第三版

合作伙伴在游戏中

一种阿德勒式的游戏治疗

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Partners in Play
An Adlerian Approach to Play Therapy

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As usual, to Jacob and Rick, my permanent partners in play.

To the memory of Byron Medler, who gave me permission to be myself.

To Jeff Ashby, who continues to help me figure who that is.

—With love, Terry

From Kristin:

To Skyler—for inspiring me become a better person, and for giving me lots of opportunities to practice Adlerian play therapy!

To Terry Walen—for being my partner in life.

To Terry Kottman—for believing in me and trusting me with this book.

I hope to make you proud.
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I (TK) have spent the last 3 decades “making up” Adlerian play therapy—a method for integrating Adlerian concepts and techniques into the practice of play therapy. Helping professionals (mental health counselors, school counselors, social workers, psychologists, psychiatrists, day-care workers, teachers, principals, and any other professionals who interact with children in therapeutic ways) can use Adlerian play therapy in their work with children who are experiencing emotional, behavioral, or academic problems. (Because there are many different professionals who wish to pursue training as play therapists, we simply use the term counselor or play therapist interchangeably throughout the remainder of the book.) Actually, the book can be adapted to help anyone (including adolescents and adults) who is able and willing to use play as a vehicle for communication, but this book is dedicated to working with children.

Adlerian play therapy is a process in which the counselor (a) builds an egalitarian relationship with the child client; (b) explores the child’s lifestyle; (c) develops hypotheses about the intrapersonal and interpersonal dynamics of the child’s difficulties (from the perspective of the child and from the perspectives of other people in the child’s life); (d) designs a treatment plan for the child and for any other individuals who have a strong influence on the child (e.g., parents and teachers); (e) helps the child gain insight and make new decisions about self, the world, and others; (f) teaches the child new skills for relating to others; (g) helps the child practice new skills for interacting with others; and (h) consults with parents and teachers, working with them to develop more positive perspectives on the child and to learn encouraging strategies for interacting with the child.

There continues to be increased concern about the mental health of young children. Many helping professionals are recognizing a need for increased ability to communicate with children using children’s language—the language of play and metaphor. Consequently, the field of play therapy is expanding rapidly. The Association for Play Therapy has grown from a
tiny group of friends who got together to talk about working with children to an organization with approximately 6,000 members. The association has established criteria for registration of play therapists and play therapy supervisors. Many professionals who work therapeutically with children all over the world have expressed a desire to acquire the requisite training and supervised experience to become qualified play therapists.

This increased interest in the field of play therapy was one of the primary reasons why I wrote the original version of *Partners in Play: An Adlerian Approach to Play Therapy* (1995). I believed then that practicing counselors and counselors-in-training need practical application-oriented guides for using play to communicate with and help children grow in positive directions. I still believe this. In the ensuing years, I have continued to learn more about children and families (from my son Jacob, from other children, from parents, from teachers, from other counselors, from my students, from workshop participants, and from books describing new, and sometimes old, ways of thinking about and interacting with children and their families). On the basis of these ideas and experiences, Adlerian play therapy has continued to evolve. Since I wrote the first edition of this book, I have added many strategies for conceptualizing children, piloted new techniques for working directly with children and with parents, and developed a systematic method for designing a treatment plan for both children and parents (and for working with teachers and other school personnel when appropriate). This evolution prompted me to write a second edition of *Partners in Play* in 2003. As time has passed, the world of play therapy has continued to grow and evolve, as have Adlerian play therapy and my understanding of children, families, and schools. In the past several years, I have been repeatedly asked to write a third edition of *Partners in Play* but was reluctant to do so—I was afraid I didn’t have anything new to offer even though I have relentlessly (obsessively?) studied a wide-ranging plethora of subjects (leadership, life coaching, dance and movement, sand tray therapy, trauma and its effects on children, and energy, just to name a few). I approached one of my former students (now colleague), Kristin Meany-Walen, an amazing young woman who has already made a significant contribution to the field by conducting research studies and writing about Adlerian play therapy. I asked her if she would be willing to collaborate with me on a new edition of the book. And she said, “Yes!” Hint: She wrote the chapter in this book on research, which is not my forte. Writing this book with Kristin has been a delightful experience, with Kristin inspiring me, grounding me, keeping me moving toward completion. In addition, it has turned out that the two of us have a lot to offer. (Who knew?)

**Development of Adlerian Play Therapy**

Now . . . before we get into the meat (and potatoes for those vegetarians out there), I wanted to include a small story about the genesis of Adlerian play therapy. When I was taking my doctoral practicum class, clients were sparse. One day, the professor asked, “Who in this class has taken a
course in play therapy?” We all stared dejectedly at him. None of us had taken a course in play therapy. Next he asked, “Who has taken a course in counseling children?”—still no reply. Finally, looking a little desperate, he asked, “Who has experience working with kids? Aren’t any of you teachers?” I raised my hand, rather timidly, having realized that I really did not have the kind of background he wanted me to have. I said, “I used to teach elementary school. Now I counsel in a high school. I have some background in working with young children but not counseling them.”

