



CHILD-CENTERED GROUP PLAY THERAPY IMPLEMENTATION GUIDE

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Child-centered group play therapy (CCGPT) is a journey of self-exploration and self-discovery not only for children but also for play therapists (Landreth & Sweeney, 1999). Within this therapeutic relationship—which can encompass a relationship between children, a relationship between a child and a therapist, or both—each child moves toward growth and develops a sense of self. CCGPT is unique in its integration of child-centered play therapy (CCPT) and group intervention, which increases the complexity of the philosophy and implementation of CCGPT. CCGPT also requires advanced knowledge and skills in both play and group therapies, and it demands acceptance and belief in children and their positive and negative interactions (Landreth & Sweeney, 1999; Ray, 2011). This level of commitment to children and the therapy process may challenge therapists' comfort levels and sense of competence as they therapeutically facilitate CCGPT. In addition to discussing the tenets and process that underlie CCGPT, then, we seek to specifically introduce the nonverbal skills and verbal responses that are essential to facilitating CCGPT—a task that has been a void in the literature.

Theoretical Approach

CCGPT evolved from the individual child-centered play therapy (CCPT) approach grounded in Rogers' (1951) person-centered theoretical orientation to counseling. CCPT was developed in the 1940s, distinguishing it as one of the longest-standing mental health interventions that has continued to thrive over decades of practice and research. Rogers (1957) proposed six conditions that must be present in order for persons to change, advancing toward more self-enhancing ways of being. All six conditions are based on the primacy of the relationship between therapist and client. They include 1) two persons are in psychological contact; 2) the first person (client) is in a state of incongruence; 3) the second person (therapist)

is congruent in the relationship; 4) therapist experiences unconditional positive regard for client; 5) therapist experiences an empathic understanding of the client's internal frame of reference and attempts to communicate this experience to the client; and 6) communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved (Rogers, 1957).

Based on Roger's (1951) person-centered theory, Virginia Axline (1947) presented the first structure of CCPT by operationalizing the philosophy of person-centered therapy into a coherent working method for children. In CCPT, the therapist promotes the self-directed nature of the child by following the child's lead and not guiding the client's goals or therapeutic content (Ray, 2011). Axline (1947) offered eight principles that serve as guidelines to enact the philosophy of the child-centered approach, including:

1. The therapist develops a warm, friendly relationship with the child as soon as possible.
2. The therapist accepts the child exactly as is, not wishing the child were different in some way.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child can fully express thoughts and feelings.
4. The therapist is attuned to the child's feelings and reflects those back to the child to help gain insight into behavior.
5. The therapist respects the child's ability to solve problems, leaving the responsibility to make choices to the child.
6. The therapist does not direct the child's behavior or conversation. The therapist follows the child.

7. The therapist does not attempt to rush therapy, recognizing the gradual nature of the therapeutic process.
8. The therapist sets only those limits that anchor the child to reality or make the child aware of responsibilities in the relationship. (pp. 73-74).

CCPT is characterized by a high level of relational interaction between therapist and child in which the therapist provides statements of reflection, encouragement, self-responsibility, and limits when necessary (Sweeney et al., 2014). CCPT is facilitated in a playroom stocked with toys and materials that encourage the expression of all feelings by a child. Materials for the playroom include toys, craft materials, paints, easel, puppet-theater, sandbox, and child furniture.

CHILD-CENTERED GROUP PLAY THERAPY (CCGPT)

CCGPT combines the advantages of CCPT and group process (Landreth & Sweeney, 1999). In CCGPT, children encounter opportunities to understand themselves; learn about themselves as perceiving regard from both the therapist and other group members; and explore the importance of individuality and uniqueness, cooperation and compliance, creativity, and originality (Sweeney et al., 2014). CCGPT not only helps children develop interpersonal and intrapersonal skills, but also assists children in processing emotional issues (Landreth, Homeyer, Glover, & Sweeney, 1996). The integration of play therapy and the framework of the group process are beneficial for facilitating a child's sense of control, feelings of empowerment, and abilities to master overwhelming emotions (Landreth et al., 1996).

