

Why Play Therapy is Appropriate for Children with Symptoms of PTSD:

6 Reasons Why Play Therapy is an Effective Treatment Choice for Children with Trauma

BY ASSOCIATION FOR PLAY THERAPY BOARD OF DIRECTORS, APRIL 2020

Play therapy is a developmentally congruent intervention that helps children build coping skills, enhance their capacity for self-regulation, and promotes positive self-esteem. (Bratton et al., 2005; Lin & Bratton, 2015; Ray et al., 2015). The Association for Play Therapy defines play therapy as “the systematic use of a theoretical model to establish an 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.” (See a4pt.org)

Play therapy has a longstanding history as a treatment for children who have experienced trauma or who display symptoms of post-traumatic stress disorder (Shelby, 2000; Vicario et al., 2013). In play therapy, children explore feelings and thoughts through symbolic representation, mediating the neurological and developmental impact of trauma and attachment deficits (Gaskill & Perry, 2017; Gil, 2016; Goodyear-Brown, 2019; Lefebvre, 2018/2020). Young children rely on play and play therapy to express their emotional world, resolve their challenges and problems, and develop meaningful relationships.

Within the field of play therapy, licensed mental health professionals use directive and non-directive methods to address the trauma symptoms of children. Directive methods involve structuring play activities to target emotions, cognitions, and behaviors while non-directive methods involve building a therapeutic relationship in which the child and therapist journey through the child's experiences together to actively work through trauma symptoms (Boyd-Webb, 2015). Typically, play therapists work with children from two to 12 years old. Additionally, play therapy has been adapted for very young children, as well as for adolescents.

Among mental health interventions, play therapy is one of the most researched of modalities. In the last 25 years, the research outcomes on play therapy are particularly strong and indicate the practicality of using play therapy with children affected by trauma, as well as a myriad of additional presenting concerns. There are at least six reasons that play therapy is an appropriate treatment for children dealing with trauma.

1 Play therapy is time-sensitive.

Healing trauma takes different amounts of time for different children and it is not possible to predict exactly how long or how many sessions will be necessary for children who have experienced trauma. The assumption that “briefer is better” is typically based upon scientific inquiries of treatment that may be significantly different from typical community clients, and do not include the full range of trauma that community-based clinicians treat (Cloitre, 2015). Meta-analytic reviews on play therapy indicate that children who participate in play therapy begin to demonstrate statistically significant improvement in a relatively brief amount of time with reports of average number of sessions ranging from 12 to 16 sessions (Bratton et al., 2005; Ray et al., 2015).

2 Play therapy is responsive to the needs of children who experienced trauma.

Traumatic experiences are primarily stored within the sensory networks of the brain and the body resulting often in profound dysregulation. Traumatic events are often not saved as verbal memories, resulting in a lack of narrative memory and rational thought about the experience (Gaskill & Perry, 2012; Ogden & Minton, 2000; Porges, 2004; van der Kolk, 2014). Play therapy does not rely on language or cognitive awareness to initiate treatment and the somatosensory experiences in many play activities are viewed as the neurological foundations for regulation, creativity, abstract thought, prosocial behavior, and expressive language (Perry, 2006, Gaskill & Perry 2014). Through the experience of rhythmic, patterned, repetitive input available during child-directed free play and clinician directed play-based activities, children become emotionally engaged and better regulated.

Methodologies such as CBT and TF-CBT do well in addressing cognitive issues such as guilt, shame, grief, and maladaptive perspectives of their traumatic experiences. However, these approaches are dependent on strong cortical modulation of these experiences. In order to have strong cortical modulation, primary regulatory networks in the brain must be in place. Play therapy approaches are uniquely qualified to facilitate and support the development of those regulatory networks (Perry, 2001, 2006, 2008, 2009; Cook et al., 2005). As play therapists engage in participatory play and are responsive to the child's needs, they support the child develop behavioral and emotional co-regulation capacities and promote relational healing (Gaskill & Perry, 2012; Gaskill & Perry 2014; Perry, 2006).

