Child Centered Play Therapy & Child Parent Psychotherapy

JULIE ZABOLIO, MA, LPC, IMH-E®
INFANT / EARLY CHILDHOOD MENTAL HEALTH SPECIALIST
HEALTH SOLUTIONS
Learning Objectives

- Overview of both interventions
- Rationale for using each
- Similarities and differences between the two interventions
Child Centered Play Therapy

- Research-informed, therapeutic modality for children 2-10 years old
- Trauma informed by nature – creating safety in relationship
- One of several modalities of play therapy
- The primary modality of individual play therapy used at Health Solutions Youth & Family Services
Why Play Therapy?

“Play is children’s language; toys are their words.”

- Play is children’s natural way to learn about the world.
- Play is developmentally appropriate. Children under the age of 10 do not have the cognitive skills to think in the abstract.
- Play is experiential, involving multiple parts of brain, and can help create new neural pathways.
- Play allows children safe emotional distance to approach problems in indirect ways.
- Play is fun!!
Modalities of Play Therapy

- Cognitive Behavioral
- Prescriptive
- Expressive (art, sand tray, music/movement)
- Adlerian
- Child Centered

Family
- Play-based family interventions
- Theraplay
- Filial Play Therapy
Child Centered Play Therapy

Originally developed by Virginia Axline, *(Play Therapy, 1947)* as a way of applying Carl Roger’s client-centered model to her work with children; *(Dibs In Search of Self, 1964)*

Bernard & Louise Guerney*

Rise VanFleet

*developed Filial Therapy

Clark Moustakas

Garry Landreth*

*adapted Filial Therapy to group model – Child Parent Relationship Training (CPRT)*
Categories of Toys

“Toys are selected, not collected.”

- **Nurturing**: baby dolls, baby bottle, medical kit, dishes and food
- **Competency**: blocks, legos, ring toss, basketball hoop
- **Aggressive-release**: bop bag, swords, dart gun, aggressive animals, army figures
- **Real life**: dollhouse, doll families, people puppets, cash register and money, transportation, cleaning toys, play phones
- **Fantasy/dress up**: hats, clothing, masks
- **Creative expression/emotional release**: sand, water, art supplies, craft materials, egg cartons (or other items able to be torn up or destroyed)

(Landreth, 1991; Play Therapy: The Art of the Relationship)
Structuring of Play Sessions

- 30-45 minutes in length
- Therapist gives a very general introduction, “This is a special playroom/playtime; You can do just about anything you like; if there is anything that’s not ok, I’ll let you know.”
- Therapist follows the child’s lead and makes reflections about the child’s play activities and feelings.
- Therapist does not attempt to guide or direct activities or conversation.
- Therapist does not ask questions.
- Therapist gives 5 and 1 minute transition warnings before the end of session.
- Child does not have to clean at the end of the session!
Therapeutic Responses

- Reflecting non-verbal behavior
- Reflecting content or meaning
- Reflecting feelings
- Facilitating decision-making and responsibility
- Esteem-building statements
- Joining play (when invited)
- Setting limits

(Landreth, 1991; Play Therapy: The Art of the Relationship)
Parent Engagement

- Provide an orientation to Child Centered Play Therapy to help parents understand the process
  - Do’s & Don’ts Handout

- Teach parents skills to help generalize the benefits of play therapy at home
  - Reflective Listening
  - Descriptive Praise
  - ACT Limit-Setting
Parent Engagement

- Additional Topics to help parents prevent/manage behaviors:
  - Be a Thermostat, Not a Thermometer
  - H.A.L.T.
  - First-Then Directions
  - Use Positive Words
  - Enforceable Limits, Giving Choices, Joyful Modeling (Love & Logic)
Filial Play Therapy

- A variation of Child Centered Play therapy
- Parents are taught to facilitate weekly child centered play sessions with their children
- Parents are trained in 4 basic skills
  - Structuring
  - Empathic Listening
  - Imaginary Play
  - Limit Setting
- Therapist observes sessions & provides feedback
- Parents graduate to doing sessions independently
Limitations of Child Centered Play Therapy

- Not appropriate for children under 2 years old
- Children don’t always go to trauma in play on their own
- Parent psychoeducation has limited effectiveness when parent is stuck/overwhelmed because of their own trauma
- Parents can get triggered by child’s play in Filial Play Therapy and it’s too much to manage
- Child Centered Play Therapy is not evidence-based
Child Parent Psychotherapy (CPP)

