Therapeutic Play: A Core Competency for Child Life Practice

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CLC Mission Statement

We, as child life professionals, strive to reduce the negative impact of stressful or traumatic life events and situations that affect the development, health and well being of infants, children, youth and families. We embrace the value of play as a healing modality as we work to enhance the optimal growth and development of infants, children and youth through assessment, intervention, prevention, advocacy, and education.

CLC Values Statement

We, as child life professionals, value play

Play is an essential, natural part of childhood, important in its own right. Play facilitates healing, coping, mastery, self-expression, creativity, achievement and learning, and is vital to a child’s optimal growth and development. Play is an integral aspect of child life practice with infants, children and youth of all ages.
Child Life Competencies

- Use developmentally appropriate play as a primary tool in assessing and meeting psychosocial needs
- Articulate the central role of play in child life services
- Create an environment where play is valued
- Facilitate opportunities for play to decrease distress and increase effective coping

Child Life Council, 2002

Play Benefits...

- Normalization
- Expression
- Diversion
- Energy release
- Counterbalance to “helplessness”
- Cognitive development
- Physical development
- Socialization
- etcetera...

Play Definitions and Characteristics

- Play is internally controlled
- Play is intrinsically motivated
- Play is actively engaging
- Play is internally real
- Play is pleasurable and enjoyable
Play – Not Play Continuum

- Child controls objects, concepts
- No time constraints
- Objects/themes chosen to meet idiosyncratic needs
- Pretense

- Adult controls objects, concepts
- Specific time limits
- Objects/themes chosen to impart specific concepts
- Duplication of reality
- Required/expected

How Did the Value of Play Decline in Child Life Practice?

In response to a perceived priority to meet patients’ educational needs first and foremost?

Child life program growth and development has paralleled psycho-social progress in children’s healthcare...

Hospitals have changed; the child life profession has evolved, but children’s need for play has not diminished...

Adapted from Rollins, JA, Bolig, R & Mahan, CC. Meeting Children’s Psychosocial Needs Across the Health-Care Continuum (2005) p 101
How Did the Value of Play Decline in Child Life Practice?

In an attempt to justify our existence in a world of science and medical degrees?

How Did the Value of Play Decline in Child Life Practice?

Due to increased utilization of Child Life Assistants?

How Did the Value of Play Decline in Child Life Practice?

Considering that the inclusion of play theory and play techniques are not consistently or comprehensively incorporated into child life education?
Let the evolution continue…

...in our education, in our understanding, and in our practice

Principles of Therapeutic Play

Children communicate through play
Play is the child’s symbolic language of self-expression, and for children to ‘play out’ their experiences and feelings is the most dynamic and self-healing process in which they can engage. 

(Erikson, 1940)

Children may have considerable difficulty in trying to tell what they feel or how they have been affected by what they have experienced; but, if permitted, in the presence of a caring, sensitive, and empathic adult, they will show what they feel through the toys and materials they choose, what they do with and to the materials, and the story acted out. 

(Landreth, 2002)

Principle 2:

Play and creative expression are the child’s major defenses against helplessness and can result in enhanced self-esteem and self-actualization.
Catharsis and emotional release are possible through the 'playing out' or reenacting of a particular stressful experience. The child is in control of the play and thus moves out of the passive role and into an active role.

(adapted: Landreth, Levy, Axline, Guerney)

Principle 3:

A therapeutic working relationship with children is best established through play.

Relationship characterized by:
- warmth, caring, and genuine interest
- unqualified acceptance
- safety and permissiveness; freedom of expression
- sensitivity to the child's feelings
- deep belief in the child's capacity and inner direction
- establishing only necessary limits

(Axline, 1969)
Principle 4:
Toys and materials should:
- be selected, not collected
- facilitate expression
- communicate a message of "be yourself in playing"
(Landreth, 2002)

Toys are children’s words and play is their language. Therefore, toys and materials (words) should be selected that facilitate children's expression by providing a wide range of play activity (language).
(Landreth, 2002)
Do the Toys and Materials:
- facilitate a wide range of creative expression?
- facilitate a wide range of emotional expression?
- engage children's interests?
- facilitate expressive and exploratory play?
- allow exploration and expression without verbalization?
- allow success without prescribed structure?
- have sturdy construction for active use?
- enable a safe and clean environment?

Adapted from Landreth, 2002

Recommended Materials
- Toys and materials for creative and emotional expression
- Toys and materials for dramatic/fantasy play
- Construction toys and materials
- Aggressive-release toys
- Books and media that engage the imagination

Consider Play Materials that Support Issue-Specific Play
- Separation, abandonment
- Anger, aggression
- Mastery, achievement, control
- Power, triumph, rescue
- Medical themes
- Food and feeding
- Body image
- Family/home, school/community
General Guidelines for Facilitating Therapeutic Play

- Facilitate/support appropriate environment and materials
- Be “present”
- Let the child “lead”
- Actively observe and listen
- Respond therapeutically

Child-Directed Play Facilitation Techniques

- Respect the child’s work by not interrupting, hurrying or directing the play
- Support the child’s initiative during play; do not control how he or she plays
- Allow the child to use the materials in the way that he or she wants to
Child-Directed Play Facilitation Techniques

- Encourage the child to do things on his or her own; resist offering assistance when it is not needed
- Use reflective and attending techniques to support the child’s play rather than carrying on a running dialogue or asking numerous questions

Attending Behaviors

- Eye contact
- Tone of voice
- Rate of speech
- Facial expression
- Body posture and proximity of involvement

Communication Techniques

- Tracking
- Reflection
- Acknowledging feelings
- Facilitating decision-making & responsibility
Tracking

“You’ve decided to put that right on there.”

Reflecting

Child: “The baby needs some medicine! It’s an emergency!”

CLS: “It’s very important for the baby to have the medicine right now!”

Acknowledging Feelings

Child: “I get so many needles in here. I hate needles!”

CLS: “You really don’t like needles! It makes you mad when you have to have a needle.”
Facilitating Decision-Making and Responsibility

Child: “What is this for?”

CLS: “You’re trying to decide just how to use that.”
(or) “You can decide how you want to use that.”

The therapist trusts the child’s inner direction, allows the child to lead in all areas of the relationship and resists any urge to direct the child’s play or conversation.

Axline, 1969

Resources

- Axline, V. Play Therapy (1969)
- Isenberg, J.P. & Jalongo, MR. Creative Expression and Play in Early Childhood (2001)
- Rollins, J., Bolig, R., Mahan, C. Meeting Children’s Psychosocial Needs Across the Health-Care Continuum (2005)