See <https://www.childtrauma.org/> for more resources on play and trauma assessment and treatment and see <https://www.neurosequential.com/covid-19-resources> for information related to relevant interventions during COVID19.

3 Play therapy has a robust evidence base.

Play therapy is supported by meta-analytic reviews, randomized controlled trials, and evaluations by professional organizations. The Society of Clinical & Adolescent Psychology recognized play therapy as a Level 2 (Works) intervention for disruptive behaviors (Kaminski & Claussen, 2017). The California Evidence-Based Clearinghouse for Child Welfare (CEBC) recognizes child-centered play therapy as promising for anxiety, disruptive behaviors, and domestic violence (based on 10 experimental research studies). The CEBC further recognizes Theraplay® as promising for infant and toddler mental health problems (<https://www.cebc4cw.org>). There have been 3 major meta-analyses on play therapy indicating effectiveness across presenting issues (Bratton et al., 2005; Lin & Bratton, 2015; Ray et al., 2015).

Several play therapy studies have specifically explored the effectiveness of play therapy with children who have experienced trauma. In randomized controlled trials, Schottelkorb et al. (2012) demonstrated that child-centered play therapy was equally effective to TF-CBT in treating trauma symptoms. Reyes and Asbrand (2005) used a longitudinal design to explore the impact of play therapy for sexually abused children and reported a substantial decrease in children's trauma symptoms. Shen's (2002) randomized controlled trial with children traumatized by an earthquake demonstrated effectiveness of play therapy following 10 sessions while Dugan et al. (2010) published case studies demonstrating positive gains for children impacted by Hurricane Katrina.

4 Play therapy partners with parents/caregivers.

Parents are on the front line as therapeutic partners in play therapy, especially with children who have experienced trauma. Play therapists seek to involve the parent in the child's treatment at every step and also engage parents by teaching skills to help parents respond effectively to their children. The Association for Play Therapy's (2019) Best Practices statement directly endorses partnering with parents recommending that play therapists include parents/caregivers in the formulation of treatment plans and reaching therapeutic goals. Play therapists know the substantial healing role that parents play in the lives of their children and seek to engage parents in the process of therapy to enhance their relationships with their children. Readers are encouraged to

examine the abundant literature on the significant impact of filial therapy methods and Theraplay® for caregiver-child interventions (https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/publications/best_practices_-_sept_2019.pdf).

5 Play therapy interventions and techniques for children are grounded in theory.

Play therapists are educated in child development, mental health, and the process of therapeutic play. Because of the depth and breadth of their education, play therapists are particularly aware of the ways in which childhood trauma interrupts development and relational growth. Research in neuroscience, adverse childhood experiences, and complex trauma are integrated into play therapy practice (Myrick & Green, 2014; Vicario et al., 2013). Play therapists base their work with children in data emerging from the mental health and medical communities. Additionally, play therapists are often advocates in the movement to educate parents, schools, community partners, organizational leaders, and policy makers on the definitions, symptoms, and outcomes of trauma and the value of play and play therapy (Stewart et al., 2015).

6 Play therapists are credentialed mental health professionals.

Play therapists are licensed mental health professionals primarily from the disciplines of counseling, social work, psychology, marriage and family, and school counseling. As mental health professionals, play therapists must first complete graduate degrees in their respective disciplines which incorporates education and training in multiple theoretical orientations and corresponding techniques, including cognitive-behavioral, humanistic, psychodynamic, and behavioral approaches. After completing their advanced mental health degree, play therapists are additionally educated in the theory, research base, and practice of play therapy, as evidenced in the requirements specified to earn the Registered Play Therapist (RPT) credential (www.a4pt.org/resource/resmgr/credentials/2020_credentials/rpt_standards.pdf). Play therapists who hold the RPT credential have completed at least 150 hours of specialized training, spanning at least two years beyond their advanced degree and training as licensed mental health professionals.

Thank you for your interest in play therapy and children experiencing trauma. More information about the evidence supporting the positive impact of play therapy can be found at https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/about_apr/apr_evidence_based_statement.pdf

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