



CCPT 101

Basics in Child-Centered Play Therapy

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Announcements

Confidentiality

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Learning Objectives

Historical antecedents
and current state of
CCPT

Basic principles of
child development

Play and its functions
in therapy

Toys and materials in
play therapy

Person-centered
theory and process

Principles and beliefs
of CCPT

Responding in CCPT

CCPT limit-setting

Basics of parent
consultation





The History of Play Therapy



**Center for
Play Therapy**



Center for Play Therapy

- Established on the campus of University of North Texas in 1988
- Dr. Garry Landreth, founder

Our mission is to encourage the unique development and emotional growth of children through the process of play therapy, a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures. The therapist provides the child with selected play materials and facilitates a safe relationship to express feelings, thoughts, experiences, and behaviors through play, the child's natural medium of communication. To fulfill its objectives, the center provides training, research, publications, scholarships, oversees clinical play therapy services, and acts as a clearinghouse for literature in the field.



Evidence-Based Interventions: CCPT & CCGPT



**Title IV-E Prevention Services
CLEARINGHOUSE**

Promising

- Behavioral & Emotional Functioning
- Social Functioning
- Educational Achievement & Attainment



**SOCIETY OF CLINICAL
CHILD & ADOLESCENT
PSYCHOLOGY**

Level 2: Works

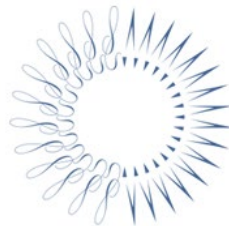
- Disruptive Behavior Problems



CEBC
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CLEARINGHOUSE
FOR CHILD WELFARE

Promising

- Disruptive Behavior Treatment
- Anxiety Treatment
- Domestic Violence Services



PEW

Results First Clearinghouse



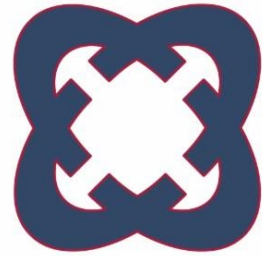
Evidence-Based Intervention: CPRT



**Title IV-E Prevention Services
CLEARINGHOUSE**

Promising

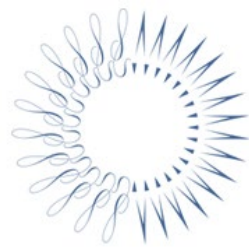
- Behavioral and emotional functioning
- Positive parenting practices
- Parent/caregiver mental or emotional health
- Family Functioning



CEBC
THE CALIFORNIA EVIDENCE-BASED
CLEARINGHOUSE
FOR CHILD WELFARE

Promising

- Parent Training
- Attachment Intervention
- Disruptive Behavior Treatment



PEW

Results First Clearinghouse





Certification Overview



Child-Centered Play Therapy Certification

Certified CCPT Practitioner Requirements

1. CCPT 101 and CCPT 102 trainings or equivalent
2. CCPT certification exam
3. 30 CCPT sessions and 15 supervision hours
4. Cumulative self-evaluation paper
5. Licensed mental health professional at time of certification
6. Application fee of \$95
7. Completed application

Child-Parent Relationship Training Certification

Certified CPRT Practitioner Requirements

1. CCPT Level 1 Certification
2. CPRT 101 and CPRT 102 trainings or equivalent
3. CPRT certification exam
4. 3 CPRT groups under supervision
5. Cumulative self-evaluation paper
6. Licensed mental health professional at time of certification
7. Application fee of \$95
8. Completed application






Play Therapy Definition

(Landreth, 2012)

Play therapy is defined as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through the child's natural medium of expression, play.





CCPT is a counseling approach in which the relationship between therapist and child is the foundation for therapeutic change. The therapist provides attitudinal conditions and developmentally appropriate materials to facilitate free expression and self-directed play of the child. Play serves as the child's language. In a safe environment, the child moves toward self-enhancing behaviors and ways of being.



Child-Centered Play Therapy (Ray, 2011)





Development





Some Basic Principles

(Ray, 2016)

- Children develop best in environment of physical and emotional safety
- Development cannot be rushed
 - Skills can be taught and learned but holistic development appears to be a natural process unique to each child
- Development can be slowed
 - Environmental factors such as trauma, neglect, and deprivation can slow development
 - Jury is out on success of intervention in returning child to normal developmental paths after such factors
- Development is holistic, although there are times that some characteristics of a child may appear to be moving at different rates

Ray, 2016



Piaget's Cognitive Development (Elkind, 2006)

Sensori-motor (birth - 2)

- No object permanence

Pre-operations (2 - 6 years)

- Acquire symbolic function and can now represent objects and relations
- Attached to symbols
- Word magic (causation)
- Role of play