He replied,

It will have to do. We need this client. We just don’t have enough to go around this semester. I’ll have a doctoral student who has a lot of experience and training in play therapy supervise you by watching every session. It will be like on-the-job training. You’ll do fine.

With that comment, I started on a learning process that I hope will never end. I began to learn about using toys and play to communicate with children.

This particular client, Claire, was a child who lived in a foster family. Her birth parents had decided the previous year that they no longer wanted the responsibility of caring for a child. They had dropped their 7-year-old daughter off at the local shopping center and left town. Child Protective Services had placed the little girl with a foster family. Claire was dealing with her abandonment and her grief and hurt by being aggressive toward the other children in the family. During the years she had lived with her birth parents, Claire had not experienced a great deal of structure and supervision. She had pretty much gotten to do whatever she wanted to do. Now that she was living in the foster home, she was having difficulty adjusting to having structure and rules. She was verbally abusive to her foster parents and blatantly violated all of the family rules.

Although Claire’s foster parents wanted her to participate in some form of counseling, they had neither the time nor the resources to get her to the clinic. Part of my responsibility in having Claire as a client was to pick her up at her day-care center and drop her off after we were finished.

Quite truthfully, when I read the intake form on Claire and her life, I was terrified. This reaction was not necessarily rational. I had taught emotionally disturbed children with problems much worse than those described on the intake form. However, teaching them and being their counselor seemed worlds apart, and I was afraid that I would not be able to help Claire. Even worse than that, I was afraid that my lack of training, my not knowing how to do play therapy, might even hurt her.

I spent that entire week trying to become an instant expert on play therapy. I stayed up late every night and spent the entire weekend reading books on play therapy. I borrowed class notes from students who had taken play therapy courses from Dr. Garry Landreth and memorized them. I spent several hours on the telephone talking to the doctoral student who was going to supervise me. I observed experienced students at the counseling center doing play therapy with children. Almost all of the information I gathered was about non-directive play therapy, an approach in which the
counselor focuses on reflecting what the child is saying, doing, and feeling in the belief that when children’s feelings are expressed, identified, and accepted, they can accept their feelings and that frees them up to deal with them (Landreth, 2012). This was 1984, and there was little written in the field, and almost all of it was focused on nondirective strategies.

By the time I drove over to the day-care center to get Claire, I was a walking (driving) encyclopedia on nondirective play therapy. However, I was a little concerned about two things: my personality and my theoretical orientation. From what I had seen in my observations and read about nondirective therapy, I was not sure whether my personality and the way I usually interacted with people—especially children—was consistent with this approach. I tend to be rather bouncy and loud. My interpersonal style and my counseling style tend to be directive and active rather than nondirective. I was also having cognitive dissonance in that I had already decided that Adlerian theory fit the way I conceptualized people and I believed therapy helps people to make changes in their lives. I was not sure how I was going to reconcile those beliefs with the nondirective perspectives on people and change.

I had anticipated that Claire might be hostile and unwilling to go to the university center with me. Contrary to my prediction, she was jumping up and down with anticipation. She was feeling very special about coming to the university. Claire and I had a nice chat in the car on the way to the center, getting to know each other and being a little silly. She told me some about her “real” family and her foster family—who she liked best in each and what she liked to do with them. I think I was more nervous than Claire. We were both going on an adventure, but she was more confident than I was that the adventure would be a positive one.

When we got to the clinic, I took her on a little tour so that she could get used to the facility. We continued to talk and laugh together. Then I took her into the playroom, and I said, “This is our playroom, and you can do many of the things you want to in here.” I sat in the chair and watched her explore the playroom. I tracked her behavior and restated the content of the statements she made to me. Whenever I noticed her expressing a feeling, whether it was verbally or nonverbally, I reflected that feeling to her. When Claire asked me to play with her, I told her that I could tell she wanted me to play with her, but this was her time to play by herself. When our time was up, we walked down the hall and back to my car, laughing and talking. We repeated this routine five or six more times.

The feedback from my supervisor and my professor was positive, but I was rather uneasy. I felt uncomfortable and stilted in the playroom, as though I was trying to play a part. I felt that my rapport with Claire was better outside the playroom than it was in the playroom. In the playroom, I felt tense—trying to always say the right thing, the right way—and bored. I was watching her, trying to follow her lead and understand the thoughts and feelings she expressed, but it seemed as though she never allowed herself to show very many of her thoughts and feelings in the playroom.

