

Facilitating the Transition Between Play in the Classroom and Play Therapy

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Abstract

Play therapists, school counselors, and play developmentalists have much in common as they work with children in clinical, classroom settings, and after school programs. A strong relationship can be forged among the developmentalists (those trained in early child development/education) and those who work with children in program settings (e.g., therapists and counselors). In order to overcome the barriers that are present in responding to the experiences and challenges that children face, this article contends that play therapists, counselors, and play developmentalists can work with children in large play spaces or groups or with single children and exchange valuable information to provide positive experiences.

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Play therapists, school counselors, and play developmentalists have much in common as they work with children in clinical, classroom settings, and after school programs. A strong relationship can be forged between the developmentalists or those who are trained in early child development and education and who work with children in program settings, and therapists and school counselors who are trained in play therapy and work with children in clinical or therapeutic settings. In order to overcome the barriers that are present in responding to the experiences and challenges that children face, this article contends that play therapists, school counselors and play developmentalists should cast aside any preconceived ideas that play therapy and developmental play are separate in principle and practice. In other words, while one (the classroom teacher or provider) works with children in large play spaces or groups and is faced with guiding children on a grander scale, the other (play therapist or school counselor) has valuable information that can be utilized when working with smaller groups of children or even one child. When developmentalists and counselor/therapists join together and share their knowledge and skills, environments for children can be enriched and strengthened, providing the best possible arena in which children can play and thrive.

Teachers and providers are often on the front lines or are the first responders when children face challenging emotions in times of danger or peril. It is at those particular times that the knowledge of skilled play therapists and school counselors can be of great benefit to those who spend the most time with children in care or the classroom. Knowing how to respond to a child's outward displays of fear and anxiety as

well as sadness and anger is essential. Regular training in classroom management or a course in child guidance often provides nominal information or sufficient preparation in being able to identify those children who are in need of more than a hug, or extra attention on a daily or even hourly basis. In order to give appropriate responses to those symptoms outwardly displayed through behavior, therapists, and counselors adept at play therapy can provide the missing link or the information that providers and teachers need. Working in tandem will go a long way in meeting the needs of children who are presented with challenges above the everyday stresses of life such as natural disasters, war, divorce, separation from or death of a loved one.

Teachers as First Responders

The child's ability to act pro-socially in social settings such as school or programs where care is provided often diminishes in times of peril. William Corsaro, in his seminal work *Friendship and Peer Culture in the Early Years* (1985), wrote that friendship making and learning to act pro-socially with other children is the linchpin of later success in life. But, providers and teachers don't always have the adequate or necessary skills and information to draft appropriate plans to encourage these skills with children during play. If teachers of children can be considered "first responders" to children who are experiencing challenging times and engaging in challenging or anti-social behavior, school counselors and play therapists can be the militia or emergency crews sent to the rescue. Looking at the classroom teacher as the person who must be available "in the meantime" or one who is on the front line, to provide the support that a child needs, a play therapist can unquestionably become a link to providing information for successful play encounters in the classroom during the time that the therapist or

school counselor who is trained in play therapy is unavailable. It is without question that children who are in need of play therapy spend many hours between play therapy visits, if those visits are available at all. Teachers and providers spend between 10 and forty hours per week with a child, whereas a school counselor and/or play therapist, in the best situation, may spend 30 minutes to 1 hour per week. Those hours between visits, or “in the meantime,” can become pivotal in ensuring success in a child’s day. It is the play developmentalists’ (teacher or provider in this instance) plight to provide appropriate responses to barriers to developing play due to a child’s lack of progress. A look at the counselor/therapist’s ideas in assisting a young child with appropriate responses to others during play is well-timed. With their help, teachers and providers can provide appropriate experiences as well as an appropriate environment to ensure that the theory of play therapy is carried on in the absence of the therapist. But first, a look at the relationship between developmental play and play therapy is in order.

Developmental Play

People generally think about and see play in different ways. Scholars have written much about play and have explained play from different perspectives (Piaget, 1962; Smilansky, 1990; Vygotsky, 2004) such as cognition, symbolism, and creativity.

Piaget (1962) emphasized the importance of play and cognitive development. He indicated that the popularity of play among children should not be explained by specific causes peculiar to the area of play. Unlike adults, children’s behaviors and thoughts are not in equilibrium and play bridges the gap between children’s concrete and abstract thoughts. Consequently, children are able to express their inner desires, feelings, problems, and anxieties through play (Piaget).

