Child-Cantered Play Therapy: A Social Work Intervention Model

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الملخص:

اللعب هو أهم شكل للتواصل مع جميع الأطفال خاصة فيما يتعلق بالممارسات العلاجية، والغرض من الورقة هو الرد على مناقشة أفضل الممارسات المتعلقة بالأطفال الذين تقل أعمارهم عن خمس سنوات والذين عانوا من أحداث مؤلمة. وتتضمن هذه الورقة معلومات حول النمو البشري، والمعلومات المتعلقة بالعلاج باللعب، بما في ذلك بعض التوصيات لأفضل الممارسات المتعلقة بالعلاج باللعب للأطفال الصغار.

Abstract:

play is the most important form for communication with all children. Related to therapeutic practices, The purpose of this paper the response is to discuss best practices related to the children who are really less than the age of five and have experienced events of traumatic. This paper includes information about human development, information related to play therapy and including some recommendations for best practices related to young children play therapy.

Introduction:

The essential basis of effective work of therapeutic is geared headed for one basic tenet therapeutic intervention, which should start where the client is actually cognitively, mentally and psychologically. There is no difference when working with children, but it is very important seriously, to have the information and good knowledge of healthy childhood development and must aware that play is the most important form for communication with all children. Related to therapeutic practices, there is much discussion, which regarded to neglected and abused children, but psychologist and forensic specialist continuously discuss these kinds of issues. One thing which is still true and is a solid evident for those who are working with children in the field of therapy treatment which must be developmentally appropriate for every child, and it must work from there to where the child is not from the theory (Trauma

Awareness & Treatment Centre TATC. Play Therapy for Children). The most important purpose of this part of the response is to discuss best practices related to the children who are really less than the age of five and have experienced events of traumatic. This paper includes information about human development, information related to play therapy and including some recommendations for best practices related to young children play therapy.

Definition of Play:

Play can be defined as "the way children learn what none can teach them. It is the way they explore and orient themselves to the actual world of space and time, of things, animals, structure, and people. To move and function freely within prescribed limits. Play is children's work." Actually, play is the thing which encourages and help children to learn many things. Children learn for the purpose of developing good relationships with other people, they learn for using equipment and play substance, they learn for the purpose of take turns, they learn for the purpose of knowing how to verbalize their wants and needs, children learn for understanding the roles of other people in their lives, and they learn for to developing master skills (Schriver, 2001). There are mainly 4 characteristics of play which are it is very satisfying, it actually serves no specific purpose, it is voluntary and spontaneous, and it strongly involves players (Schriver, 2001). Play really helps children to give solutions of their problems, it openly allows every child to articulate his needs, and then it helps motivate language growth (Schriver, 2001).

Play Therapy:

In the past, around 70 years ago play therapy actually has been used for the purpose of treating those children who were in trauma or in any psychological disorder (Benedict, 2003). According to (Lieberman, 1979) playing is actually a normal activity or part of life of a child and his development and further, children who practice play therapy are then able to deal with those emotions which are being experienced after the event of traumatic in that way which is developmentally suitable for them. In addition to this, (Charles E Schaefer, 2003) states that "the one of the strengths of play therapy is the variety of theoretical approaches which are presently being applied in clinical practice with children. This variety is an image of the fact

that there are a huge number of therapeutic change mechanisms inherent in play. Among the more well-known therapeutic factors of play are its communication, relationship-enhancement, ego-boosting, and self-actualization powers". Similarly, in therapy of play for the therapist, the real act of play actually becomes key method of communication with children (Lieberman, 1979). In addition, play therapy provides opportunities to non-verbal and verbal children to build up a good relationship with therapist and according to Erickson, "the greatest natural technique of self-healing that childhood affords" (Lieberman, 1979). Children can communicate about the past and current events during communication when they play and further, they can use non-verbal and verbal expressions for the purpose of describing the events of their lives and then can safely develop the themes of play around the current problem of children (Lieberman, 1979).

Actually, there are many different kinds of theoretical models of play exist which can be used for those children who are having experience of trauma and their modes may be non-directive or directive and a combination of both things. In theoretical orientation, the range is from psychoanalytic play therapy, which actually uses approach of Freudian, to the play therapy of cognitive behaviour which is used as an approach of cognitive behaviour. For this study, the main focus is actually given to play therapy of child-cantered which is an approach of person-centered to work with children and also with therapy of object relations thematic (Schaefer, 2003).