Axline (1969) believed that "group experience injects into therapy a very realistic element because the child lives in the world with other children and must consider the reaction of others and must develop a consideration of other individuals' feelings" (p. 25). Axline also suggested that children struggling with social adjustments may benefit more from group play

therapy than from individual therapy. Correspondingly, Landreth (2012) described group play therapy as “a psychological and social process in which children, in the natural course of interacting with one another in the playroom, learn not only about other children but also about themselves” (p. 42). Using a term first coined by Slavson and Schiffer (1975), Ginott (1961) referred to the power of social hunger as a therapeutic change agent in group play therapy expressing the belief that people desire to conform, to gain acceptance by others, and to maintain status in their groups.

The group process extends the benefits of therapy with additional characteristics afforded by the presence of other group members (Ray, 2011). In CCGPT, children may be more comfortable than in individual therapy due the presence of another child. In addition to feeling more comfortable in the presence of another child, children may participate more freely as they experience the permissive environment with one another (Sweeney & Homeyer, 1999). In observing the play of another a child, a child may be emotionally stimulated to play out her own issues resulting in vicarious or induced catharsis (Ginott, 1961). As children play with one another, they also learn from one another, specifically learning how to meet their own personal needs while staying in relationship with others. Additionally, group play therapy allows the therapist the opportunity to observe a child’s interpersonal skills and ways of being with other, a process not readily observable in individual play therapy (Ginott, 1961). In a safe environment of therapy, children are able to experiment with reality testing and limit-setting as they develop coping skills for interpersonal interactions (Sweeney & Homeyer, 1999). Finally, with facilitation and reflections from a therapist, children experience an environment with “interactions coupled with awareness” that may increase “positive experiences with peers” (Ray, 2011, p. 185).

With these foundational concepts in mind, the primary objective of CCGPT is the facilitation of an environment in which children can increase their self-acceptance and self-reliance, learn coping skills, increase self-responsibility, improve self-control, and connect CCGPT experiences to reality (Ray, 2011; Sweeney & Homeyer, 1999). With a play therapist's facilitation and reflections, children participating in a group can become more aware of their own and others' feelings, thoughts, and needs; they can also learn to interact in accepting and supportive ways (Ray, 2011). One unique feature of CCGPT is that children serve as therapeutic agents for each other. Through relating and interacting with each other in the group setting, children may help each other consider personal responsibility in interpersonal relationships that they can accordingly extend to other relationships in the real world (Landreth, 2012).

Research in CCGPT

Researchers have indicated the beneficial effects of CCGPT on children's anxiety (Shen, 2002), self-control (Trostle, 1988), self-concept (DeMaria & Cowden, 1992), behavioral problems (Tyndall-Lind, Landreth, & Giordano, 2001), and social and personal adjustment (Elliott & Pumfrey, 1972; Fleming & Synder, 1947). Over the last decade, CCGPT has received continuous attention from researchers in the play therapy field. For example, Baggerly (2004) explored the impact of CCGPT on self-concept, depression, and anxiety of children who were homeless. Data analysis results demonstrated that CCGPT was facilitative of reducing anxiety and depression and increasing self-concepts of participants. Later, Baggerly and Parker (2005) discussed the effectiveness of CCGPT with African American boys and concluded that CCGPT is a culturally sensitive counseling approach that values the worldview of African Americans and facilitates self-confidence building. Danger and Landreth (2005) examined the effectiveness of CCGPT on pre-kindergarten and kindergarten children with speech difficulties. Results showed

that children participating in CCGPT along with regular speech therapy exhibited improvement in receptive and expressive language skills as well as decreased level of anxiety.