I was also not always comfortable with letting Claire lead the way. She avoided revealing any thoughts or feelings about her family, her abandon-
ment, or her present situation in both her play and her conversation. She seemed to want to pretend that none of the sad or scary things in her life had ever happened. She liked to pretend that she was a fairy princess who could control all those around her with her magic wand. Even though her foster parents reported that her behavior was still out of control at home, she acted in the playroom as though everything in her very chaotic life was perfectly under control. Although I realized that the play therapy process was gradual, I had a certain sense of urgency. If Claire’s behavior did not improve, this foster family was also going to abandon her, and then she would face another rejection and upheaval in her life. I was not sure how to get to all of these problems simply following Claire’s lead.

One day, on a drive back to the day-care center, all of my doubts crystallized when Claire said,

Terry, why do you act like a funny, fun person on the way to the playroom and on the way back to day care, but you act kind of weird in the room with the toys? You don’t smile very much, or laugh, or ask any questions. All you do is sit there and tell me what I am doing and saying. It’s like you’re not a real person in the playroom.

I realized at that moment exactly what the problem was. I was not a real person in the playroom. I was what I thought a nondirective play therapist should be, and that was not the real me. I was leaving my personality and my beliefs about people, my most valuable tools for helping people, outside the door of the playroom. I decided then and there to figure out a way to use both my personality and my beliefs about people in the playroom.

Because I already knew my personality and the way I viewed people fit with Adlerian theory when I was working with adults, I started researching Adlerian views about children. The majority of Adlerian therapists worked with children in the context of the family or schools, in the form of family therapy, parenting information for parents, or classroom management programs for teachers (Bitter, 2014; Lew & Bettner, 1998, 2000; Nelson, 2011; Sweeney, 2009). There were books, chapters, and articles on working directly with children, but none of the authors discussed in detail how to use play therapy from an Adlerian perspective (Adler, 1930/1963; Bordon, 1982; Dinkmeyer & Dinkmeyer, 1977, 1983; Lord, 1982; Nystul, 1980; Yura & Galassi, 1974).

I began to try out ways of bringing my personality and my beliefs about the nature of people into the playroom with Claire and with my subsequent play therapy clients. I took courses and workshops from professionals who were experienced in different approaches to play therapy. I also received extensive supervision in my counseling with children and their parents. Adlerian play therapy evolved from this process. Over the years, I have continued to experiment with ways of integrating the practice of play therapy and the concepts and strategies of Individual Psychology. Adlerian play therapy is not a finished approach; it is still evolving. Kristin and other professionals are helping fuel this evolution. I hope that reading this book helps you to be more real with your clients.
and that you take the ideas that make sense to you and use them to better understand and help the children with whom you work. It is essential to get training and supervision from experienced professionals, whether you are developing skills in a new area of counseling or perfecting the skills that you have already. Consultation with other therapists can help us continue to grow, both personally and professionally.

Overview of the Chapters

The primary focus of Chapter 1, “So, What Is Play Therapy and Why Should We Care?” is an explication of the various elements of play therapy, such as the rationale for using play and toys as a part of the therapeutic process, toy selection, arrangement of the playroom, and types of clients appropriate for play therapy.

Chapter 2, “How on Earth Can You Combine Adlerian Theory With Play Therapy?” contains a discussion of various concepts essential to the understanding of Individual Psychology, including social embeddedness and social interest, lifestyle, purposiveness of behavior, Crucial Cs (connect, capable, count, and courage), personality priorities, feelings of inferiority, mistaken beliefs, private logic, and creativity and self-determinism. In Chapter 2, we briefly introduce the four stages of Adlerian therapy and the way these phases are operationalized in Adlerian play therapy, the goals of Adlerian play therapy, and the role of the counselor in Adlerian play therapy.

Chapter 3, “What Is Up With This Kid? Using Adlerian Concepts to Understand Children,” is a guide to the various Adlerian concepts used in this approach to play therapy to help the counselor gain an understanding of children and their dynamics. The emphasis is on the Crucial Cs, goals of misbehavior, and personality priorities. We use case study vignettes to illustrate concretely how the counselor can apply these concepts with children in play therapy.

In Chapter 4, “Consulting With Parents and Teachers? Oh Dear!” we start with an explanation of the importance of including parents and teachers as active participants in the Adlerian play therapy process and a discussion of techniques for involving parents and teachers and keeping them involved. We explain methods for (a) building a relationship with parents and teachers; (b) exploring the lifestyle of parents and teachers and gathering information about their perceptions of the child’s lifestyle; (c) helping parents and teachers gain insight into their lifestyles and into the child’s lifestyle; and (d) reorienting and reeducating parents and teachers by teaching encouragement skills, behavior management skills, and communication skills. Personality priorities and Crucial Cs are key elements in this process, so this chapter includes descriptions and examples designed to illustrate how these concepts can be applied to consultation with parents and teachers.

