risk children and families.

When Jeff first began teaching CCPT in the course that Nancy and he designed, he opened by asking students to introduce themselves and tell others what brought them to the elective course and what they hoped to get out of it. Jeff's own answer, with a smile and a wink, was generally something like, "I want to change the world!" Then, he would add, with more seriousness, "As Nancy and I consult and observe the counseling and care of children, we are not at all contented with the level of effectiveness that we see. We know that a child in need of counseling—if given the opportunity—will look within for powerful resources of his very own for healing and growth. However, there are

not enough counseling opportunities for each child in need to do this. We want to change this. We want to help you be optimally effective in helping the many child clients you encounter." And this, Jeff's customary answer to his CCPT class members, sums up his intention in helping with this book. He wants to change the world—one child-centered play therapist at a time!

And Who Are You?

While we don't really have the chance to ask this of you as reader, it is an important question. Your study of CCPT can and ought to also be a study of yourself. The approach is counterintuitive for many, including some experienced therapists, and the study may require you to examine many of your established constructs and beliefs. The world of childhood has become fairly foreign to most adults. Entering that world requires treading gently as there is much more of a power differential between you and your child clients than you and your adult clients. It requires a keen awareness of who you are and the "baggage" you bring and forethought of who and how you want to be in your therapeutic relationships with children.

Guidance for the Reader in Use of the Book

Generally, we encourage you to study slowly with this book, to take time to fully and deeply contemplate the skills presented, to put yourself in the place of the therapists or counselors in the many examples, and to work through as many of the practice and further learning activities as possible (many can be done independently, if you are studying alone). We encourage you to use the sequence of presentation that we provide. However, just as there are many ways to progress for children in CCPT, there can be many ways to learn with this book. For example, while most readers will benefit from the background, context, and overall understandings of CCPT provided in the early chapters, some may want to skip ahead to the most concrete skill chapters first, and return for depth of understanding later. It is also our hope and intent in design that in your many years of good work, you will return to this book as a reference, refresher, and to "troubleshoot" when faced with case situations that seem to stump you or impede the CCPT process.

Frequently Asked Questions

In place of our "Common Problems" section that is supplied in most chapters (especially in the essential skill sets section), for this chapter we address some of the questions that are commonly on the minds of practitioners who are beginning a study of the child-centered approach. These are as follows:

1. **For what populations and what problems does CCPT work best?** The child-centered approach to play therapy works well for children ages 3–12 who are struggling with behavioral/emotional difficulties that affect a sense of well-being and ability to obtain optimum learning, growth, and health.
2. **How long do play sessions need to be, and how long does the therapy process usually last?** CCPT sessions typically last from 45 minutes to 60 minutes. While it is true that for each child, the therapy process is a unique journey, making it impossible to predict a number of sessions, in most cases 15–20 sessions are sufficient.
3. **Do I need to have a state-of-the-art playroom?** Certainly not. Therapeutic toys and art supplies are an important component in CCPT, but more important is the skilled child-centered play therapist who is able to provide the core conditions of empathy, genuineness, and unconditional positive regard in relationship to children. She is able to respond to the child in a way that facilitates self-generated activity and self-expression. Toys and art supplies do not need to be "over the top" in abundance or sensational—in fact, this can hinder progress. What is most important is that the child has a safe and confidential space to meet with a skilled child-centered play therapist, and that the toys and art supplies are sufficient to offer a variety of opportunities to self-express. It is preferable to have enough space in the meeting area for the child to move about (100 square feet at least). For more on providing CCPT with a "traveling play kit" and on how "you are the best toy in the playroom," see Chapter 5, Preparing Your Setting for Providing Child-Centered Play Therapy.
4. **How can I master and perfect the apparently complex skill sets of CCPT before I begin?** You cannot perfectly hone all the skill sets immediately, but, fortunately, CCPT is a very robust model. Although your work may be less efficient in the

beginning, most errors will not end therapeutic progress for the child. Supervised experience that involves watching taped sessions with an experienced and skilled child-centered play therapist trainer/supervisor is invaluable as you begin using CCPT. One of the most wonderful aspects of allowing each child to lead is that you will always be getting to know a unique being who is self-expressing in his own way. Indeed, much will be learned over a lifetime! That being said, with experience you will at some point start to notice a comfort and ease in CCPT sessions with all the children you help. You will no longer feel awkward with questions or preoccupied with "doing the right thing" or "making the right response" in limit-setting or role-play situations. You'll find that your CCPT skill sets are well honed and seem to come naturally. You'll find your qualities of empathy, genuineness, and unconditional positive regard working in synchronization with these skills.

Notes on Terms Used

School and Agency Settings

At times, we use *agency* to refer to all nonschool settings, including outpatient clinics, private practices, hospitals, and residential treatment centers. At other times, we specify agencies and private practices, since some of the most common nonschool settings for CCPT are outpatient public clinics and private practices. We also vary our examples between both school and agency settings, as the approach is commonly applied both in schools and nonschool agency settings.

Counselor vs. Therapist

We alternate between referring to practitioners applying CCPT as *therapists* and *counselors*. In some settings, one term is preferred over another. CCPT is applied by persons from various degree backgrounds, including mental health counselors, school counselors, counseling psychologists, school psychologists, clinical psychologists, social workers, psychiatric nurses, and others in a wide variety of settings. Our aim is to be inclusive. We are much more concerned that each practitioner do good work than in what the practitioner is called.

Activities to Solidify Study So Far and Prepare for Ongoing Learning

- ***Activity A:*** Work on your own or with a group of peers to define CCPT in your own words, but with as few words as possible. Design a series of bumper stickers to represent CCPT using words or graphics. As your understandings of CCPT could only have just begun from this book, allow yourself to speculate, to fill in the gaps in your definitions from what you expect to find in your continued study. Revisit and modify your words and designs regularly as you study.
- ***Activity B:*** Review Bratton, Ray, Rhine, and Jones's (2005) meta-analysis of the effectiveness of play therapy and review the literature on the effectiveness of CCPT, especially using the excellent resource of the *International Journal of Play Therap*y.
- ***Activity C:*** Speculate on parts of your personality that you know or anticipate will fit easily with the child-centered approach and those that you think will be challenged by the approach. Work to identify areas of growth and development that you can reconsider throughout your study.