A comprehensive resource that thoroughly teaches the theory, methods, and practice of child-centered play therapy

Child-Centered Play Therapy: A Practical Guide to Developing Therapeutic Relationships with Children offers how-to direction and practical advice for conducting child-centered play therapy. Filled with case studies, learning activities, and classroom exercises, this book presents extensive coverage of play therapy applications such as setting goals and treatment planning, as well as recommendations for family and systemic services that can be provided along with play therapy.

This rich resource provides:

- A thorough introduction to the theory and guiding principles underlying child-centered play therapy
- Skill guidance including structuring sessions, tracking, empathy, responding to children’s questions, and role-play
- Effective ways of determining what limits to set in the playroom and how to set them in a therapeutically effective manner
- Clear methods for monitoring children’s progress through stages as well as external measures of progress
- Practical guidance in adjunct therapist tasks such as playroom set-up, documentation, ending therapy, and working with parents, teachers, and principals

Endorsed by Louise Guerney—a founding child-centered play therapy figure who developed the skills-based methods covered in this book—Child-Centered Play Therapy comprehensively and realistically introduces practitioners to the child-centered approach to play therapy and addresses how to incorporate the approach into schools, agencies, or private practice.

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“The authors ... make child-centered play therapy readily understandable to those who wish to take advantage of its long history of helping children overcome problems and grow emotionally to a level of maturity difficult to achieve by any other approach.”

—From the Foreword, by Louise F. Guerney, PhD, RPT-S
Child-Centered Play Therapy
Child-Centered Play Therapy
A Practical Guide to Developing Therapeutic Relationships with Children

Nancy H. Cochran
William J. Nordling
Jeff L. Cochran

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To our son, Erzhan. Thank you for reminding us each day that we are lovable and capable of loving, and playful and able to play.
—NHC and JLC (Mommie and Papa)

To my wife, Claudia, who has made my life’s work seem like play.
—WJN

And to all the courageous and amazing teachers, students, counselors, therapists, parents, and children—especially the children—who have taught us and continue teaching us so well. We thank you.
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FOREWORD

In 1947, when Virginia Axline published the original edition of her now famous book, *Play Therapy*, she only could have hoped that it would still be the leading reference for the teaching of child play therapists more than 60 years later. The method she then espoused, known as nondirective play therapy, has continued to be practiced, virtually unchanged, and has proven to be empirically valid.

Axline’s Eight Basic Principles are the foundation of her method and guide the therapeutic behavior of practitioners of child-centered play therapy (CCPT). However, because Axline expressed her system as eight discrete principles stated in general terms, her method is susceptible to misapplication. In fact, it is sometimes said that Axline’s is the approach to child therapy most used and most misused.

One of the major challenges to the correct application of Axline’s approach is to fully grasp that her brilliant principles together comprise a complete, coherent system of therapy. Axline herself explained that the “principles are overlapping and interdependent . . . [for example] the therapist cannot be accepting without being permissive” (p. 91). When therapists use one principle or a few without the others, the effectiveness of the method is weakened, constituting a misuse.

Another major challenge therapists encounter is in distilling Axline’s broad principles into specific therapeutic behaviors that can be consistently used by all therapists in their application of the method. It is not surprising that the proponents of Axline’s approach have developed minor variations in translating the principles into practice. Interestingly, empirical evidence demonstrates that all these variations are equally effective. This suggests that essential adherence to the basic prescription of each principle outweighs any minor variations in their operationalization.

Since Axline’s day, advances in teaching methodology have enabled proponents of her principles to establish greater uniformity in their application within each variation. Most notably, skills training has emerged as a very productive method of teaching and learning the operationalized behaviors derived from the principles. Each proponent’s variation naturally leads to different levels of emphasis on particular skills.

These authors are advocates of my variation, having been associated with me at the National Institute of Relationship Enhancement (NIRE). I
am especially pleased to see that they have emphasized in their book the skill of role-playing, which I greatly value. I believe that role-playing is one productive way to actualize Axline’s third and fourth principles, respectively “. . . to [support] the child in expressing his feelings completely,” and “to express them back to him in such a manner that helps him gain insight into his behavior.” I have always found that, when skillfully used, therapist involvement in child-directed role-play allows children to give life to unexpressed conflicts they are experiencing and to play out positive attitudes and behaviors to which they aspire in real life.

These authors have included “all the things you need to know” about applying this skill, so that the method may be used to the best advantage for facilitating the child. They highlight common pitfalls such as overplaying and underplaying roles that children assign to the therapist, and failure to adhere to limits necessary to maintain the comfort of the child and therapist during the role-play. This is but one example of the authors’ professionalism when writing on skills such as the use of CCPT in schools and in other nontherapeutic settings, which requires special sensitivity on the part of the therapist.

The authors’ experience in skills training and especially in supervising play therapists is apparent throughout the book in the way they explain the subject matter and provide devices for reinforcing the material covered in the skills chapters. Their extensive experience is also evident in their delicacy with personal feeling issues that therapists might have when applying the method. Their suggestions for dealing with these issues will, I think, be very useful to therapists who have such concerns.

The breadth of coverage provided in this book would make it easier for a beginner in this variation to self-learn. However, the depth of insightful detail would also enrich those already experienced in the method. Of course, no book could take the place of workshop or classroom instruction, for which this book would be a very appropriate reference.

I am happy to be linked to this book by being given the opportunity to write this foreword. I thank the authors for providing this opportunity and for helping to make CCPT readily understandable to those who wish to take advantage of its long history of helping children overcome problems and grow emotionally to a level of maturity difficult to achieve by any other approach.

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We find child-centered play therapy (CCPT) to be a most powerful, versatile, and practical approach to helping children, families, schools, and communities, and this is well supported in the research, of course (e.g., Bratton, Ray, Rhine, & Jones, 2005; Guerney, 2001; Landreth, 2002; Landreth, Homeyer, Bratton, Kale, & Hilpl, 2000). It is an approach applicable across the helping professions and settings and with widely ranging child difficulties, from depression, conduct disorder, attachment problems, physical and sexual abuse, and other trauma to grief and other more normally occurring concerns. It can be extraordinarily helpful when applied singularly or within sets of services at schools, agencies, and private practices. It works well in clinics as well as residential and hospital settings, and it has been extensively and effectively applied in schools. CCPT empowers clinicians to help children, families, schools, and communities when clinicians have access to ideal sets of system interventions, and when clinicians have limited access and can simply devote an hour or less per week to the child for a period of weeks.

This being said, we don’t believe CCPT is being used as frequently, extensively, or effectively as it could be. The purpose of this book is to help change that—to make clear the practicality, power, and efficiency of CCPT and to help ensure that practitioners apply CCPT with optimal effectiveness.

A Deficit of Perception

One reason for a deficit in application may be a deficit in perception. It may be that for many, on first impression, CCPT does not sound very practical. For example, Virginia Axline (1947, 1969), the “mother of play therapy,” described a permissive atmosphere as a key to the intervention. Permissive is not what many parents, teachers, and administrators want to hear about an intervention for children in dire need of help, often for children whose behavior is seemingly “out of control”!

The use of play in the title may not be entirely supportive to the credibility of the approach either, as many parents will report, “My child already knows how to play” and some teachers may complain,