Adlerian therapy depends on an egalitarian relationship between the therapist and the client. Chapter 5, “Where Do I Begin? Building an Egalitarian Relationship With the Child,” presents ideas on how to build
a democratic relationship with the child in play therapy. It contains a discussion about how you can use (a) tracking, restating content, and reflecting feelings to help the child feel comfortable in the playroom; (b) metacommunicating and returning responsibility to the child to convey understanding and respect to the child; (c) questioning strategies to communicate interest in the child’s life; (d) actively interacting with the child, including role-playing techniques and other relational tools to make a strong connection with the child; and (e) cleaning the room together to strengthen the relationship with the child. In the last section of this chapter, we include a case example to illustrate how to use these skills to build a relationship with the child.

Encouragement and limiting are essential elements in Adlerian play therapy. In Chapter 6, “Just Say ‘Yes!’ Just Say ‘No!’? Encouraging and Limiting,” you will learn how to use encouragement to build the relationship with the child, help the child gain self-confidence and a sense of self-efficacy, and help cement changes the child has made in his or her behavior and attitudes. This chapter provides an explanation of how you can tailor encouragement strategies on the basis of the Crucial Cs and personality priority of the client. In the second half of this chapter, we provide Adlerian techniques for setting limits, an explanation of appropriate limits, and methods for helping the child learn to generate alternative appropriate behaviors. This chapter closes with case examples designed to illustrate how to integrate the steps in the limit-setting process and a discussion of how to tailor strategies for limiting on the basis of the child’s Crucial Cs, goals of misbehavior, and personality priorities.

Adlerian therapists view lifestyle as the individual’s characteristic way of understanding situations and interacting with others. As you explore the child’s lifestyle, you will begin to understand how the child views self, the world, and others. Chapter 7, “Who Is This Kid, and How Did He Get This Way? Exploring the Child’s Lifestyle,” contains various strategies you can use to investigate the child’s lifestyle, including exploring the atmosphere and birth order in the child’s family and early recollections. The case example begun in Chapter 5 is continued, illustrating a practical application of this phase of Adlerian play therapy.

In Chapter 8, “What Do I Do With All This Information? Developing Adlerian Lifestyle Conceptualizations and Treatment Plans,” you will learn to take the information gathered in the exploration of the child’s lifestyle and the exploration of the parents’ lifestyles (and sometimes the teacher’s lifestyle) and integrate all of these data into a formal conceptualization of the child (and parents and teacher when appropriate). This chapter also contains an explanation of how you can use this conceptualization and a systematic understanding of the intrapersonal and interpersonal dynamics of the child to develop a treatment plan for the child (and for the parents and the teacher when necessary). Conceptualizations and treatment plans for the child and her parents from the case study begun in Chapter 5 and continued in Chapter 7 help to make these processes more concrete.

Adler believed that clients will not change their behaviors until they gain insight into their lifestyles. The third stage of Adlerian play therapy
uses various strategies to help children gain insight into their lifestyles and behavior. Chapter 9, “Lions and Tigers and Bears, Oh My! Helping the Child Gain Insight,” details ways to use metacommunication and tentative hypotheses, mutual storytelling and other metaphorical techniques, drawing and art, sand tray activities, dance and movement experiments, and adventure therapy techniques, immediacy, confrontation, and humor to help children begin to understand how they view self, the world, and others and how these perceptions affect their behavior. To help children generalize their learning, you will often point out connections between what happens in the play session and what happens in other places. A continuation of the case example from Chapters 5, 7, and 8 illustrates a practical application of this phase of Adlerian play therapy.

The purpose of the last stage of Adlerian therapy, described in Chapter 10, “How Can I Wind It Down and Wrap It Up? Reorienting–Reeducating,” is to help the client learn new ways of viewing self, the world, and others; new ways of behaving in various situations; and new ways of interacting with other people. In this stage, you might use brainstorming and problem-solving strategies to help the child generate alternative perspectives and behaviors. You might also actively teach skills that the child does not possess, such as social skills, negotiation skills, and ways of sharing power. The playroom becomes a laboratory in which the child can practice these new perceptions and skills in a safe, nonthreatening environment. This chapter also contains information about introducing a second child into the play therapy process and terminating the play therapy. A continuation of the case example from the earlier chapters illustrates this phase of Adlerian play therapy.

Chapter 11, “Who Me? Conduct Research?” is designed to encourage you (and anyone else who might be interested) to consider conducting research into Adlerian play therapy. The chapter contains information about the research support for play therapy, in general, and about research supporting Adlerian play therapy. We also explore considerations for conducting research and provide a detailed description of the skills needed in each phase of Adlerian play therapy.