- Evidenced Based Practice for children birth to 5
- Dyadic, relationship-based treatment
- Trauma-Informed treatment
- Enables parent (primary caregiver) and child to heal together from shared traumatic experiences
- Play based
- Intensive treatment that can last up to 18 months
Child Parent Psychotherapy (CPP)

- Developed in 1996 as part of the Child Trauma Research Program at San Francisco General Hospital
- Developed by Alicia Lieberman, Ph.D. & Patricia Van Horn, J.D. Ph.D.
- Began as Infant-Parent Psychotherapy and expanded to children ages 3-5
- In 2001, joined the National Child Traumatic Stress Network to create a learning collaborative model
- Health Solutions Early Childhood Team is currently part of a Learning Collaborative, supported by Pueblo Launch Together funding
Put Trauma In Perspective

Differentiate Between Then & Now

Acknowledge the Impact of the Trauma

Normalize Traumatic Response

Support Relationships w/ Other Caregiver

Support Normal Development

Understand Behavior

Dyadic Affect Regulation

Body-Based Regulation

Develop Empathic Therapeutic Relationship

Convey Hope

Enhance Safety

Fidelity Strands

1. Reflective Practice
2. Emotional Process
3. Dyadic Relational
4. Trauma Framework
5. Procedural
6. Content
CPP: Triangle of Explanations

Protective Steps
Highlight when caregiver tried to help or created safety

Experience
• You saw ...
• You heard ...

Behavior, Feelings
Hope
Things can change for the better

Treatment
And now you ...
This is a place where ...

Lieberman & Ghosh Ippen 2014

Ghosh Ippen, Van Horn, Lieberman, 2016
Child Parent Psychotherapy (CPP)

- Young children remember
- After preverbal children acquire language, they can describe events that happened before they could speak
- Children may misremember an event due to their immature understanding of cause and effect

(Lieberman 2001)
Child Parent Psychotherapy (CPP)

- Parent experiences traumatic event in childhood
- Parent develops trauma-related expectations
- Parent’s personality develops in line with defenses and expectations based on trauma
- Early trauma becomes a “ghost in the nursery”.

(Lieberman & Van Horn, 2005)
Child Parent Psychotherapy (CPP)

- Child experiences traumatic event in childhood
- Develops traumatic expectations
- Expresses the event in behavior
- Triggers caregiver (fight, flight, freeze reaction)

(Lieberman & Van Horn, 2005)
Child Parent Psychotherapy

- Children need help from caregivers to make meaning of traumatic experiences and restore a sense of safety.

- They need their caregiver to:
  - Acknowledge that things were not safe
  - Ensure safety
  - Help make meaning of experiences
  - Help learn new ways of responding

- CPP helps the parent to provide all of the above.

- CPP provides the same for the parent in a parallel process.

(Gosh, Ippen, Van Horn, Lieberman 2016)
Child Parent Psychotherapy (CPP)

- Caregiver with whom the trauma happened is ideally who we want to be involved in the treatment
- Multiple caregivers can be involved
- Kinship providers, foster, or adoptive parents can be involved
## CPP vs. Play Therapy

### CPP
- Dyadic – treats relationship
- Directive
- Therapeutic responses consider both parent & child in the moment
- Treats trauma directly making verbal connections between play and memories
- Therapist can guide activities to create healing moments

### Play Therapy
- Can be dyadic – Filial Play
- Non-directive
- Therapeutic responses are primarily about the child; in Filial Sessions, parent issues can be addressed later with therapist
- Play is kept in the metaphor, child works through trauma indirectly and at their own pace
- Trauma might be talked about directly in other settings
How to Choose?

How old is the child?

- If the child is under 2, then EC Mental Health Consultation or CPP

If the child is 2+, is the focus of treatment behavior challenges and/or parenting difficulties without any significant traumas?

- If yes, then Individual or Filial Play Therapy
How to Choose?

Is there a history of trauma?

- If yes:

  Is the parent with whom the trauma occurred safe, physically available, and willing to participate and address trauma directly?

  - If yes, then CPP

  - If no, then maybe CPP depending on the emotional readiness of the current caregiver to address trauma directly with the child

  - If no, then Individual or Filial Play therapy with the current caregiver
Questions?

juliez@health.solutions

Health Solutions Youth & Family Services
1012 W. Abriendo Ave.
Pueblo, CO 81004

719-583-2207