More recently, Cheng and Ray (2016) explored the impact of CCGPT on social-emotional assets of kindergarten children and found that parents reported children demonstrated improved overall social-emotional competence, social competence, and empathy after participating in 16 CCGPT sessions. They also investigated the factor of group size in the CCGPT process and indicated that groups with two members and three members resulted in similar outcomes. In Taiwan, Su and Tsai (2016) investigated the effect of CCGPT on second- and third-grade children of new immigrants exhibiting relationship difficulties. Results revealed that 12 CCGPT sessions contributed to improvement in interpersonal behavior, self-confidence, self-acceptance, and affection of the participants. In addition, Swank, Cheung, Prikhidko, and Su (2017) incorporated CCGPT into the natural, outdoor environment and conducted Nature-Based CCGPT (NBCCGPT) with early elementary school children exhibiting behavioral issues. Using a single-case research design, they found that children participating in the NBCCGPT demonstrated progress with increasing on-task behaviors and decreasing total problems. Swank and Williams (2018) also compared the effectiveness of CCGPT to a psychoeducational group intervention using a single-care research design and reported that children in the CCGPT group were more likely to exhibit a decrease in total problem behavior across the 6-week period than those in the psychoeducational group. Supporting African American children living in poverty and experiencing adverse childhood experiences, Patterson, Stutey, and Dorsey (2018) implemented six weeks of CCPT followed by six weeks of CCGPT. The results revealed that the combination of CCPT and CCGPT led to a significant decrease in general worry and negative instructive thought patterns of the participants.

Existing CCGPT research highlights the effectiveness of group play therapy on facilitating positive changes in children from different cultural backgrounds experiencing a variety of concerns. The growth in utilizing CCGPT with children also signifies the need to pay more attention to the process and procedures of CCGPT to ensure the treatment protocol and implementation quality can be followed and maintained by play therapists and play therapy researchers.

CCGPT Process

Sweeney et al. (2014) discussed the process of CCGPT in detail regarding the role of therapist and group members as agents of relational change. In the presence of other children who provide interpersonal feedback and support, each individual child in CCGPT is provided an opportunity to express personal strengths and challenges related to self-regard (Ray, 2011). Through the group process, each child is able to build congruence between self-regard and environment in a microcosm of a typical childhood setting where peers are generally present and interactive. The play therapist facilitates an environment where group members engage in self-direction for self and others, creating a setting that theoretically leads to a release of the self-actualizing tendency. Self-directed behaviors and interpersonal decision-making are present in innumerable dynamics happening simultaneously in the playroom. Because of the nature of self-directed activity for each child in group and the need for attunement between therapist and children, CCGPT groups typically involve two to three children as opposed to larger numbers served from other theoretical orientations (Ray, 2011).

In CCGPT, there is an individual focus on each child within the context of others rather than a concentration on cohesion between group members. Individual focus arises from the basic tenets of the person-centered approach in which it is proposed that individual persons will

naturally move toward enhancement of others when they experience a worthiness of self, a release of the self-actualizing tendency. The group play therapist models facilitative behaviors including giving autonomy to persons in groups, freeing children for full expression of selves, facilitating learning, stimulating independence, accepting the emerging creativity of the child, delegating full responsibility, offering and receiving feedback, encouraging and relying on self-evaluation and finding reward in the development and achievement of others (Bozarth, 1998; Sweeney et al., 2014). In his discussion of group process, Rogers (1970) proposed that group process was more important than therapist statements, highlighting the need for attitudinal qualities over concrete therapeutic responses. The therapist may detrimentally affect the group process if the group is led or structured to the therapist's established agenda. Children in group have the ability to be therapeutic for each other in a way that is distinct from the therapist's role. Their approach to each other is one of genuineness and naturally felt empathy, especially when children have experienced similar contexts, personality characteristics, or presenting issues (Ray, 2011).

Special Considerations in CCGPT

In a powerful quote regarding group play therapy, Ginott (1961) stated, "Play therapy, particularly group play therapy, provides many opportunities for testing the stability of the therapist and for bringing even the most accepting adult to the brink of his endurance" (p.128). The implication of Ginott's quote is cautionary in that engaging in group play requires substantial personal resources of the therapist. The nature of CCGPT is to promote the self-directed nature of each child in the group which suggests that the therapist has a comfort level with children leading themselves and others toward social development. The CCGPT therapist operates from self-awareness regarding personal needs for control and relationship. Play