We have compiled some supplemental materials for you to be able to use in your work with children, families, and schools. We have included some of the appendices from this volume and some handouts for parents on working with children with specific goals of misbehavior and those who struggle with specific Crucial Cs. We also included a “cheat sheet” to remind you of what you need to be considering as you conceptualize and develop treatment plans. If you want to do research, we have provided you with the checklists you can use for measuring treatment fidelity. (You could also use them for supervision of Adlerian play therapist if you want.) You can find these supplemental materials with the book in the ACA Online Bookstore at www.counseling.org.
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About the Authors

**Terry Kottman, PhD, NCC, RPT-S, LMHC**, founded The Encouragement Zone, where she provides play therapy training and supervision, life coaching, counseling, and “playshops” for women. Dr. Kottman developed Adlerian play therapy, an approach that combines the ideas and techniques of Individual Psychology and play therapy. She regularly presents workshops and writes about play therapy, activity-based counseling, school counseling, and life coaching. She is the author of *Partners in Play*, *Play Therapy: Basics and Beyond*, and several other books.

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**Kristin Meany-Walen, PhD, LMHC, RPT-S**, is an assistant professor of counseling at the University of Northern Iowa. Kristin actively researches and publishes articles that explore the effectiveness and implications of Adlerian play therapy. In addition to researching and teaching, she works with children and adolescents in school-based settings and private practice.
So, What Is Play Therapy and Why Should We Care?

We are so glad you asked. Officially, according to the Association for Play Therapy (2014), play therapy is “the systematic use of a theoretical model to establish the interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (para. 1). Formally, play therapy is an approach to communicating therapeutically with clients using toys, art materials, games, sand trays, and other play media, giving clients a safe and nurturing relationship in which they can explore and express feelings, gain insight into their own motivation and into their interaction with others, and learn and practice socially appropriate behaviors (Henderson & Thompson, 2011; Homeyer & Sweeney, 2011; Kottman, 2011; Landreth, 2012; Ray, 2011; Schaefer, 2011). Informally, play therapy is counseling clients (usually kids, but not always) with toys, stories, and art. VanFleet, Sywulak, and Sniscak (2010) said it most succinctly: “In play therapy, whatever form it takes, play is the therapy” (p. 12). The counseling in play therapy uses the natural language of children—play—as the basis for the therapeutic interaction. In the play, much of what the child does and says takes the form of symbolic, metaphoric communication about the relationships and situations in the child’s world.

A play therapist is not looking for children to be able to discuss cognitively the meaning or content of their play, but recognizes that the subconscious issues of children float to the surface through play. Also, as the subconscious material arises, children utilize play and the environment created by the play therapist to “work through” issues that they need to address to regain emotional and social health. (VanFleet et al., 2010, p. 12)
Partners in Play

Depending on the approach to play therapy, counselors can use many different ways to communicate with the client: free play, directed play, games, art techniques, metaphoric storytelling, bibliotherapy, drama therapy strategies, adventure therapy techniques, sand tray activities, prop-based play interventions, movement and dance, music, or any other creative process therapeutically. In writing this, we realized that if we described all of these strategies in detail, this book could get to be thousands of pages long and prohibitively expensive, so we needed to figure out how to give you access to the information without clogging up the first paragraph of our book with reference after reference. So we have created an appendix (see Appendix A) that lists references and resources for these processes. In Adlerian play therapy, we use all of these modalities in our work with children and their families (and sometimes their teachers too).

Rationale for Play Therapy

What makes play therapy therapeutic? Schaefer and Drewes (2013) listed the “therapeutic powers of play” as facilitating communication (self-expression, access to the unconscious, direct teaching, and indirect teaching); fostering emotional wellness (catharsis, abreaction, positive emotions, counterconditioning fears, stress inoculation, and stress management); enhancing social relationships (therapeutic relationship, attachment formation, social competence, and empathy); and increasing personal strengths (creative problem solving, resiliency, moral development, accelerated psychological development, self-regulation, and self-esteem). If you are interested in learning more about these therapeutic powers, Schaefer and Drewes (2013) have a chapter on each of them in their book.

Play therapy is a particularly appropriate approach to counseling children because play comes naturally to children. This is because most children under the age of 10 have not yet developed the abstract reasoning skills and verbal abilities to sit in the counselor’s office and be articulate about their thoughts, emotions, and behaviors. Young children seldom have the ability or the comfort level to talk articulately about what is bothering them, but they are almost always comfortable using toys and play to express themselves through metaphors (Kottman, 2011; Nash & Schaefer, 2011).

