Practical Play Therapy: A Brief Presentation of Theory & Interventions

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Show Of Hands:

• Social workers, School Counselors, MFTs LMHCs, Others?

• School District? Elementary, Middle, High?

• Years in practice?

• Level of comfort/knowledge of Play Therapy?
Objectives

1) Introduction and Brief History of Play Therapy

2) Benefits, 8 Basics, You (the therapist) as The Most Important Tool

3) Directive/Facilitative play therapy interventions
Intention

• To deliver on objectives
• To deliver what this group needs
• To pay attention to important opportunities for learning (without getting too far off track)
• To encourage questions and conversation (without getting too far off track)
Today, consider the foundation of relationship, something that you all have already learned while obtaining your degrees.

Today, start as a beginner.

"Wisdom begins in wonder"

-Socrates
Neuroscience and Play Benefits

• "The experience of play changes the connections of the neurons at the front end of your brain…and without play experience, those neurons aren't changed…It is those changes in the prefrontal cortex during childhood that help wire up the brain's executive control center, which has a critical role in regulating emotions, making plans and solving problems" - Sergio Pellis, researcher University of Lethbridge, Alberta, Canada

• "The function of play is to build pro-social brains, social brains that know how to interact with others in positive ways," - Jaak Panksepp, researcher, Washington State University

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Benefits of Play

• **Social, Emotional, Cognitive, and Physical Development:**
  - navigate and negotiate social norms, develop social skills, communication skills, listening, nurturance, caretaking, empathy, turn taking, sharing, interacting, negotiating conflict, mastery, coping skills, self-regulation, feelings identification and management, stress reduction, anxiety reduction, creative development, decision making, problem solving, language development, communication skills, abstract thinking, improved attention span, focus, memory and recall, gross motor skill development, increased coordination, flexibility and endurance, develop an understanding of their bodies in relation to space, fine motor skill development, hand-eye coordination, increased energy, improved sleep
Meet Gabby
“Play is the way children learn what no one can teach them” – Frank as quoted in Landreth
Paint Over

• Supplies:
  • Paper plates or card stock
  • Opaque paint
  • Paint brushes
  • Pens

• Compliments of Dr. Jodi Mullen
  • Author of The Child-Centered Play Therapy Workbook: A Self-Directed Guide for Professionals by Jodi Ann Mullen and June M. Rickli

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What is Play Therapy?

“Play therapy is defined as a dynamic interpersonal relationships between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play therapy materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child’s natural medium of communication, for optimal growth and development” (Landreth, 2002, p.16)
What is Play Therapy?

• Multiple theoretical models to Play Therapy
  • Non-directive vs Directive

• Meets children at their developmental level
  • Children communicate physically and through play

• Uses the therapeutic, neurobiologically based, value of play to help promote healing
  • Play re-wires the brain

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But Why Play Therapy For Kids?
Introducing Andrew
Non Directive Play Therapy

• Trusts the child has the inner resources needed for change
• Child led not therapist led
• Specific way to facilitate the session that uses a set of theoretical principles
  • Play Therapists are trained to recognize themes, promote emotion regulation, self-control and mastery.
  • Requires more extensive training and supervision
For Example:

• Child Centered Play Therapy

• Skill set:
  • Tone, Tracking, Reflecting (RRA), Proximity, Matching Tone, Emotion and Pace
  • No praise, no/limited answering questions (RRA), no correcting or teaching, no labeling toys – child chooses

• Child selects the theme, content and process of session, therapist follows

• Therapist wholly believes at a fundamental level that children have within them what they need to heal
  • This was originally based in theory (Maslow, hierarchy of needs, self actualization etc) and is now steeped in neuroscience with continued research proving its validity
Directive (facilitative) Play Therapy

• Therapist led not child led
• Therapist selects the theme, content and process
• Employs structure and interventions chosen by the therapist

***Therapist wholly believes at a fundamental level that children have within them what they need to heal
A Note On Directive Interventions