therapists who have strong needs for control often struggle in allowing children to lead, accepting the natural excessive sound and visual stimulation taking place when children play with each other, and feeling relaxed in the presence of multiple children. When play therapists struggle with personal needs for control, supervision and consultation with seasoned peers are crucial to the therapist's own professional process. Additionally, CCGPT therapists may be challenged by the philosophy of child-directed interactions, especially when children are aggressive or negative toward one another. Engagement in CCGPT provides therapists an opportunity to explore and clarify belief systems about children that help the therapist become a stronger, more effective agent for change (Ray, 2011). Finally, a play therapist who is experienced in individual CCPT may be conflicted about the therapist role in group dynamics. In individual CCPT, the therapist is the sole relationship for the child during the therapy hour which can often be personally gratifying for a therapist. Yet, in CCGPT, the therapist recognizes the therapeutic power of child peers for each other resulting in a primary therapist role of providing an environment to support interaction among peers and not with the therapist. This change in roles can be complicated for the therapist and often needs to be processed in supervision or consultation.

Facilitation of CCGPT

Understanding CCPT is crucial for facilitating CCGPT (Landreth & Sweeney, 1999; Ray, 2011; Sweeney et al., 2014). With the principle that each child is the focus of the group process, the facilitation of CCGPT aims to allow children to experience full movement and decision-making, as well as focuses on the healing power of relationships between children themselves and between a play therapist and youngsters (Landreth & Sweeney, 1999; Ray, 2011). While facilitating CCGPT, a play therapist cultivates a therapeutic relationship by responding with both

verbal communication and nonverbal language, thereby further fostering a safe environment for children to explore who they are, gain awareness of themselves and others, experiment with new skills and ways of being, and transform the meaning of these experiences into unique self-concepts. In terms of structure, a play therapist also appropriately selects group members to ensure the success of the group.

Group Selection/Composition

Despite the benefits of individual play therapy for most children, such intervention at the group level may not be an appropriate modality for all youngsters; it also requires additional considerations (Ray, 2011). Presenting issues, personality traits, or behavioral, cultural, or demographic characteristics may impede or suppress the positive effects of CCGPT on an individual child or an entire group. An essential requirement is for a play therapist to carefully assess the composition of a group prior to conducting CCGPT while intentionally monitoring how the presence of other group members hastens or hinders each member's development and growth (Ray, 2011). Facilitating one or two individual play therapy sessions with each child as a screening strategy is recommended. Some considerations that often concern play therapists are highlighted in the succeeding sections.

Social desire. As described earlier, social hunger serves as a therapeutic change agent in group play therapy and is therefore one of the most important criteria for inclusion in such intervention (Ginott, 1961). CCGPT may be less effective for children with a lack of awareness of others or with a low degree of desire for social connections or acceptance (Ray, 2011). Ray (2011) suggested that as play therapists determine the appropriateness of group therapy, they should also observe the extent to which a child notices the presence and behaviors of other

children, attempts to interact with other children, and changes his or her own conduct to gain the attention of, interact with, and gain approval from other children.

Age. The age at which group play therapy is definitively appropriate has yet to be determined in the literature; in the meantime, play therapists may apply knowledge of developmental stages in relation to the level of desire for socialization as a reference point. In general, developing social–emotional assets is critical for young children because of the concurrent cognitive and social changes that they encounter and their experience of transitioning from the home to the school environment (Vecchiotti, 2003). Frost, Wortham, and Reifel (2008) indicated that kindergarten children are in the stage where they prefer socializing with other children more than they do with adults, start developing some appropriate cooperative skills, and know how to make friends. Hence, children at around the ages of 5 or 6 years may benefit from participating in CCGPT. Another recommendation is to match group members within one year of age difference, as dictated by developmental and psychological need (Landreth & Sweeney, 1999; Ray, 2011). However, an essential task in this regard is for a play therapist to also consider each group member’s presenting issues and physical development (Landreth & Sweeney, 1999; Ray, 2011).

