

# 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

## Directive vs. Non-Directive

- ▶ 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

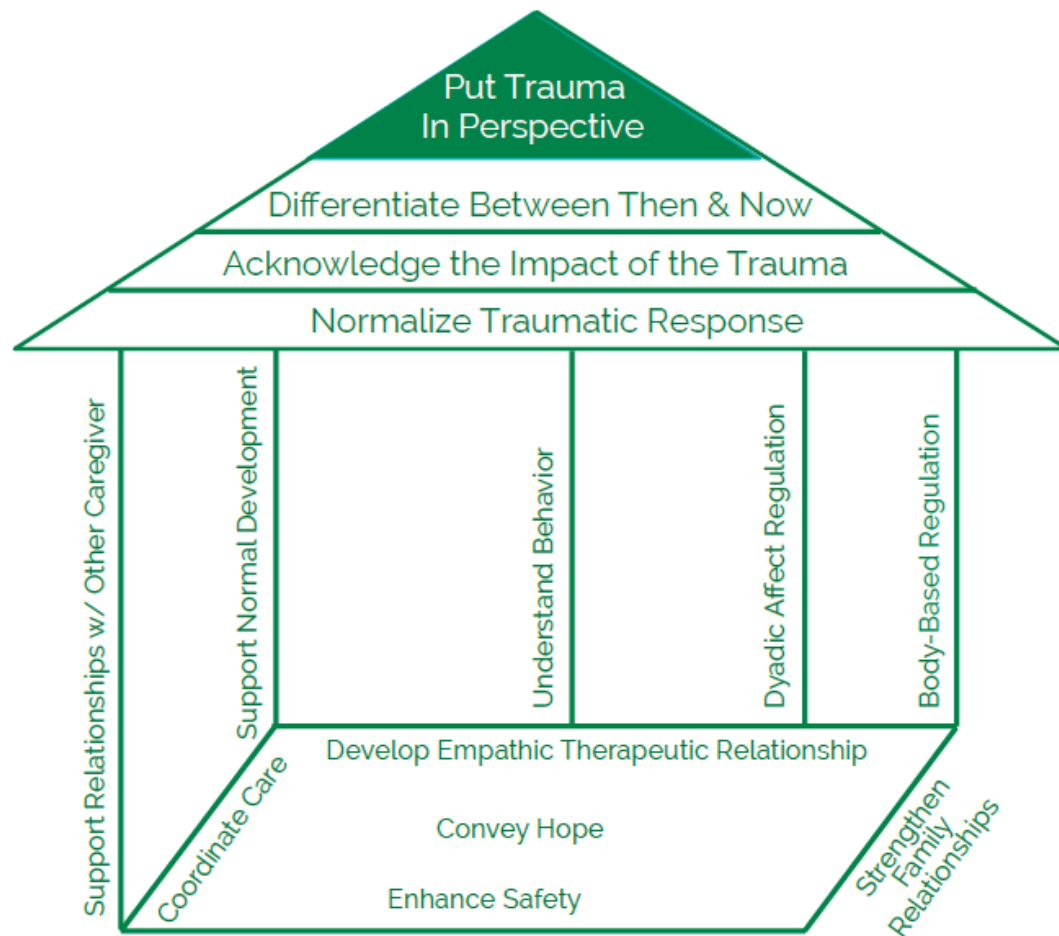
- ▶ Not appropriate for children under 2 years old
- ▶ Children don't always go to trauma in play on their own
- ▶ Parent psychoeducation has limited effectiveness when parent is stuck/overwhelmed because of their own trauma
- ▶ Parents can get triggered by child's play in Filial Play Therapy and it's 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



### 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 ...



## Hope

Things can change for the better

## Behavior, Feelings

And now you ...

## Treatment

This is a place where ...

Lieberman & Ghosh Ippen 2014

# 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](mailto:juliez@health.solutions)

Health Solutions Youth & Family Services

1012 W. Abriendo Ave.

Pueblo, CO 81004

719-583-2207