Most young children have better developed receptive language skills than expressive language skills, and they can frequently comprehend concepts even when they do not know how to verbalize them. This discrepancy means that the counselor might be able to use words to successfully communicate ideas to children, even when they would not have the abstract verbal reasoning skills or the vocabulary to be able to articulate these ideas themselves. Because of this, the counselor can frequently combine play and verbalizations to communicate with children.

Everything the child does or says in the session communicates information about how the child views himself or herself, the world, and others (Kottman, 2011). The 6-year-old whose father is dying of cancer
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takes all the toy soldiers, lays them down on the floor, looks at you and says, “They died. Nobody could help them.” The 4-year-old bosses you around and is resistant to any suggestion that he should take turns or share power with you. The 8-year-old takes the father doll and has him push the mother doll down the stairs in the dollhouse, laughing while the child doll tries to stop him. The child’s play and the child’s verbalizations in play are metaphors representing the child’s lifestyle and life situation. In Adlerian play therapy, your job is to observe the child in the playroom, understand how the child’s lifestyle and life situation are represented through the play, and begin to articulate that understanding to the child. You will use a combination of interactive playing, verbal interpretation, and storytelling to communicate with the child.

For older elementary-age children, adolescents, and adults, who usually do have the capacity for describing what is going on with them, there are other reasons for using play therapy as an intervention. With older elementary-age children (sometimes referred to as “tweens”) and teenagers, play can be used to build the relationship simply because it is fun and joy filled (B. Gardner, 2015; Milgrom, 2005). This can sometimes short circuit the natural resistance of adolescents, who are often dragged (sometimes literally kicking and screaming) into therapy. Play therapy also provides a chance to allow adolescents to use the therapy relationship to “move back and forth along the developmental continuum while striving for health individuation and separation from a nonabusive and nonpunative adult” (Milgrom, 2005, p. 4). Being invited to use kinesthetic and visually engaging props, toys, art supplies, and other materials to express themselves also takes some of the pressure of sitting across from someone, making eye contact, and being expected to reveal their innermost secrets. Using play as the vehicle for communication also encourages adolescents to express their creativity and to learn through experience, which can instill a sense of ownership over what they are learning (B. Gardner, 2015; Kottman, Ashby, & DeGraaf, 2001). Being allowed to communicate symbolically through metaphor rather than be forced to communicate directly can help adolescents feel safe to explore and express painful and/or frightening thoughts, emotions, and experiences that they might otherwise want to hide or avoid.

Although most adults enter therapy of their own free will, they too can benefit from play therapy. According to Brown and Vaughn (2009) and Frey (2015), grown-ups need to play too. Play therapy can provide adults the opportunity to develop insight, reduce stress, improve communication, facilitate self-efficacy, and encourage mastery. It can also boost creativity, mind–body integration, happiness, cooperation, insight, and social skills. I (TK) combine play therapy with talk therapy in my sessions with adolescents and adults, and I find that play therapy facilitates relationship building, making the sessions more enjoyable for me and for the clients. Play therapy also helps to create and deepen insight, allowing clients to “get” things they would have normally resisted, and building bridges from the abstract conversations in our sessions to the day-to-day situations in the clients’ “real” lives.
Setting for Play Therapy

The “perfect” setting for play therapy is a custom-designed playroom that you get to create for yourself with unlimited space, resources, and support. However, in the real world, it is the rare and lucky counselor who has an opportunity to work in such a setting. No matter where you work, the play space should reflect your personality and your philosophy about children and play therapy. It should also reflect the particular clientele you serve. Some counselors have very few toys and limited visual stimulation in their play space because they work with children who are easily distracted. Other counselors have many costumes and a stage in their play space because they, personally, are dramatic and like to use drama and enactments with their clients. Other counselors who have a need for order and structure, or who have limited space, have everything built in—shelves, kitchen appliances, and/or sandbox.

In Adlerian play therapy, the most important factor in playroom design is the attitude of the counselor. If the counselor feels happy, safe, and comfortable in the playroom, children will feel happy, safe, comfortable, and welcome. It is essential for the Adlerian counselor to remember to use flexibility and imagination to create a space in which the counselor can feel comfortable and clients can feel safe.

The “Ideal” Playroom

Landreth (2012) provided a thorough description of the practical considerations in designing that rare accommodation, the “ideal” playroom. He suggested that the ideal playroom would be approximately 12 feet by 15 feet (3.6 by 4 meters), with an area of between 150 and 200 square feet (approximately 14 by 19 square meters). This area gives the child room to move about, at the same time keeping her or him relatively close to the play therapist. A room this size could comfortably accommodate several children at one time if the play therapist wanted to work with a small group.

It is important to be able to provide the child with privacy in the playroom. In a play space where there are windows or a one-way mirror, it is helpful to have curtains or blinds so that the play therapist or the child can decide whether he or she needs some privacy if something sensitive is happening in the play therapy process.