Aggression. Children who exhibit highly aggressive or violent behaviors may be inappropriate participants of group play therapy as it is important to ensure the safety of these children themselves, other children, therapists, and playrooms (Ray, 2011). A play therapist is responsible for assessing the nature, context, triggers, and actual actions of a child who conducts himself or herself in a hostile or violent manner (Ray, 2011). Children with a history of hurting others may benefit from starting with individual play therapy sessions, during which a play therapist facilitates the practice of self-control and appropriate self-expression in a safe

environment (Ray, 2011). Later, these children may join group play therapy to further develop their awareness of others and social skills.

Attachment. Group play therapy may be overwhelming or intimidating for children with a lack of attachment due to childhood traumatic experiences (Ray, 2011). After a child is able to form a healthy and secure attachment with an adult through the process of individual play therapy, he or she may extend this bond to other children and practice how to maintain relationships within the context of group play therapy (Ray, 2011). This consideration may also apply to group play therapy for siblings. If sibling groups are aimed at addressing sibling rivalry stemming from a lack of individual relationships between parents and children, individual play therapy, along with parental intervention, may be necessary and appropriate during the beginning phase of therapy, which can then be followed by group intervention.

Gender. Ginott (1961) suggested that before latency, gender is not a concern in the process of assembling groups for CCGPT. Landreth and Sweeney (1999) proposed that prior to nine years of age, mixed-gender CCGPT groups are appropriate. Ray (2011) also indicated that gender is not an issue in children's play and verbalization before they reach the age of six years. Beyond this age, therefore, CCGPT may be better composed of same-sex members to maximize expression, understanding, and acceptance among group members (Ray, 2011).

Group size. Group sizes have been inconsistent throughout previous group play therapy studies. Some included two group members (e.g., Baggerly, 2004), whereas others comprised up to six members per group (e.g., DeMaria & Cowden, 1992). Ray (2011) stressed that group size is important in CCGPT because this intervention promotes the full movement of each child. The intensity of simultaneous verbal and nonverbal expressions may be elevated in groups of large sizes, and a play therapist's capability to be attuned to all members and to

communicate attitudinal conditions may be affected (Ray, 2011). After exploring the influence of group size on the therapeutic outcomes of CCGPT, Cheng and Ray (2016) suggested that assigning two or three children per CCGPT group is beneficial, consistent with the recommendation of Landreth and Sweeney (1999) and Ray (2011).

CCGPT Therapist Skills

CCGPT involves both non-verbal ways of being and verbal responses offered to children in sessions. The goal of both non-verbal and verbal skills is to effectively communicate unconditional positive regard and empathic understanding to children through a therapist's genuine way of being. Enacting these skills can be especially challenging when a therapist is required to offer a way of being and articulation of acceptance and care to multiple children simultaneously. The following section provides support in the delivery of CCGPT through definitions and descriptions of both non-verbal and verbal skills that facilitate relational progress in CCGPT.

Relational Non-Verbal Skills

Provision of therapist attitudinal conditions is an essential characteristic of CCGPT, communicated through non-verbal ways of being. Effective facilitation of play therapy extends beyond the words spoken by the therapist (Ray, Purswell, Haas, & Aldrete, 2017). The CCGPT therapist is responsible for experiencing and communicating high levels of congruence, unconditional positive regard, and empathic understanding to all members of the group throughout sessions. Offering these conditions may be challenging to play therapists due to personal resources necessary to experience and exhibit ways of being to multiple children simultaneously. However, when the therapist attempts to communicate the conditions to children, there are typically visible characteristics that demonstrate such conditions.

Leaning forward/Open. The therapist physically follows the children and is open toward a child at all times. Through leaning forward, the therapist is sending the message through body language that she is open to the experience of the child and to relationship with the child. Typically, openness is indicated through uncrossed arms and legs. In CCGPT, the therapist may experience difficulty in leaning toward each child if children are playing in different spaces from one another. However, the group play therapist seeks to establish balance between children by leaning forward and facing each child as equally as possible.

Appear interested and engaged. The CCGPT therapist is interested and engaged in the play and verbal interaction of each child in the group. The CCGPT therapist is not an observer of the process but an active facilitator of relationship between children. Group requires a substantial level of focus from the therapist to ensure that he is attuned to the dynamics of his relationship with each child, as well as relationships between children.