Socio-dramatic or pretend play, a most important type of play to children, has been identified to be the most sophisticated form of social and symbolic play. In this type of play, children perform imitation, drama, and fantasy together. It also entails role-playing in which children mimic real-life people as well as experiences they themselves have acquired. Make-believe is included in socio-dramatic play because it serves as support to imitation. Children who engage in this form of play are able to symbolize real-life events and incorporate their imaginations in carrying out their roles. In addition, children's capabilities in socio-dramatic play develop with experience and also as these children continue to interact with each other, play turns out to become more varied with novel interpretations and ideas (Smilansky, 1990).

Vygotsky (2004) explained the relationship between play and children's development in the area of creativity. Creative processes in children can be recognized during the early ages, especially, in their play. He further suggested that children's play most often reverberates what they hear or see adults do. This notwithstanding, children most often do not reproduce their prior experiences in the same way they happened in reality. Children's play, according to Vygotsky, is not simply a reproduction of what they have experienced, but a creative networking of the impressions they have acquired. These impressions acquired by children are combined and used to construct new realities that conform to their needs and desires. Vygotsky presented his understanding of creativity and play with the following illustration:

A child who sits astride a stick and pretends to be riding a horse; a little girl who plays with a doll and imagines to be a mother; a boy who in his games, becomes

a pirate, a soldier, or a sailor, all these children at play represent examples of the most authentic, truest creativity (p.11).

As typically developing children take part in each type of developmental play, a child who is emotionally challenged may not be successful in the daily play routine. Child-centered play therapy is one approach that has been deemed most crucial in helping children to realize their losses.

Child-Centered Play Therapy

This approach was previously called nondirective therapy and was derived by Virginia Axline from Carl Rogers' client-centered approach with adults (Guerney, 1991). Scholars of this approach promote the shift of focus from the therapist to the child by accentuating the child's abilities and allowing the child to take responsibility for the content of the therapy session (Rogers, 1951; Axline, 1950; Moustakas, 1951; Ginnot, 1961; Guerney, 1991; Landreth, 2002; Ray, 2004). It is often used when non-psychological professionals are trained to function as play therapists (Guerney, 1991).

In her extensive work with children, Axline (1950) explained that a play experience is therapeutic because it offers a safe relationship between the child and the adult. The child has the freedom and room to state himself in his own terms, exactly as he is at that moment in his own way and time. Furthermore, she states, "I am using the term "play" as "freedom or room to act" rather than in the usual recreational sense (p.68). Consequently children get the opportunity to decide the method and type of play they will use to express themselves.

Another perspective is provided by Gary Landreth (2002). He contended that the term play therapy presumes the existence of some probable activity that would be

considered play. In child-centered play therapy according to Landreth, the therapist has “a basic philosophy of the innate human capacity of the child to strive toward growth and maturity and an attitude of deep abiding belief in the child’s ability to be constructively self directing” (p.65). Based on this assumption he defined play therapy as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures. The therapist provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through play.

The idea that play is therapeutic and healing, is essential to understanding the subtle relationship between children, play materials and therapists (Frost, Wortham, & Reifel, 2005). In play therapy, the importance of the symbolic function of play becomes evident. For instance toys are viewed as the child’s words, and play as the child’s language (Landreth, 2002). There are different approaches to play therapy (Schaefer, 1985) and the most widely used are the structured and child-centered approaches (Guerney, 1991).

Play is children’s language and it has therapeutic powers that facilitate their communication and expression (Frost, Wortham, & Reifel, 2005). It is also “a ‘royal road’ to the child’s conscious and unconscious inner world; ... to understand his inner world and help him ... we must learn to walk this road” (Bettleheim, 1987, p.35). Children, according to Guerney (2001), do not only flourish in play environments but are able to achieve higher levels of maturity and adjustment. The therapeutic efficacy of play is therefore supported by the fact that play is children’s natural mode of self-expression, just as talk is the natural form of communication for adults (Schaefer, 1985).