It is also useful to have washable wall coverings and floors so that children can make messes without fear of negative consequences. Probably the best arrangement is to cover the floors with vinyl tile, which is an easy surface to clean or replace if necessary, and to paint the walls with a neutral color of washable enamel. However, when this is not possible (e.g., if the space is carpeted or you don’t have unlimited money), you must consider how you will react if paint or glue or some other messy material is spilled on the floor. If this will be a major problem for you (or will put you in a place where you can’t keep on maintaining a positive attitude toward the child who makes a mess), it would be wise to make accommodations (e.g., avoid using finger paints or put plastic on a section
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of the carpet that is designated as the art area) or set strict limits about these materials.

There should be as many shelves as necessary for accommodating the toys and materials without being chaotic or crowded. So that short children can reach the top shelf, it is helpful if the shelves are no taller than 38 inches (96.5 cm). As a safety precaution, it is advisable that shelves for the toys be secured to the wall. This will prevent accidental occurrences like the shelves being knocked over and purposeful occurrences like an angry child pulling them down on top of you (which also might make it difficult to maintain a positive attitude toward the child; Kottman, 2011; Landreth, 2012).

The ideal playroom contains a sink with cold running water but without potentially dangerous hot water. If possible, having some countertop space (either connected with the sink or separate) is helpful for providing a place for artwork or “schoolwork.” A cabinet for storing materials such as paint and clay, extra paper, and so forth is extremely helpful because then you can control access, which might prevent a child from running amok with your supplies. (See Chapter 6 on limiting, just in case you don’t have such a cabinet.) A chalkboard or white board attached to a wall or put on an easel provides a safe means for self-expression. A small bathroom opening into the playroom can eliminate power struggles about trips down the hall to the bathroom, but if this is not possible, then a bathroom close to the playroom will work almost as well (Kottman, 2011; Landreth, 2012).

Noise must also be a consideration in the placement and features of a playroom (Kottman, 2011). The playroom should be located as far as possible from other populous areas in the building so that noise will not present a problem—either to other inhabitants of the building or to people passing. It is also helpful if the ceiling of the room can be fitted with acoustical tile to reduce noise; however, again, unless you have an unlimited supply of funding for equipping your playroom, this may not be reasonable.

The furniture in the room should be constructed of wood or molded plastic and designed to accommodate children. If you will be working with parents in the playroom, it is important to have furniture available to accommodate them too. You will need a place to sit. This chair (or pillow) should support your level of comfort without being so relaxing that it would undermine the ability to focus on the child or stay awake when you are talking to parents (Kottman, 2011).

Other (Perfectly Lovely) Spaces for Play Therapy

A counselor does not need an ideal playroom to be able to use play therapy with children. (We would like to mention that neither of us has anywhere close to a “perfect” or even “ideal” setting for play therapy, and we do just fine with our clients.) Kristin brings toys in a bag into an elementary school and works wherever there is a free space that day. Terry relies on the kindness of a school counselor who generously shares her office—a room that has a big table in the middle of it where school personnel have meetings after school. Having a conference table in the middle of your
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playroom is less than ideal, and yet it works—the kids haven’t ever read this book (or any play therapy book), so they don’t know anything about an ideal playroom.

Many play therapists “have toys—will travel” (Drewes & Schaefer, 2010; Niel & Landreth, 2001). School counselors frequently travel from school to school, bringing a bag of toys with them. Some counselors who work for community agencies go into children’s schools or homes to conduct play therapy sessions. Many counselors who work for hospitals or hospices go into hospital rooms and do play therapy on hospital beds. Counselors who do not have the ideal space for play therapy or even a permanent setting for sessions will need to find a space for sessions that is somewhat quiet, free from distractions, and relatively private. (This is sometimes difficult to do in a crowded home or school, so you need to remember just to give it your best shot and hope for the best.) It is helpful to have a place (a table, a spot on the floor) to set out the toys in a predictable arrangement. To avoid lugging around tons of stuff and injuring yourself, you might even choose to bring different toys to the session depending on what you want to work on with that child in a particular session. Other than those modifications, the play therapy process in a less-than-ideal space is identical to the play therapy process in an ideal space.

Toys Appropriate for Adlerian Play Therapy

Because toys are the medium of communication for the child in play therapy, their selection must be a carefully considered process (which is hard for us because we would buy every toy that has ever been manufactured and stuff it in our playrooms if we could). In evaluating which play materials to include as therapeutic components of a playroom, the counselor should consider whether they (a) facilitate a broad range of creative and emotional expression; (b) allow for both verbal and nonverbal exploration and expression in the playroom; (c) are considered interesting and fun by children; (d) can be used in a projective or metaphoric play; (e) can be used by children across a range of developmental levels; (f) provide experiences for children in which they can feel successful; (g) allow for both individual play and interactive play; (h) would be appropriate across different cultures; and (i) are well made, durable, safe, and sanitary (Kottman, 2011; Landreth, 2012; Ray, 2011).