Relaxed and comfortable. The CCGPT therapist is relaxed in the presence of multiple children, free from anxiety related to facilitating therapy at a brisk and complex level. The therapist is not concerned with how to do therapy but focused on being in therapy and being in relationship with children.

Tone congruent with child's affect. In group, the therapist seeks to match responses with the affect of each child. In order to express empathic understanding, the therapist communicates responses grounded in the affect of the child. If the child is sad or angry, the therapist does not respond with a light tone to help children feel better, but responds in a natural tone of empathy. Matching the affect of the child sends a message of understanding and acceptance beyond the power of using words.

Tone congruent with therapist's responses. The group play therapist demonstrates an attitude of genuineness when she matches her tone to her own verbal responses. When setting a limit, a therapist is firm in tone. If a therapist sets a limit in a light, fun tone, children may become confused by the therapist's intentions. In relationships with adults, children interpret meaning from the adult's tone of voice when speaking. Hence, when therapists speak incongruently, children may feel unsafe in the relationship because the therapist feels confusing and unknown to a child.

Succinct/Interactive. In both individual and group play therapy, responses are brief and consist of as few words as possible in order to meet the verbal and attentional developmental needs of children. In group, brevity of response is even more necessary due to the amount of action and communication taking place between group members. Lengthy responses will often become lost in loudness or speed of group interaction.

Tolerance for noise/messiness/intense activity. The level of activity in group often results in high degrees of noise, messiness, and additional forms of stimulation. The CCGPT therapist experiences acceptance and appreciation for children's intense interactions when playing together. Noise and messiness are considered part of the process. Although therapists will set limits on destructiveness, they seek to communicate tolerance of normal outcomes of child interactions.

Use of personalized responses. Responses in CCGPT are tailored to reflect each child or children as a group. In order to establish relationship and communicate unconditional positive regard for the individual child, therapists seek to use personalized responses most often characterized by the word "you." Reflections such as "Tina, you want Lily to play with you" or "Lily, you're excited to play with Tina" build the relationship while establishing the worthiness

of each child as a person. One challenge in CCGPT is to avoid commentating events in an impersonal manner, such as “Tina wants Lily to play with her.” Commentating responses send the message that the therapist is a removed observer and not active facilitator of relationship.

Overall rate of responses. In CCGPT, children are generally talkative and physically active. Using brief and personalized responses, the CCGPT therapist is an active facilitator of interaction. However, because of the level of activity, some therapists may feel intimidated to make responses due to fear of being ignored or interrupting the process. Although the CCGPT therapist may hold back some responses when children are building and growing in relationships with each other, the therapist continues to be an engaged facilitator. Rate of responses are matched to the needs of the children to be in relationship with the therapist and each other.

Balanced responses. In addition to providing responses throughout session, the CCGPT therapist seeks to balance responses between group members. As much as possible, the therapist ensures that he is responding to each child equally. At times, the therapist may concentrate on one child more closely than another child but this should only take place for brief moments of therapy.

Attuned to group dynamics. Group play therapists are engaged and focused on activities and interactions between group members. Because most children in group play therapy are referred for social development, the CCGPT therapist seeks opportunities to attend to the dynamics between group members. As children play, talk, and struggle in their relationships with peers, therapists are attuned to best responses to reflect and facilitate interpersonal growth.

Attuned to individuals. The therapist’s focus in group is equally balanced between the dynamics between children and the internalized dynamics of the individual child. Group therapists notice and explore the experiences of the individual child within the context of the

group, attempting to meet both intra- and interpersonal needs. The CCGPT therapist is consistently conceptualizing and experiencing the individual child within the group.

Verbal Responses

CCPT protocol includes nine verbal response categories from which the therapist draws to build relationships with children. These categories have been well-defined in CCPT literature (Ray, 2011; Ray et al., 2017) and serve as markers of fidelity to the facilitation of CCPT. The nine types of responses are crucial to both individual and group CCPT in order to communicate unconditional positive regard and empathic understanding to children, as well as enhance self-concept and emotional regulation. In addition to the nine categories used in both individual and group CCPT, we have included two additional verbal categories necessary for effective therapist communication in CCGPT, facilitating relationships among children and reflecting group interactions.