Play Therapy and the Classroom

Attempting to integrate play therapy techniques into the classroom may seem daunting to the teacher who is trying this new teaching/connecting point with students. Virginia Axline, noted play therapist and author of the seminal work entitled, *Dibs, In Search of Self* (1971/82), also penned basic principles when working with children in a therapeutic setting (1969). She encouraged the teacher to view each student from a fundamental perspective of unconditional acceptance. She also advised the teacher to create within the self a feeling of friendliness and warmth toward every student. This open mindedness to the pupils will create a foundation of trust and will give solid rapport to the relationship. For example, when a child announced that he would “bust up everything in the playroom”, Axline mirrored his feelings by responding with, “You’re feeling real tough now” (1969/1982, p. 80). A child developmentalist might have responded differently by informing of certain consequences that would occur if he destroyed the toys. Her response might go something like this, “If you break the toys, then you won’t have anything to play with.” Or, an even more punitive response from a different perspective might include, “If you break the toys, you will have to go to time out.” Time out would clearly be of no value to a child whose feelings/emotions were such that he was willing to break all the toys. Appealing to the child’s sense of not having toys to play with has sometimes proven in past incidents to be of no avail. Clearly, a new, more therapeutic approach such as mirroring the child’s feelings is in order.

The child is empowered to express feelings and thoughts. Piaget (1962) described this as an ability to develop a tool for thinking. As the “theory of the mind” or

the ability to think about what others are thinking (Perner, 1991) develops, children can begin to understand the consequences of behaviors toward others.

Children can be allowed to feel free through story writing, art, music, and drama as all are outlets for feelings and can be part of the healing/play process. While playing, children express what their lives are like now, what their needs are, or how they wish the world could be. They draw on a limited amount of experience. As teachers, school counselors, and therapists, an awareness of where that experience is coming from (home, television, computers, and movies) may be helpful. A child uses actions and words to communicate feelings as well as messages of need.

Much of what is suggested in this work is parallel to the work that has been done in Filial Therapy (sometimes referred to as Child-Parent-Training), a process by which parents are taught basic play therapy techniques to improve relationships with children. Landreth (2002) developed a ten week program that has demonstrated success. This approach, described below, can be equally successful with developmentalists or providers of care and classroom teachers.

Reflective Listening and the Teacher/Provider

Bratton and Landreth (2006) promoted reflective listening techniques such as verbal tracking, reflection of content, and reflection of feeling. Letting the child know that you are counting rather than discounting their presence and actions by commenting on what they are doing constitutes verbal tracking. For example, "Mommy and Daddy took me to the park yesterday," could invoke the response, "You were playing outside yesterday," from the adult and is a form of reflection of content. Reflection of feeling might be offered with the statement, "You are still feeling excited about going to the

park.” With any child, proceed slowly and begin by closely observing each student with the goal of finding a characteristic that has previously gone unnoticed. This process assists the school counselor, play developmentalist or play therapist to learn how to pay close attention to the child.

Following this task, the teacher is prepared to move into a deeper understanding of the child. Perhaps the most crucial aspect of this approach is learning four basic feelings: happy, angry, sad, and shocked or surprised. Bratton and Landreth (2006) encouraged us to try to ascertain those feelings by looking at the face of the student as feelings are often betrayed by facial expressions.

Another way to effectively respond to children’s conversations is to avoid questioning the child and to actually engage in reflecting behaviors, patterns, and feelings. For example, the child says, “I don’t like it here. I don’t have any friends,” and the teacher or provider responds with, “Tell me about your friends at your other school,” or, “What were some things that you and your friends at your other school liked to do?” The teacher is sending the message that “I am here, I hear you, I understand, and I care.” Without agreeing or disagreeing with what the child said, an attempt can be made to return responsibility to the child, teaching that he owns his feelings about being alone, but that a caring and responsive adult is waiting to assist when asked. “Let’s see if we can find someone who needs a partner to play a video game,” is acting upon what the child said, while showing interest in the child’s interests.

Feelings are the pathway for self-healing and for understanding. School counselors and play therapists teach children how to cope with feelings in play sessions through the acknowledgement of feelings, and skilled classroom teachers and providers

can do the same. Rescuing a child or implying that the child's feelings are not acceptable, discounts those feelings. The teacher rescues in order to avoid the child having unpleasant feelings, and yet children learn to cope with feelings by experiencing them as found in the following examples. An untrained teacher or provider may become uncomfortable in reaction to a child who is expressing his feelings in a negative way and subsequently cut the child's expression off. Using phrases such as, "There's nothing to cry about" or "You do not really hate your classmate" often cause more confusion and distress.

Reflective listening allows the teacher to follow the child in the moment. This is accomplished through NOT asking questions, but through reflecting behaviors, patterns and feelings, and listening to the child without interjecting or interrupting. This new way to communicate with a child requires as its most important tool—patience.