Child-Cantered Play Therapy:

According to (Wilson & Ryan, 2001), "a systemic approach of non-directive play therapy does have significant merit in offering an elastic intervention that can be tailored to encounter the individual needs of children and their families". The play therapy approach of child-centered is actually based on the assumption where the approach of non-directive play therapy is the most effective among all approaches due to therapists because therapists do not direct the treatment of children and then allowing the children to be responsible of treatment direction (Guerney, 2001). In addition to this, non-directive or child-centered play therapy is based on the personality development philosophy of Carl Rogers where it based upon the main principal which is “all individuals, including children have the innate human capacity

to strive toward growth and maturity if provided nurturing conditions" (Guerney, 2001).

Similarly, according to (Louise Guerney, 2001), there are actually five different and basic tenets to the play therapy of child-centered where the first basic tenet explains that children direct the content of the play therapy and then therapists give permission to the children to follow the path by themselves for the purpose of healing and further do not direct the therapy in any other way. The second tenet is that the play therapy of chil-centered in not actually problem oriented, but this is very effective and efficient approach due to its very nature because this approach can be used for many children who are in different traumas without watching at behaviours directly and symptoms (Guerney, 2001). About the third tenet, the symbols, words and other expressions which actually children use for communication during the session of play therapy are not interpreted quickly by the therapists, but therapists do work toward the specific goal of giving safe and secure environment to the children where they are to be able to represent their own world at their own amount of expression (Guerney, 2001). About the fourth tenet, play therapy of child-centered is that system which is actually needy on the complete use of the system and is not deviating from its own path and it is actually not a set of values and techniques which are used at the therapists' decision (Guerney, 2001). The fifth tenet is that where the therapists must trust in the fact that children are not the ones which can direct their healing in effective ways but it is the responsibility of the therapists to give complete support of therapeutic to the children (Guerney, 2001).

The main content of the children's play and the direction which the children take in the process of the therapeutic play are measured exclusively by the children in an environment where they feel secure and safe to do so (Landreth &Sweeney, 2003). In addition, this approach is extensively appropriate because it does not depend solely on the children which having an recognized problem but instead this approach is actually based upon how the children feel about themselves by permitting the attention to be on the children's idea of view and the their observations of lives events which are driven by the children's perspectives (Landreth & Sweeney, 2003). According to (Landreth & Sweeney, 2003), "Child-centered play therapy is one of the supreme systematically researched theoretical models where the results and outcomes are

unambiguous in representative the effectiveness of this approach with a widespread variety of children's problems and most importantly in the time-limited arrangements involving rigorous and short-term play therapy" (Landreth & Sweeney, 2003).

Thematic Play Therapy:

The object relation and thematic play therapy is actually grounded on two important assumptions of the theory of object relations. The first assumption is that there is an attention on the relationship which is based on self and the others and on the second hand, the second assumption is that interactions and proceeds of development among the baby and the important people in that baby's life as well as the perceptions of baby for these internalize, interactions and then form object and template relations (Benedict, 2003). The initial relational traumas such as neglect and abuse in childhood actually create an important impact on the ability of a child for the purpose of developing the positive object relations, therefore, object relations or thematic play therapy should happen in childhood when many chances of the ability to change is exist (Benedict, 2003).

With regards to object relations or thematic play therapy actually there are many therapeutic goals. The first phase of therapy must always start with creating a secure and safe relationship between the therapist and the children (Benedict, 2003). Through the joining both non-directive and directive therapy techniques the thematic intervention contains three important components such as 'developmental sensitivity', child responsively, and the third is use of invitations (Benedict, 2003). The first component is that where a child-responsive intervention illustrates the volume of direction, which the therapists use in the direct response to the needs of children (Benedict, 2003). The second components which is known as developmentally sensitive intervention and it comprises frequently changing and altering therapy and it is dependent on the needs of developmental of the children, thus then providing the children the guarantee that the therapists are "attuned" to the child which means agree with the children (Benedict, 2003). The third component of the intervention is known as using invitations and it is used to test the children's inner working models (Benedict, 2003). In addition, the invitations are suggestions for play and also are different propositions for how to work with the therapists and then they can be

rejected or accepted by the children without any reason or fact (Benedict, 2003). Similarly, the suggestions are actually directive, however, the too open-ended nature of the suggestions are slightly non-directive where sometimes the children can refuse or disregard any of the invitations that the therapists might give (Benedict, 2003).