Tracking behavior. A play therapist tracks a child's behavior through verbally noting movement of the child. Tracking allows the play therapist to demonstrate that the child is in the lead and that the therapist is engaged in the child's process in the playroom. Tracking is stating what the therapist sees or observes regarding the child's behaviors. In CCGPT, tracking sends the message that the therapist is engaged with each group member as an individual or with the whole group. CCGPT tracking examples include, "Tina, you are moving that over there" (as Tina is moving a car from one part of room to another) or "You are both playing with the ball" (as one child throws a ball to the other). When tracking individuals in group, the therapist personalizes the response to each child by using the child's name.

Reflecting content. When reflecting content, the play therapist paraphrases what the child has verbally shared with the therapist or other group members. The purpose of reflecting content

is to validate the child's perception of experience (Landreth, 2012), thereby sending a message of unconditional positive regard. In CCGPT, the therapist may be challenged in attempting to reflect content at a quick pace to multiple children. Reflecting content is especially demanding of the therapist's focus and listening skills when responding to frequent verbalizations by more than one child. Examples of reflecting content in CCGPT include, "Lily, you went to the playground and played with your mom today and Tina, you went swimming today" or (after each child shares a story about school being hard that day) "Lily and Tina, you both worked hard in school today."

Reflecting feelings. Reflecting feelings involves the therapist's attempt to acknowledge and respond to a child's feelings based on the child's verbal or non-verbal expression. The goal of reflecting feelings is to help a child feel understood and accepted. A child's feelings are always accepted even when some behaviors are not. Reflecting feeling is often difficult because children are more likely to express feelings in non-verbal ways. Hence, the therapist must be attuned to non-verbal facial or tone expressions which requires skillful observation when in therapy with multiple children. Examples of reflecting feeling in CCGPT include, (Tina looks as if she is going to cry when Lily grabs a doll from the shelf) "Tina, you are sad that Lily has that toy" or "Tina and Lily, you are both frustrated that the water spilled on the floor."

Facilitating decision-making/responsibility. In CCGPT, the therapist seeks to enhance each child's perception of capability through responses aimed at returning responsibility to the child or supporting decision-making. Returning responsibility responses help children to realize choices, consequences, and abilities. Examples of such responses include, "Tina you're wondering if it's okay to play with the paints and in here, it's up to you" or "Lily and Tina, you can decide what kind of picture you want to make" or (Lily demands that the therapist make Tina

open the glue bottle) “Lily, you want me to make Tina help you, but that looks like something you can do”

Facilitating creativity/spontaneity. Similar to facilitating decision-making responses, creativity/spontaneity responses support a child’s experience of self as a creative being, a person who is capable of unique and worthy ideas and expressions. A sense of creativity enhances a child’s self-concept when he experiences self as capable of solving problems and addressing issues with myriad coping skills. When children are creative together, they experience a capable sense of self in the context of relationship with others, thereby enhancing their interpersonal skills. Exemplary creativity/spontaneity responses include, (children build a clay sculpture) “You’re both working together to make that just what you want,” or “Lily, you’re thinking of lots of different ways to help Tina.”

Esteem-building/encouraging. Encouraging responses serve to help a child create a sense of internal evaluation rather than dependence on external evaluation or praise. Whereas praise prompts a child to look to others for a sense of capability, encouragement builds a child’s intrinsic valuing process leading to elevated self-concept and successful decision-making. GGCPT esteem-building response examples include, “You’re both working really hard on that,” “you figured it out,” or “You did it!”

Reflecting larger meaning. In order to reflect larger meaning, the therapist conceptualizes patterns or themes in a child’s or children’s play based on observed behaviors and interactions. The therapist reflects these observations in a single statement that serves to enhance the communication of empathic understanding from therapist to child. Reflecting larger meaning occurs within the context of a trusting relationship and therefore, a therapist typically responds with larger meaning reflections after establishing a relationship with children in order to ensure

accuracy and effectiveness. Examples of reflecting larger meaning in CCGPT include, “Tina, you have a hard time letting Lily be the one in charge,” or “When you get angry with each other, you try to think of really mean things to say.”