Concrete operations (6/7 - 11/12 years)

- Logical
- Manipulate symbols mentally
- Rules
- Cognitive conceit
- All or nothing

Formal operations (11/12 years and older)

- Manipulate symbols with higher order symbols
- Conceptualization skills
- Imaginary audience



Developmental Characteristics Impacting Play

Age	Play
3	Cooperative, sharing, social, imaginative, may be phobic-driven, dramatic, focused on adult roles, demanding of attention
4	Loud, highly imaginative, use of large motor skills, product-oriented, showy, risky, adult-focused
5	Calm, friendly, relational, stable, adult-pleasing, more realistic (e.g., fear, dramatic play)
6	Rigid, demanding, negative, energetic, focus on winning, want to do everything, avoid blame/responsibility, externalized
7	Calm, withdrawn, moody, like to be alone, touching, feeling, exploring, more concrete so more logical/realistic
8	Excessive energy, initiate new activities often, desire give and take in relationships, can be self-critical
9	Independent, self-contained, self-sufficient, worry, complain, focus on peers in play
10	Flexible, accepting, pleasing, obedient, cooperative, logical, concrete

(Ray, 2016)





Play

Elements of Play Behavior

(Landreth, 2012)

- Play does not occur in novel or frightening situations
- Play is satisfying
- Play is intrinsically complete
- Play has a flow and loss of self-consciousness occurs
- Play is highly variable across situations and across children



Functions of Play in Play Therapy (Ray, 2011)

- Fun
- Symbolic expression
- Catharsis
- Social development
- Mastery
- Release of energy



Rationale for Using Play in Therapy

(Landreth, 2012)

Play is natural medium of expression for children

Play bridges the gap between concrete experience and abstract thought

Play is children's attempt to organize their experience

Children gain sense of control through play

Through play, children learn coping skills



Four Major Messages of Play (Landreth, 2012)

What child has experienced

Child's reaction/feeling toward experience

What child needs/wants/wishes was true

Child's perception of self





Play Therapy



Important Beliefs About Children

(Landreth, 2012)

- Not miniature adults
- People
- Unique and worthy of respect
- Resilient
- Inherent tendency toward growth and maturity

- Capable of positive self-direction
- Natural language is play
- Right to remain silent
- Direct their play where they need to go
- Growth cannot be sped up





Toys & Materials



Toys Should...

- Facilitate contact with the child by gaining the child's interest and attention
- Permit reality testing
- Facilitate exploration of self and others
- Allow children to express their needs symbolically
- Provide for emotional release
- Provide opportunities for insight

Landreth, 2012



For Each Toy, Ask Yourself...

1. What therapeutic purpose will this serve for children who use this room?
2. How will this help children express themselves?
3. How will this help me build a relationship with children?
4. How does this toy/material help children feel a sense of belonging and explore their cultural identity?

(Ray, 2011; Ray et al., 2022)



Cultural Considerations for Play Materials

Specific toys that represent a child's world and experience

Be aware that some toys represent different meanings in different cultures

Provide a sense of belonging and invitation to explore culture





See Toy Table

Landreth, 2012, p. 165-170; Ray, 2011, p. 82-83





What is Child-Centered Play Therapy?