The play therapy of object relations or thematic play was actually established for the young children to address interpersonal traumas which they experienced (Benedict, 2003). There are many elements include in this therapeutic intervention which make it effective and very successful. The first element is about relationship where "secure base" relationship between the therapists and the children are to be built, the second element is about the varying of the relation of distorted object through watching at the children's play (Benedict, 2003). According to these elements if these things are accomplished then, "the object relations or thematic play therapy can be an significant tool in healing trauma and then avoiding mental health problems of adult" (Benedict, 2003).

Best Practices for Play Therapy

The formation of a greatest practice model is grounded on an industry standard which is revealed in research and in many studies. There is not a well-known best practice model in the play therapy, but the industry identifies two styles of treatment as being effective and good operative which are non-directive and non-directive therapy. The treatment through directive play therapy actually uses an effective model of cognitive behaviour and on the other hand the treatment through non-directive play therapy is actually driven by the children. However, in non-directive therapy the therapists do not give any direct where the direction of the therapy is headed or led. Similarly, it has been originate that there are four aspects to the play therapy intervention are significant and are very important for the children in the treatment feeling successful. However, they are actually "the importance and essence of the therapeutic relationship is actually the ending of this relationship where about the children's attitude to talking, and then the importance of having fun" (Carroll, 2002). The centre named as The Trauma Awareness and Treatment Center (TATC) has selected to use a mixture of many models in its practice and procedures of treatment with children, which are actually depending on the stage of developmental of the children and then

the nature of the problems, which are actually being addressed to them. In addition, this eclectic practice further permits the therapists to use such type of play therapy, which actually best suit the client and his or her condition and situation. The following discusses the best practice model that is utilized by the TATC.

Characteristics of the Successful Play Therapist

The Play therapists may have many abilities and qualities in order for the therapeutic intervention to be a positive and healing experience which means provide the best solution for the problems. The first and primary which is successful and effective where the play therapists are capable to deliver a very secure, safe and healthy environment for the children to whom they are treating. In addition, it is also very essential that the therapists must give full attention to the personal conditions of the children for the purpose of ensuring that there is sufficient support from his or her caregivers is available. The emotional needs of the caregivers which they have would not surpass the needs and wants of the children (Wilson & Ryan, 2001). However, therapists would also retain their own concerns, worries, and thoughts which are actually about external situations and those are away from their own work with the children during the treatment (Carroll, 2002). Further, children must be secured from adult conversations between therapists and caregivers, and also the opinions of the adult about others intricate in the lives of children must be reserved from children as often as it is possible. The confidentiality and the proper care of that confidentiality is actually a vigorous part of the therapeutic relationship (Carroll, 2002). In addition to this, the care of confidentiality has been observed as a signal of the therapists' willingness to assistance the children through hard therapeutic processes and procedures (Carroll, 2002). Regarding play therapists they would be kind, generous, and friendly in addition to being comfortable and calm when treating and dealing with children who are actually angry and upset due to any reason (Carroll, 2002). The main purpose of doing such things are due to finding the ways for their better helpfulness and understanding, easy to communicate and talk, and show a willingness to support the children in dealing and working with the feelings of anger (Carroll, 2002).

Therapeutic Process:

