

OVERVIEW OF PLAY THERAPY

Play therapists view play as the primary language of communication for children (Landreth, 2012). This intervention is evidence-based and allows children to use various modalities of play to address a variety of concerns ranging from trauma to behavioral complications (Bratton et al., 2009; Parker et al., 2021). Play therapy can be conducted with individual children or in groups, and normally occurs in a specially prepared room, although travel play therapy kits and virtual play therapy have also been used with children.

Play therapy can be used with a range of theoretical orientations, and can be directive or non-directive. Depending on the orientation, counselors may decide to use techniques or allow the client to engage in free play. Regardless of the theoretical approach, clients use toys and items in the play room to communicate in a developmentally appropriate manner as they build a healthy therapeutic relationship with the counselor (Parker et al., 2021). Additionally, play therapy may involve other family members such as siblings or parents. For example, Child-Parent Relationship Therapy assists parents with improving the relationship with the client through special play times in the home (Landreth, 2012). Involving the family in play therapy allows the family to better understand the processes of change and helps the client to experience increased support both inside and outside the play therapy room.

CHILD-CENTERED PLAY THERAPY

Child-centered play therapy uses the person-centered approach to play therapy. From the person-centered approach, counselors believe that children will naturally move towards self-actualization if provided the appropriate environment and relationship (Bratton et al., 2009). Play therapists in this orientation of play therapy do not use techniques and generally do not focus on objectives or diagnoses as the primary intention of therapy, as these can lead the therapist to pathologize the child and deter progress (Ray, 2011).

Counselors see children as resilient, are non-directive in therapy, provide an atmosphere of permissiveness with limit setting as appropriate, return responsibility to the child to empower personal decision-making, and accept all emotions as valid and important (Bratton et al., 2009; Landreth, 2012). The therapist exists in the “here and now” with the client, understanding that children are consistently growing and changing, meaning that being present with the child in the moment is an important part of the therapeutic relationship (Landreth, 2012). Child-centered play therapists are consistently evaluating the self, including biases, preconceived notions, prior traumas, and any other considerations that may interfere with the therapist’s relationship with the child (Bratton et al., 2009). Continued self-awareness allows the therapist to provide a congruent, authentic relationship with the child (Landreth, 2012).

USE OF PLAY THERAPY IN COUNSELING CHILDREN OF INDIVIDUALS WITH SUBSTANCE USE DISORDERS

ANDRISSELL P. MARTINEZ, BA

ANDRI.M95@GMAIL.COM

FACULTY ADVISOR: ANGELA M. YODER, PHD



CHILD-CENTERED PLAY THERAPY WITH CHILDREN AFFECTED BY SUBSTANCE USE DISORDERS

There are many benefits of child-centered play therapy with children of individuals with substance use disorders. The theoretical perspective specifically allows children to process their world view and personal experiences in a safe environment within a healthy, therapeutic relationship (Bratton et al., 2009; Parker et al., 2021).

Child-centered play therapy’s view of children as resilient individuals aligns with the reality of many children who take on adult roles in early childhood to make up for the inability for parents or guardians to provide during childhood (Jacobus-Kantor & Emshoff, 2010). Therapeutic play gives these children the freedom to play out these roles safely. Children of individuals with substance use disorders also tend to experience shame and lack of control, and may not always feel able to express this verbally (Jacobus-Kantor & Emshoff, 2010; Parker et al., 2021). Following are specific therapist skills used in play therapy that are beneficial when used appropriately (Bratton et al., 2009; Ray, 2011; Landreth, 2012):

- ⇒ *Reflection of feeling/behavior/content*: allows children to feel validated and heard, where many children of individuals with substance use disorders experience neglect, and at times, long periods of time alone. Rather than using praise, counselors use reflection to encourage client acceptance and acknowledge client strengths.
- ⇒ *Returning responsibility*: When counselors return responsibility to the child, it helps the child enhance self-efficacy and increase self-esteem by allowing the child to take control of their environment, where many times they are not in control and can feel powerless.
- ⇒ *Tracking*: Through this skill, the counselor provides immediacy and allows the child to experience the presence of the counselor in a non-intrusive way. Children also experience the opportunity to lead by providing labels and creating their own world without directives.

EFFECTS OF SUBSTANCE USE DISORDERS ON CHILDREN IN THE FAMILY

Substance use disorders as defined through a biopsychosocial model describes addiction as incorporating genetic factors, social components, and psychological conditions (Hendershot et al., 2009). This combination contributes to the development and progression of substance use disorders. Substance use disorders negatively affect both the person and all individuals involved in the family’s proximal and distal systems (Söderström & Skårderud, 2009).

Children under the care of individuals with substance use disorders experience increased internalizing and externalizing behavior problems (Bountress & Chassin, 2015). These complications are due to the instability of guardians and trauma stemming from neglect, sexual, emotional, and physical abuse (Parker et al., 2021). Children of individuals with substance use disorders can struggle at school, with social relationships, and are at a higher risk of developing substance use disorders themselves, as well as other negative outcomes over the course of their lifetimes (Bountress & Chassin, 2015; Charles et al., 2015). Parents or guardians in these positions may not always engage in services, but children may be referred by schools, legal institutions, or parents themselves to engage in play therapy for moderation of their presenting issues.

REFERENCES

- Bountress, K., & Chassin, L. (2015). Risk for behavior problems in children of parents with substance use disorders. *American Journal of Orthopsychiatry*, 85(3), 275–286. <https://doi-org.proxy1.library.eiu.edu/10.1037/ort0000063>
- Bratton, S. C., Ray, D. C., Edwards, N. A., & Landreth, G. (2009). Child-centered play therapy (CCPT): Theory, research, and practice. *Person-Centered and Experiential Psychotherapies*, 8(4), 266–281. <https://doi-org.proxy1.library.eiu.edu/10.1080/14779757.2009.9688493>
- Charles, N. E., Ryan, S. R., Acheson, A., Mathias, C. W., Liang, Y., & Dougherty, D. M. (2015). Childhood stress exposure among preadolescents with and without family histories of substance use disorders. *Psychology of Addictive Behaviors*, 29(1), 192–200. <https://doi-org.proxy1.library.eiu.edu/10.1037/adb0000020>
- Hendershot, C. S., Neighbors, C., George, W. H., McCarthy, D. M., Wall, T. L., Liang, T., & Larimer, M. E. (2009). ALDH2, ADH1B and alcohol expectancies: Integrating genetic and learning perspectives. *Psychology of Addictive Behaviors*, 23(3), 452–463. <https://doi-org.proxy1.library.eiu.edu/10.1037/a0016629>
- Jacobus-Kantor, L., & Emshoff, J. G. (2010). Play therapy for children of alcoholics. In A. A. Drewes & C. E. Schaefer (Eds.), *School-based Play Therapy* (p. 333–357). John Wiley & Sons Inc.
- Landreth, G. L. (2012). *Play therapy: The art of the relationship (3rd ed.)*. New York: Brunner-Routledge.
- Parker, M. M., Hergenrather, K., Smelser, Q., & Kelly, C. T. (2021). Exploring child-centered play therapy and trauma: A systematic review of literature. *International Journal of Play Therapy*, 30(1), 2–13. <https://doi-org.proxy1.library.eiu.edu/10.1037/pla0000136.supp> (Supplemental)
- Ray, D. (2011). *Advanced play therapy: Essential conditions, knowledge, and skills for child practice*. New York: Routledge.