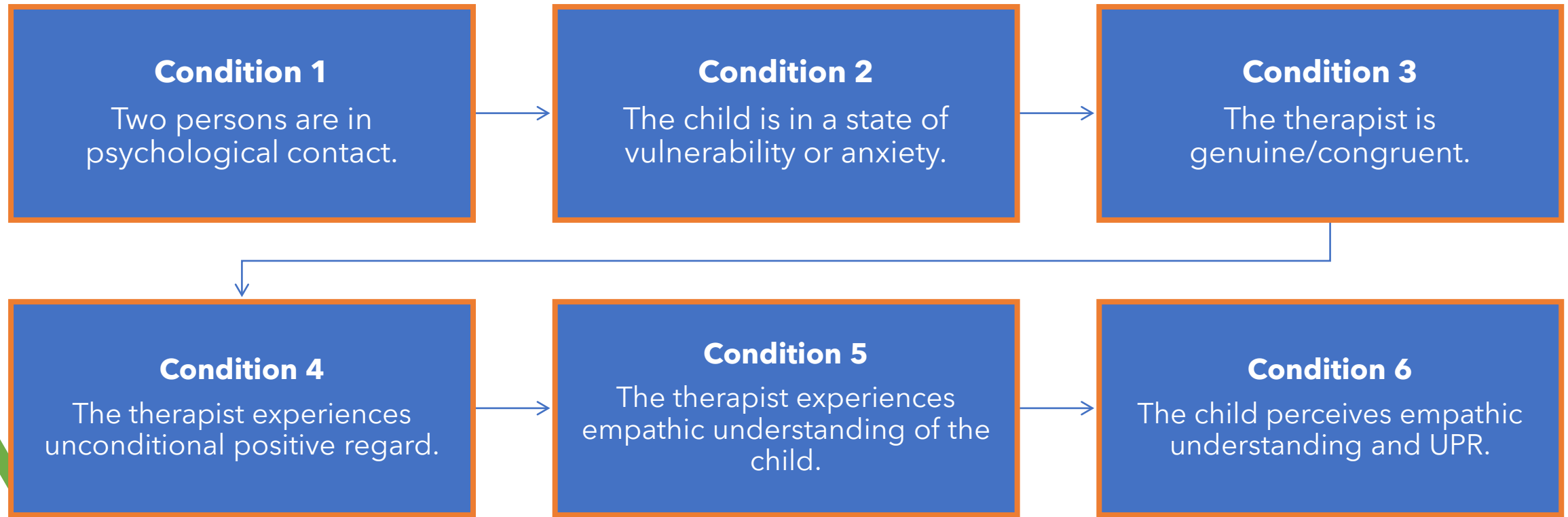


19 Propositions



Six Basic Conditions for Play Therapy (Rogers, 1957)

Six necessary and sufficient conditions to work toward constructive personality change. Because the individual is perceived as holistic, feelings, thoughts, and behaviors work in alignment with each other.



Congruence/Genuineness

- Ability to feel free to be self within the therapeutic relationship; able to experience congruence between experience and awareness of self
- Therapists must be congruent in their relationship before and if their empathy and unconditional positive regard are to be perceived by child as trustworthy (Wilkins, 2010)



Unconditional Positive Regard

- Experiencing a warm acceptance of all aspects of the child's experience
- Also referred to as "acceptance"
- Axline (1947) states it is accepting the child as is, not wishing the child were different in some way
- The CURATIVE FACTOR - a natural antidote to the conditionality described in Rogers' pathology - connects to the self-actualizing tendency (Bozarth, 1998)



Empathic Understanding

"It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever, that he/she is experiencing" (Rogers, 1975, p. 4).

Frequently checking with the person to the accuracy of your sensings and being guided by the responses you receive



Eight Basic Principles of the Therapeutic Relationship

(Axline, 1969)

1. The therapist is genuinely interested in the child and develops a warm, caring relationship.
2. The therapist experiences unqualified acceptance of the child and does not wish that the child were different in some way.
3. The therapist creates a feeling of safety and permissiveness in the relationship, so the child feels free to explore and express self completely.
4. The therapist is always sensitive to the child's feelings and gently reflects those feelings in such a manner that the child develops self-understanding.



Eight Basic Principles of the Therapeutic Relationship

(Axline, 1969)

5. The therapist believes deeply in the child's capacity to act responsibly, respects the child's ability to solve personal problems, and allows the child to do so.
6. The therapist trusts the child's inner direction.
7. The therapist appreciates the gradual nature of the therapeutic process and does not attempt to hurry the process.
8. The therapist establishes only those therapeutic limits which help the child accept personal and appropriate relationship responsibility.



Four “Be With” Attitudes

I am here

I hear you

I understand

I care

(Landreth & Bratton, 2006)



Nonverbal Skills in Play Therapy

Matching physical movements

Matching facial expression

Making eye contact

Matching affect

Joint engagement

Contingent responding

Physiological attunement (heart rate, breath)

Congruence of tone, rhythm

Physical openness



Therapeutic Responses

Brief & interactive

Allow child to lead

Personalized

Touch feeling

Avoid asking questions

Help child to go on

Non-evaluative

Build self-esteem

(Landreth, 2012)

Culturally-inclusive note:
Follow a child's lead on the
choice of languages for
bilingual child





Questions to Ask Yourself

Was the response freeing to the child?

Did the response facilitate decision-making or responsibility?

Was spontaneity or creativity facilitated?

Did the child feel understood?



Category	Description	Example
Tracking Behavior	Therapist verbally responds to behavior of the child by stating what is observed.	"You're picking that up."
Reflecting Content	Therapist paraphrases the verbal interaction of the child.	"You went to see the pirate movie and there was a lot of action in it."
Reflecting Feeling	Therapist verbally responds to emotions expressed by child.	"You're angry about being here and want to go home."
Returning Responsibility	Therapist verbalizes statements to help children experience their own capability and take responsibility for it.	"You decided you would be the boss and take charge." "That looks like something you can do."
Facilitating Creativity	Therapist verbalizes statements that help a child experience a sense of freedom and creativity.	"In here, it can be whatever you want it be."
Esteem-Building	Therapist verbalizes statements to help children experience a stronger and capable sense of self.	"You did it. You tried hard and figured it out."
Facilitating Relationship	Therapist reflects statements that build the relationship between therapist and child.	"You wanted to be close to me." "You wanted to do something to help me."
Reflecting Deeper Meaning	Therapist notices and verbalizes patterns in the child's play.	"When you come into the playroom, you want to be the one in charge."
Limit-Setting	Limits are set according to a 3-step procedure of reflecting the child's intention of feeling, setting a definitive limit, and providing an appropriate alternative .	"You are really angry with me but I'm not for throwing sand at. You can throw the sand in the sandbox."