- ***Session Dynamics:***

Therapeutic sessions have a proper and a defined beginning and an end process where evolving set routines in order to support the children in arriving the therapy room which permits for uniformity, security and safety in the process of therapeutic. Children start to distinguish these kinds of "rituals" and then are capable to classify that the therapists are aware of their wants and needs (Carroll, 2002). Further, the problem and issue of the choice is very essential for the children who already have experienced abuse and trauma. In addition to proper cope with their problems, children would be given some choices in the playroom which permits them to sense and then feel great valued and respected and most important thing is in control of the process (Carroll, 2002). The choices in the playroom for the children can also be used alongside with one of the therapy named directive play therapy techniques as long as children are feeling relaxed, comfortable and show no confrontation or resistance with the suggestions which are actually given by the therapists for their effective treatment. Moreover, when communicating and talking with children then therapists must be aware and alert of the children's level of comfort and then permit the children to keep continue the control over the conversations among them (Carroll, 2002). Similarly, during conversation when answering children's questions about different things that may be happening in their lives such as adoption procedures, legal procedures, medical procedures where the therapists would show empathy and warmth in front of the children and here be sure that the conversation with the children take place on the level of children developmental (Carroll, 2002). However, therapists would take it important and form it as a habit to give children warnings and best cure for their angriness and when the end of the session is very near then this lets them to prepare mentally for the ending of the time of therapeutic with the therapists (Carroll, 2002). By given that problem behaviours might be present very early on in treatment of the children and that effectiveness of treatment declines after too many sessions of the treatment. LeBlanc & Ritchie (2001) have measured that mainly there are around 30-35 sessions is the ideal number for treating children with this kind of problem. However, in terminating therapy, here the children would be permitted to know the

ending of therapy and then express their feelings about ending of the therapy and then to be given two to three weeks to the process of the termination of therapy, and may be given some sense of control over the therapeutic process ending (Carroll, 2002).

- ***Involving the Parents***

This is another process where parents are involved in the process of therapy for the purpose of support which is actually given to both the child and the parents and this simplifies a positive process of therapeutic healing. Wilson & Ryan, 2001 have completed their studies that see at play therapy as a mode to permit children to deal with their problems and in conjunction, improve parenting skills for parents who are involved in the therapeutic process. When parents are properly intricate and participate in the therapeutic process the result and outcome is that individual play therapy brings about changes in the whole family system, improving the system dramatically (Wilson & Ryan, 2001). By involving parents in the therapeutic process and focusing not only on the child's healing process but also the parents communication skills and capabilities, significant improvements have occurred not only in the children's behavior but in the parent's parenting skills as well in this process of treatment (Wilson & Ryan, 2001).

- ***The Use of Psychosexual Education Materials***

This is another process which helps to use as children treatment and there is very slight research concerning the use of psychosexual educational materials with children who have been sexually abused. According to (Krivacska, 1992), states that before a therapist uses psychosexual education things in therapy, the therapist must confirm that the children can use these kinds of materials correctly and is prepared to learn about the content of the material which can make good judgements about when to use the information, and accept a healthy responsibility for the content as it is presented (Rubenzahl & Gilbert, 2002). In addition to this (Rubenzahl & Gilbert, 2002) found that the four most common reasons that clinicians use psychosexual educational materials is, "To correct misinformation about sexuality, to help promote healthy sexuality and relationships, to reduce clients' guilt and confusion, and to prevent future abuse". Therapists using this approach to play therapy must retain in mind that

they need to tailor the coverage of psychosexual education to meet the needs of the clients, which are going for treat (Rubenzahl & Gilbert, 2002).

- ***Therapeutic Process: Healing***

This is another treatment processes where one of the goals of therapy is to support people cure and regulate after a traumatic life event which occurred in their lives. Often when children are exposed to a positive therapeutic process, they have the ability to heal from the trauma that they have experienced. In order to foster this healing process, a therapist should consider the child's cognitive-developmental abilities to understand the trauma, their immediate emotional reactions, and the long-term adaptation or outcome from the experience (Shapiro, 1994). Children have the capability to fully heal from their traumatic experience if they are given age-appropriate information that will allow them to express the complex feelings regarding the healing process (Shapiro, 1994).

Conclusion:

In conclusion, there are many things that prescribe whether or not a child can heal from a traumatic experience. The therapists show a major character in the healing process not only with their behaviours but also with their ability and quality to work from a theoretical foundation that assesses where the child is not only developmentally but emotionally as well. Caregivers also play a major role in the treatment usefulness of a therapeutic intervention and including parent or the child's other caregivers in treatment is vital to implementation a successful and useful intervention (LeBlanc & Ritchie, 2001). Therapeutic interventions should be non-directive even if, directive therapy can be used when the child is cognitively and psychologically able to respond to certain directive techniques. Finally, "Children have much to teach us, if we can find ways to listen" (Carroll, 2002). All those devoted in helping a child heal from a traumatic experience should adhere to the fundamental tenet that therapy begins where the client is psychologically, cognitively, and mentally and these are helpful in curing and treating these kinds of problems in

the children.

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