

NON-DIRECTIVE PLAY THERAPY

Play therapy is a counseling method used to help children communicate their inner experiences through the use of toys. Non-directive play therapy, also called child-centered play therapy is a non-pathologising technique based on the belief that children have the internal drive to wellness. Non-directive play therapists are trained to trust that children are capable to direct their own process rather than the therapist imposing their own ideas of what the child needs to do in therapy to work through any challenges they may be facing. This requires the therapist to enter the emotional world of the child rather than expecting the child to understand the therapist’s world, which is beyond their capability. Play therapy is based on the theory that play is a child’s language, the toys in the play room considered the “words” that a child uses to express their inner experiences and how they perceive and experience the world. The toys in the play room are then used by the child to “speak” to the therapist and communicate their inner thoughts and feelings. Within a play session and over the course of sessions, themes emerge in the child’s play, giving the therapist insight into the child’s experiences, thoughts, feelings and interpretations of their world.



Non-directive play therapy is based on respect for the child and confidence in their ability to direct their own process. It requires that the therapist maintain unconditional acceptance and positive regard for the child. Because children do not have the cognitive and language skills to communicate their emotional experiences, by observing a child’s play sequences and play themes, the therapist can gain great insight into the child’s inner world. By creating a safe, free and protected space, the child is provided the opportunity to work through deeper emotional fears, wounds and experiences. Children are given permission to express themselves in whatever way they are comfortable and are not required to “talk” (verbally), which often feels intimidating and scary to a child.



It is not uncommon for children to express their inner thoughts and feelings in a maladaptive way at home and/or school because of their inability to articulate their experience. It is through their behavior that they communicate emotional distress. By reflecting a child’s process, feelings expressed in their play and play themes, the therapist begins to give the child a vocabulary of “feelings”. More importantly, by reflecting the child’s play and emotions, children feel understood and validated. They experience a connection with the therapist, which is often different from any other relationship they have. It is through this relationship and the therapist’s ability to “see” the child, that a child feels safe, understood, validated and begins to gain confidence.

Children often misinterpret their world and experiences, which can also lead to fears, anxieties, and misbehaviors. A common example of this is when parent’s separate and a child interprets this as something they have caused. As a result of this belief, a child may exhibit anxiety, depression, insecurity or defiance. A trained play therapist is able to interpret the child’s play and the themes that emerge such that the reworking of these experiences can occur. As a child gains the sense of safety and realizes that the therapist will not react or respond in ways others maybe have, they begin to go deeper in their process. They will begin to play out deeper issues and/or verbalize their thoughts and feelings to the therapist. Often this working through occurs through the metaphor of the toys and the therapist can engage in a dialogue through the metaphor, helping the child to understand and rework the problem. When children are provided a safe and protected environment they will communicate their inner experiences, worries, conflicts and needs.



The toys within each therapy room, provide enough distance and safety from their own feelings and reactions that they can express them through the use of the toys and their play. The therapist



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can enter into the metaphor of the child’s play to gain additional insight and to help them re-work scenarios that are parallel to challenges they may be experiencing in their life.

Scheduling a consistent appointment time each week is helpful in providing consistency and predictability for the child who enters play therapy. This also provides continuity and more efficient treatment. Eventually, the play therapist will begin to spread sessions out when a child begins to exhibit signs that they are ready for less frequent sessions.

A list of rules is not gone over at that initiation of therapy. If a child breaks a rule, i.e. throwing sand, trying to break a toy, then a limit is set: “I know it’s fun to throw sand, but the sand is not for throwing. You can play with it in the sand trays and toss it from hand to hand, or you can throw a ball.” Children require limits and boundaries in any relationship to feel safe and accepted. The relationship between a child and play therapist is no different. The therapeutic relationship established in play therapy is one of trust, acceptance, and in which the child is valued, but it is not without boundaries. During a child’s play time, they are allowed to be messy, are encouraged to explore, doing something in a specific or directed way is not required. The therapist in no way controls what the child does or how they do it. Limits are set if they are doing harm to themselves, the toys or the therapist. Limits are set if and when they are needed in order to help the child learn responsibility of self and self-control. Limits are set in a way, which validates the child’s feelings/desire, communicates the limit and gives alternatives i.e. “I know you would like to take that rock home with you. But it has to stay in the play room so it will be here for you next time. You can take the picture you made with you.” This then allows the child to learn the concept of self-control and making choices, rather than an adult attempting to control their behavior.



Play therapy has been widely researched as an effective and developmentally appropriate method for working with children dealing with (but not limited to) the following: depression, grief and loss, social adjustment problems, speech difficulties, trauma, hospitalization, reading difficulties, selective mutism, enuresis and encopresis problems, fear and anxiety, abuse & neglect, aggression/acting out behaviors, attachment difficulties/issues, autism, burn victims, chronic illness, parental separation/divorce, deaf and physically challenged children, withdrawn children.