Facilitating relationship between therapist and child. The play therapist builds connection with individual children or groups by reflecting dynamics between therapist and child. Relational responses focus on sending a message of care and warmth, as well as responding to immediate feelings of therapist and child. These responses are typically characterized by reference to the child and therapist. Examples of CCGPT relational responses include, “It’s important to both of you that I see what you created,” or (Tina uses the medical kit to cure therapist’s sickness) “You want to take care of me.”

Facilitating relationships among children. Just as the therapist attends to facilitating her own relationship with children, she also seeks to strengthen relationships between children in group. CCGPT therapists address feelings and dynamics occurring among children in immediate responses. The purpose of these responses is to build the giving and receiving of empathic understanding between group members. Examples include, “Tina, you are angry with Lily because you really want her to play with you,” or “Lily, it hurts your feelings when Tina won’t play with you.”

Reflecting group interactions/bridging play behaviors. The CCGPT therapist looks for opportunities to reflect interactions between group members that highlight their similarities and build their relationships with each other. The therapist may note a shared interest or reflect on similar play interactions to initiate a bridge of commonality for relationship. CCGPT bridging responses may include, “Lily, you like dogs and Tina, you like elephants so you both like animals” or “Tina you like to build houses and Lily you like to paint houses,” or “Tina you like

to be the one who decides the color of paint while Lily you like to decide what kind of house to paint.”

Limit-setting. A therapist attitude of permissiveness in group play therapy allows children an environment where all feelings and symbolic actions are accepted, allowing children the freedom to express all of their feelings and thoughts. Once fully expressed and accepted, children can start to create new paradigms of thinking, relating, and acting (Sweeney et al., 2014). Although feelings and intentions are openly accepted, certain behaviors are limited in group play therapy in order to ensure the physical and psychological safety of group members. Effective limit-setting results in a child’s ability to regulate emotions and create new coping skills when confronted with challenging situations. Ray (2011) suggested using the following questions to determine the need to set limits in group: 1) Is a child’s behavior physically hurting self, therapist or others? 2) Will the behavior interfere with the provision of play therapy? 3) Will the behavior harm the continued use of the playroom for other clients? and 4) How will the child’s behavior affect the relationship between therapist and child and between children? We suggest that the CCGPT therapist reflects upon these questions when deciding the need for a limit and how a limit will be presented.

Once the therapist has decided that a limit is needed, CCGPT therapists use the ACT model of limit-setting proposed by Landreth (2012) in which A is to acknowledge the child’s feelings or desires, thereby allowing a child an outlet for expression and sending the message the therapist understands and accepts the child’s motivation. C is to communicate the limit in a clearly definitive statement. And T is target an alternative which is to quickly re-direct the child so that the child can still express the feeling but in an appropriate way. Limits can be set with individuals in the group such as “Tina, you are angry with Lily, but Lily is not for throwing toys

at, you can tell Lily you are angry with her,” or with multiple members in the group such as “Tina and Lily, you are having a lot of fun with the paint, but paint is not for throwing on the floor, you can paint the paper together.” Limit-setting in group play therapy requires celerity of response from the therapist because activity moves at a rapid rate and the possibility of harm to another child is possible.

Conclusion

CCGPT enables children to build interpersonal and intrapersonal insights and skills with natural media as they develop a sense of belonging with group members and experience consistent, accepting, and empathetic understanding from therapists. The safety and relationships fostered in the CCGPT process affords children the opportunity for self-discovery and self-realization. Compared with individual play therapy, however, group play intervention may be a challenging environment for play therapists given the complex nature of the therapeutic process that underlies the latter and the skills, attitudinal qualities, and comfort levels that it requires. Hence, to deepen and magnify the therapeutic power of CCGPT, play therapists pursuing CCGPT are encouraged to gain a substantial understanding of the philosophy and process of CCPT and CCGPT, develop adeptness in nonverbal and verbal facilitative responses to CCGPT, and engage in continuous self-exploration regarding experiencing genuineness, empathic understanding, and unconditional positive regard for each group member and the group as a whole.

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