Structuring Session

Begin the session

"This is the playroom. In here, you can play with the toys in lots of the ways you like."

End the session

"We have 5 more minutes of playtime today."

"We have 1 more minute of playtime today."

"Our time is up for today."





Limit-Setting

Therapeutic Limit-Setting: Purposes

- Protect the child, therapist, and materials
- Help child feel secure – consistent > predictable > secure
- Promote therapist acceptance
- Facilitate development of child's decision-making, self-control, self-responsibility
- Protect child from guilt
- Anchor session to reality
(Landreth, 2012)



Limit-Setting: ACT 3-Step



Acknowledge
child's feelings or
wants

"You are really
angry at me..."



Communicate the
limit definitively

"...but I am not for
hitting."



Target the
alternative

"You can hit the
BoBo."





Multiculturalism in Play Therapy



Multicultural Considerations in Play Therapy

- Adult-child relationships are cross-cultural as childhood is its own unique culture (Plank, 2016)
- Children are often marginalized and misunderstood within an adult-centric society
- Children are measured according to level of 'adulthood' or proximity to the complete state of adulthood rather than understood within their own culture
- Play therapist seeks to understand and prize the values, beliefs, rules, customs, artifacts, economics, and language of childhood



Culturally-Inviting Child-Centered Play Therapy

Values and practices such as common parenting practices, family values, educational systems, connotation of “play” and expected age for some developmental milestones can be significantly different.



Consider acculturation level of child and child's parents



Consider intersectionality of cultural identities (race, ethnicity, SES, gender, disability etc.)

- How are these identities linked to experiences of privilege or oppression in the child's life?
- How do oppressive experiences contribute to the child's presenting problem/presentation?

Play therapists' awareness of their own cultural identities

Remember that being culturally inviting is not about applying specific techniques. Being culturally inviting refers to adopting a way of being that embraces the client's culture

Considerations



- Toys & Materials
- Cultural knowledge related to populations you serve
- Self-Awareness
 - Your intersectionality of identity
 - Your automatic thoughts related to culture
 - Your emotionality related to culture
- Primary focus on child, child's worldview, and child's experience
- Systems within which child lives



Parent Consultation



Working with Parents

(Ray, 2011)



- Recognize the parent's legal rights
- Ethical guidelines
- Therapeutic value
- Ultimate goal - Relationship as the curative factor



Attitudes for Working with Parents

Respect for the
parent's role

Respect for the
parent's
knowledge of
the child

Affection for the
parent as a
person

Patience

Clear focus on
child as the
client

Therapist as
expert

(Ray, 2011)



Structure for Parent Consultations

- Initial parent consultation *without* child present
- On-going consultations every 3-5 play therapy sessions
- 30-50 minutes in length
- Involvement of child
- Involvement of others

Ray, 2011



What Every Parent Should Know to Get Started in CCPT

- Therapist cares for parent and child
- Therapist understands parent and child's situation
- Therapist sees underlying positive in the parent
- Therapist has a plan, knows what they are doing, and follows procedures known to work
- Follow-up communication is part of therapist's work

Cochran et al., 2010



What Every Parent Should Know to Get Started in CCPT

- CCPT session is child's hour
 - There will be no giving information or receiving feedback before or after child's session. Parent consultations are held at separate times.
- Address the underlying positive
 - "You want Amber-Lea to thrive at school and be happy at home."
- Common error – trying to explain too much and listening too little
- Explaining stages of play therapy and tracking progress with parents through the stages

Cochran et al., 2010



Common Problems in Parent Consultation

- Forgetting to build a relationship with critical, referring adults
- Trying to do too much to please adults
- Difficulty taking perspective/thinking you understand when you don't
- Being too much of a child advocate



Cochran et al., 2010



More Considerations for Parent Consultations

- Empathy – most important, especially in first session
- Before play therapy, conduct family observation
- Work with parents to identify treatment goals
- Consider 2 sessions per week (1 for child, 1 for parent)
- 10-15 minutes of child's hour devoted to parent

VanFleet et al., 2010



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