Play Therapy With a 6-Year-Old
Synopsis of Therapy Approach

Psychoanalytic play therapy is based on an assumption that children’s problems stem from unconscious conflicts and developmental deficits that will reveal themselves in their play. Through their play, their verbalizations, and their relationship to the therapist, children can be helped to understand what is troubling them. A child’s behavior (problematic or not) is taken to be an attempt at meaningful communication of underlying thoughts and feelings, and, through therapeutic understanding of the child’s communications, resolution of problem behaviors can occur.

Psychoanalytic play therapy includes the involvement of the child’s parents. The therapist’s familiarity with the child’s parents helps the child feel accurately understood (which facilitates the resolution of the child’s difficulties). Furthermore, this involvement provides parents with practical strategies for managing problematic behaviors at home. Symptoms can then improve and troublesome behaviors diminish in frequency and intensity. In addition to working with parents, child therapists often coordinate with schoolteachers and counselors to help resolve any behavioral difficulties at school and increase understanding of the child’s emotional issues.

In psychoanalytic play therapy, the child takes the lead in producing “material” in the form of play. It is a nondirective approach in which the therapist follows the child and not vice versa. When the therapist is careful to avoid giving advice or making suggestions, the child becomes increasingly able to reveal his or her emotional life in spontaneous play. The therapist attempts to understand what the child is communicating through his or her play (i.e., what the child is thinking and feeling, both consciously and unconsciously). As the child plays, the therapist comments on the play itself, its underlying (latent) meaning, and its relation to presenting symptomatology.

Play therapy is generally conducted on a once or twice weekly basis, in 50-minute sessions. The child’s therapist (or an adjunctive therapist working with the parents) usually sees the parents on a regular basis ranging from once weekly to once monthly. Play therapy should be conducted in an appropriately equipped room such as a playroom. The length of treatment may vary, from as brief as 6 months (minor adjustment problems) to as long as 4 years (depending on a variety of factors including severity of pathology).

Sometimes therapists are uncertain about how to act and “be with” a young patient. Children respond best to therapists who can be themselves comfortably, who are at ease with play, and who are neither overly solicitous, nor condescending. The therapist’s task is to invite the child, through a calm demeanor and willingness to understand, to unfold his or her concerns in play and talk.

For Whom Is Play Therapy Indicated?

Play therapy is recommended for children between the ages of 3 and 11 who present a wide variety of emotionally based difficulties. These include problems relating to peers, problems with appropriate expression of anger, childhood depression, anxiety, adjustment reactions to specific life events, school difficulties that have an emotional component, deficits in self-esteem, persistent withdrawal, more severe character pathology, attention-deficit disorders, development disorders, and symptoms inappropriate to the youngster’s current age (such as enuresis and encopresis). When a child experiences any of these difficulties to such an extent that symptoms are pronounced, recurrent, or continual, treatment may well be indicated.

The following factors are considered when determining whether or not treatment is indicated:

- How long the problem has persisted
- If the problem is interfering with family life
- If the child is experiencing significant internal distress, even though overt symptoms may be subtle
- If attempts have been made in the past to help the child overcome the problem
- How disruptive the problem is to the child’s daily functioning
- If the problem is interfering with academic performance
- If the problem is interfering with normal maturation
- If the problem is unusual for the child’s developmental stage
- If the problem is actually embedded in a pattern of symptoms (Nemiroff & Annunziata, 1990).
WHAT RESOURCES MIGHT THE CHILD POSSESS TO UNDERTAKE PLAY THERAPY?

For play therapy to be helpful, it is essential that the child have sufficient intellectual endowment. Play therapy has been shown to be especially effective with mildly mentally retarded children as well as with exceptionally bright children. The child must also have some capacity for self-reflection and for examining one's own behavior, feelings, and reasons behind it. The goal is to try to understand the origins of problems in internal and external conflict. The idea of symptoms being caused by internal inconsistencies can be confusing, as therapists may experience their clients' behaviors as irrational, and they may struggle to understand the child's experiences. Children often express their emotions through acting out or acting in ways that are inconsistent with their feelings. Play therapy can help children learn to understand and express their emotions in a more appropriate way. It also helps children develop the ability to think about their own thoughts and feelings, which is an important step in psychological development.