• Develop rapport first
• Interventions should be informed by
  • Assessment
    • What you know about the child
    • Your relationship with the child
    • Age, development, etc
    • Essentially, not just willy-nilly
• Only use an intervention if they make sense to that child on that day
  • Be prepared
  • Have multiple interventions and materials on hand
“At the stage reached by the age of three, and after ages four, five, six, play will be necessary. These are games which nature herself suggests at that age; children readily invent these for themselves when left in one another’s company.” – Plato, The Laws VII, 794

“Hold childhood in reverence, and do not be in any hurry to judge it for good or ill…give nature time to work before you take over her business, lest you interfere with her dealings…childhood is the sleep of reason” - Rousseau (18th Century)
On the right: create your current relationship with your school
On the left: create what you would like your relationship with your school to become
Virginia Axline and The 8 Basic Principles

1. The therapist develops a warm, friendly relationship with the child
2. The therapist accepts the children exactly as he/she is
3. The therapist establishes a feeling of permissiveness
4. The therapist recognizes then reflects the child’s feelings
Virginia Axline and The 8 Basic Principles

5. The therapist respects the child’s ability to solve his/her own problems
6. The child directs the play, therapists follows
7. The therapists only sets necessary limits
8. The therapist does not hurry therapy along


*Landreth’s 10 Tenets
But how can I bring a Child Centered approach into my school without being a Child Centered Play Therapist?

Reference handout

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You Are The Most Important Toy
In The Play Room
Be who you needed when you were younger.
Processing Paint Over

• **Supplies:**
  • Paper plates or card stock
  • Opaque paint
  • Paint brushes
  • Pens
Heart Felt Feelings:
Credit: Multiple therapist in a variety of ways
Directions: Pick something that is breaking your heart, don’t have to wrote it down if you don’t want to. Decorate the heart in any way your choose. Cut or rip the heart in half to amplify how your heart is broken. Begin a discussion of what is need to help heal your broken heart (resource building). Write individual resources on the band aides. Using the band aides, “tape” the heart back together.
Additional Interventions

• Beating The Thing Handout
• Breathing (calming the nervous system)
  • Square breathing- draw a square, breathe in to the count of 4, breathe out to the count of 4 as therapist traces each side of the square, try to extend the breath count
  • Feather breathing
  • Pin wheel breathing
  • Straw breath

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Additional Interventions

• Keep a notebook and fidgets next to where children sit in your office
  • Some kids won't talk but they may write

• Letter to...
  • Confidence, fear, your mother etc, have that person write you back

• Grounding: Great for when kids have deescalated after a stressful event and are waiting to transition back to class:
  • find 5 things, notice them, their color, size, shape

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• Some of My Must Reads:
  • Dibs in Search Of Self – Virginia Axline
  • Play Therapy – Virginia Axline
  • Play Therapy The Art of The Realtionship – Gary Landreth
  • Child Centered Play Therapy – Jeff L. Cochran, Nancy H. Cochran, and William J. Nordling
  • The Interpersonal Neurobiology of Play – Theresa Kestly
  • Playing For Real – Richard Bromfield

• Resources
  • www.a4pt.org
  • http://www.a4pt.org/?page=evidencebased
  • www.NIRE.org
  • www.allianceforchildhood.org
  • www.ahaparenting.com

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Where To Go From Here

• Certification
  • RPT
    • http://www.a4pt.org/page/CredentialsHomepage
  • Application process
    • Meet educational and licensure requirements
    • 150 hours of continued education credits by accredited institution/trainer
    • 500 hours of direct client contact providing play therapy
    • 50 hours of play therapy specific supervision by approved provider
  • CCPT
    • http://www.nire.org/professional-training-supervision-and-certification-programs/child-centered-play-therapy/
    • Graduate degree in a mental health field (or be enrolled in such graduate program)
    • Be legally eligible to provide therapeutic services under their state legal codes, either independently or under supervision
    • 13 hours of NIRE training in Child-Centered Play Therapy, or its equivalent in college courses or training workshops offered by a NIRE-Approved CCPT Instructor
    • 26 or more hours of supervision under a NIRE-Approved CCPT supervisor (no less than 26 hours but more may be required at supervisors discretion)
      • Hours = viewing of the tape by both supervisor and supervisee, supervision of skills and case conceptualization afterward viewing
  • Ongoing Supervision and Consultation

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Keep In Touch

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