In the course of the play therapy, the child will use the toys and play media to (a) establish a positive relationship with the counselor, (b) express many different feelings, (c) explore and reenact real-life situations and relationships, (d) test limits, (e) strengthen self-concept, (f) improve self-understanding, and (g) enhance self-control (Landreth, 2012). In Adlerian play therapy, it is essential to have toys that the child can use to (a) explore family constellation and family atmosphere; (b) examine mistaken beliefs, perceived threats, and past traumas; (c) explore control and trust issues; (d) explore and express feelings related to family dynamics and relationships with others; (e) explore and express their unique ways of
gaining significance and relating to others; (f) explore and express their creativity and imaginations; and (g) practice new attitudes and behaviors.

To provide toys that allow for all of these aspects of the child’s experiences, Adlerian play therapists equip their “tool boxes” with five general categories of toys: family–nurturing toys, scary toys, aggressive toys, expressive toys, and pretend–fantasy toys. It is not necessary to have all of the toys in each of the following lists (and it would be crazy to try—there wouldn’t be any room for you and the child in your playroom). It is, however, essential to have representative toys from all five different categories of play media. A study exploring children’s use of toys in the playroom suggests that children frequently use toys from each of the general categories (Ray et al., 2013). The more choices children have for expressing themselves, the more likely it is that they will communicate clearly. You will need to balance the need for a wide range of possibilities for the play with the need to have a playroom that is not so crowded that it is overwhelming to you and the child.

**Family–Nurturing Toys**

Children use these toys to build a relationship with the therapist, explore their understanding of and feelings about family relationships, and recreate events that occur outside the playroom. Many times, Crucial Cs (connection, capability, counting, and courage); goals of misbehavior; and family constellation–birth-order issues (see Chapters 3, 6, and 7 for in-depth discussion of these topics) are expressed and explored with family–nurturing toys. Children frequently use these toys to act out their family atmospheres or to give or ask for nurturing. This category includes the following toys:

- dollhouse
- baby dolls
- a cradle
- animal families
- people puppets
- baby clothes
- baby bottles
- stuffed toys
- child-sized rocking chair
- warm, soft blanket
- pots, pans, dishes, and silverware
- toy cleaning supplies, like a broom and dustpan
- several different families of bendable dolls
- sand in a sandbox, along with various family figures that can be used in the sand
- “humanlike” figures (like clowns) that could be used for a family but are not obviously a family
- empty food containers, like cereal boxes and cans
- wooden or plastic kitchen appliances (if space is available)
Regardless of the racial composition of your client load, it is essential to provide children with dolls from different ethnic groups. This encourages children to explore differences and similarities among various groups of people and to explore their own identities. If possible, it is also important to have several families of each different ethnic group. This allows children who live in stepfamilies or extended families to have enough dolls to recreate their own family structures in the playroom. It also allows children being raised by gay or lesbian couples to have two mother dolls or two father dolls. The clothing of the dolls in the families should be removable (Velcro and elastic construction are appropriate) because many children (especially those who have experienced sexual abuse) will want to disrobe and rerobe the family members. You don’t want to have to keep gluing the clothes back on or buying new dolls every time the dolls get naked.

Sometimes a doll family looks too much like a real family, which can be extremely threatening to some children. These children may be more willing to act out family dynamics with the kitchenware or with a family that does not look like a family of human beings. To facilitate this process, we like to have several different species of plastic animal families—with some of the figures being bigger than others so they can represent parents and children. This gives children a way to explore what is happening in their families without directly dealing with the issues inherent in the family. They can even put a family together with members represented by different species. For instance, I (TK) might choose a deer for my sweet husband, a monkey for my mischievous son, and an otter for myself to represent my playfulness.

With some children, exploring family situations is so scary they cannot even use the kitchenware or animal families. We always have several small figures (like clowns or gnomes) that kind of look like people but are not clearly identifiable as a family. This provides children who are extremely protective of their family and children who are anxious about revealing family dynamics an even more indirect vehicle for dealing with family and nurturing issues without having to acknowledge that the subject of their play is a family.

**Scary Toys**

Children use scary toys to deal with their fears, both reality and fantasy based. They can act out being frightened, and they can protect themselves from whatever they find frightening or ask the counselor to protect them. The following are examples of toys that fit into the scary category:

- plastic snakes
- toy rats
- plastic monsters
- dinosaurs
- insects
- dragons
- sharks
- alligators
- a variety of puppets representing fierce, dangerous, or scary animals (e.g., wolf, bear, alligator)