CLIENT BACKGROUND AND PRECIPITATING EVENTS

Matthew, 6 years old, Male, African American
- Family background: Difficulties in family relationships, family members often involved in conflicts.
- Developmental delays: May have difficulty with language and social skills.
- Behavioral issues: May have difficulty focusing and maintaining attention.
-过去经历: May have experienced trauma or other challenging events.

Matthew's teacher reports that he is often disengaged during class and struggles to follow instructions. He frequently disrupts the classroom environment and may have difficulty with social interactions. He appears to be very bright but lacks motivation.

Since the father's death, Matthew has been experiencing a lot of grief and sadness. He often talks about missing his dad and feels lonely and lonely. He has also been having a lot of trouble sleeping and has nightmares about his dad's death.

Matthew's mother reports that he struggles with regulating his emotions and often becomes overwhelmed by his feelings. He has a tendency to internalize his emotions and may have difficulty expressing himself appropriately.

Matthew's teacher suggests that play therapy may be a helpful intervention to help him explore and express his emotions in a safe and supportive environment. The therapist can work with Matthew to develop coping strategies for managing his emotions and improving his social skills.
clinically depressed. She reports that she enjoys her work as a bank executive and that she has a strong network of friends and family.

What is your impression of Matthew? How typical or atypical are his life experiences and his current behavior?

What do you believe are the core issues for Matthew? What is the utility of these initial formulations?

Before reading the next section, what topics and issues do you think will be addressed in the next phase of therapy?

PROCESS NOTES ON INITIAL SESSIONS

Seven sessions preceded the videotaped session. These included one background and one child guidance session with the mother, two play evaluation sessions with Matthew, and three play therapy sessions with Matthew.

Sessions 1 and 2 (initial evaluation for background information with mother): In these 1-hour sessions, Dr. Annunziata asked Matthew's mother to identify data including his name, age, family constellation, and living arrangement. She described his presenting problems—awakening with bad dreams, sobbing, periodic sadness and withdrawal; their onset, history, severity, and frequency; her attitude about the problems; and the effect the problems have on his schoolwork. His mother also provided a detailed developmental history that included conception, pregnancy, feeding, sleeping, motor development, toilet training, play patterns, emotional and physical growth history, school history, relationships, separations from parent(s), expressions of aggression, and style of parental discipline at home.

During these initial sessions with the mother, Dr. Annunziata talked with her to get a detailed picture of the family: description and significance of the family's economic situation; their social, ethnic, and religious ties; the nature of interrelationships in the family; the quality of the marriage; and Matthew's mother's reaction and Matthew's reaction to her husband's death. Matthew's mother also described her past history (i.e., her significant life experiences) as well as her deceased husband's history.

Sessions 3 and 4 (assessment of Matthew): In these two sessions, Dr. Annunziata observed Matthew's play, his general behavior, and his verbal communications to evaluate his affect and mood, his conscious and unconscious conflicts and concerns, his cognitive functioning, his defensive structure, his perceptions of himself and family members, his capacity for relatedness to her and others, his developmental appropriateness, and his stream of speech and other physical activity. She also assessed the quality and type of his play activities as well as his apparent motivation for treatment and attitude toward receiving therapeutic help.

Sessions 5 through 7 (play therapy sessions): In the first 50-minute play session, "Dr. Jane" (as she tells Matthew he can call her) introduces Matthew to the playroom. She shows him the various toys, and tells him the three basic rules:

a) During play nothing should be broken on purpose,
b) no one should be hurt, and

c) he needs to clean up the playroom with her at the end of their session.

Dr. Jane asks Matthew, "Do you know why you are here?" Matthew tells her that he thinks it is because his mom is worried because she thinks he is sad. Dr. Jane responds, "Yes, you're right. Your mom is concerned because you've seemed sad. We are going to meet here today, and once every week for 50 minutes, to play and talk about your sad feelings and anything else that is worrying you or bothering you."

She continues by telling Matthew about confidentiality: "Everything we talk about is private and a 'one-way street.' That means you can tell anybody anything you want to about our sessions, but I won't talk about them to anyone else. I will meet with your mom about one time each month to give her a general idea of what we're working on, but I will not tell her about the specific things that we talk about or do here. Also, if you ever tell about