Once the teacher has perceived the feeling that the child is experiencing, an attempt to reflect the feeling of the child is made. This approach is based on the ability to see, hear, and communicate a deeper understanding of the child's world. Look for the facial expressions of the children and watch for body expressions. Try to match the level of intensity. Use open ended statements that are validating such as "You feel..." or "You are feeling..." while trying to reflect a variety of emotions. Then the teacher can attempt to reflect a feeling such as, "Kason, you look like you feel happy about your grade on your spelling test." Note that the reflection of feeling is framed as "You feel..." To say, "Kason, you feel like you did well on the spelling test" reframes the reflection cognitively rather than affectively. The child is not feeling about the outcome of the test, but thinking about his performance.

If the child feels safe to express him/herself in the classroom, then the child can communicate thoughts, needs and feelings to the teacher. It is also anticipated that the child will develop more positive feelings of self-respect, self-worth, and confidence.

Toys and Materials in the Play Therapy Room and the Classroom

Just as toys are useful tools for playing in typical classrooms or care environments, they are also the tools of the school counselor and play therapist. Types of play materials in the classroom, counselor's office, and play therapy room come in varying forms. Not only are the materials important to the play process, but the way in which they are presented as well as the room environment has value in providing the most appropriate play spaces for children (Wolfgang, 2004).

Bratton and Landreth (2006) offered a list of common toys that can be beneficial to the nascent practitioner of play therapy techniques. Many of these toys can already be found in classrooms and school counselors' offices, yard/garage sales, and homes. Materials may include paints and markers, doughs and flour, sand and water, a small table, crayons, construction paper, clay, pipe cleaners, blocks, doll house, dolls, doctor's kit, plastic army figurines, miniature cars, sand toys, dress-up clothes, hats, musical instruments, plastic animals, bop bag, housekeeping center materials, baby dolls with bottles and blankets, plastic workbench, puppets and puppet theater, and action figures. This list is by no means final, but is an appropriate beginning for the developmentalists' classroom play arenas. Most classrooms contain centers or areas divided for play spaces such as dramatic or pretend play, block, music, sand and water, and reading or listening (puppet center). The therapists' tools or toys are commonly found in one or more of these centers already and the use of the toys are the only

aspects to be changed. Aggressive toys that may be a challenge to developmentalists include war toys and bop bags, but it is contended that with guidance from school counselors, providers and teachers can learn to use these toys as well in a more meaningful and purposeful way.

Implications for School Counselors

While play therapy is a widely accepted counseling modality, numbers of school counselors and play therapists do not equal numbers of classroom teachers and providers. There is a paucity of counselors and therapists regionally as well as nationally and even globally. While more and more school counselors are becoming play therapists and are being trained and registered, the ratio of children requiring services to those trained and working exhibits a wide disparity. An offering of workshops and conference seminars on play therapy and its benefits in the classroom is of utmost importance in order to facilitate the transition between the classroom and the playroom (therapy). The following suggestions may also be useful for school counselors who are incorporating play therapy into their work.

1. Get training at a local university or in workshops that are provided at various local, state, and national conferences.
2. Create a playroom in the school; ask for supervision by local registered play therapist-supervisor.
3. Offer workshops or in-services for teachers. It is the author's experience that most teachers are receptive to play concepts.
4. Offer lists of classroom toys to teachers, as well as securing designated play spots in classrooms.

5. Bring in local speakers with training in play concepts for teacher in-service training and PTA meetings.
6. Attend local Association for Play Therapy (APT) chapter meetings.

The authors respectfully submit that having a play therapist at every educational institution would be beneficial and worthwhile. However, this utopian idea, while being exciting and intriguing, is still years from fruition, and, in the meantime, children are in need.

Conclusion

The ground breaking work done by Axline (1969/1982), Landreth (2002), Bratton & Landreth (2006), and Guernsey (1991, 2001) have shown that play therapy is effective not only with play therapists who have been trained, but with parents as well. It seems reasonable then to forward the notion that it can be equally effective with play developmentalists (teachers and providers) working in concert with play therapists, and school counselors.

If those serving children are able to join together to combine their resources, education, and expertise, then the outcome for children's well being could be deemed as positive. All those serving children can offer important information and techniques. This information may be useful to children as they achieve various developmental stages. The authors applaud those attempting such a feat, and encourage others to utilize a play therapy approach as frequently as possible.

By integrating play therapy techniques into the developmentalist's classroom, children are afforded the opportunity to grow, express themselves, and flourish in an environment that is designed to enrich the child. While didactic approaches by play

therapists are certainly not to be ignored, the inclusion of play techniques and materials may make available an environment that promotes not only learning but also a degree of emotional health for children, "in the meantime."

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