PLAY THERAPY IN SCHOOL COUNSELING

Play therapy is an empirically supported intervention used to address a number of developmental issues faced in childhood. Through the natural language of play, children and adolescents communicate feelings, thoughts, and experiences. Schools provide an ideal setting for play therapy in many ways; however, several challenges exist in implementing play therapy as a preventative or responsive intervention in the school setting. This article presents a brief overview of play therapy as a component of a comprehensive developmental school counseling program. The authors present a case study outlining how child-centered play therapy as a theoretical approach to play therapy can be used to effectively work with a child experiencing emotional and academic issues in the school setting.

Children and adolescents in schools often contend with social, emotional, and behavioral challenges, including mental disorders, that can impact their abilities to achieve both socially and academically. According to estimates, 1 in 4 children have a diagnosable mental disorder (New Freedom Commission on Mental Health, 2003), which can have a devastating effect on personal and academic development and success. Many of the urgent mental health needs of children are first recognized and addressed in the school setting (Farmer, Burns, Phillips, Angold, & Costello, 2003). Unfortunately, more than 75% of children in need of mental health services will not receive them (Kataoka, Zhang, & Wells, 2002).

The use of play in the school setting, specifically by school counselors, can help students as they strive to overcome many challenges that may impede social and academic growth and success. School counselors are charged with providing services and programming for students that are "comprehensive in scope, preventative in design and developmental in nature" (ASCA, 2012, p. xii). Play, as the natural, universal language of children, allows children and adolescents to express themselves in developmentally appropriate means that can transcend the limitations of

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verbal expression and cultural barriers (Drewes, 2009). In counseling, play is viewed as the vehicle that enables children to communicate their experiences and inner awareness in a "language" familiar to them. Toys, art supplies, games, and other play media provide a means by which children can express themselves using the language of play. Through play, children can communicate past experiences and associated feelings (Landreth, Ray, & Bratton, 2009). Landreth and colleagues (2009) described the use of play as children's language in which children are able to safely express past experiences and associated feelings. This article explores ways that professional school counselors can utilize the power of play in their interventions and interactions with students in conjunction with comprehensive school counseling programs. The authors also provide a fictional case study that highlights the application of child-centered play therapy.

STUDENTS' CULTURAL AND LIFE EXPERIENCES, WHICH ARE OFTEN DIFFICULT TO VERBALIZE, CAN BE EXPRESSED THROUGH PLAY.

PLAY THERAPY

History and Development

The use of play therapy is based on a developmental understanding of children and can be traced back to the work of Anna Freud (1928) and Melanie Klein (1932) in their integration of toys and play into their analytic work with children. The use of play in counseling children was brought to the forefront as an effective and empirically supported intervention by the work of Virginia Axline (1947) and built upon by the work of Landreth (2012) and numerous others who promoted the use of play therapy to meet the developmental needs of the children with whom they worked. Play therapy has since gained prominence and awareness in both school settings and with the public at large (Drewes, 2009).

A variety of theoretical approaches for the use of play in counseling exist today. Nondirective approaches include psychoanalytic perspectives evolving out of the work of Anna Freud (Freud, 1928) and Melanie Klein (Klein & Reviere, 1983), sandtray therapy based upon Jungian principles (Lowenfeld, 1979; Kalff, 1980), and child-centered play therapy as first put forth by Virginia Axline and expanded upon by Landreth (2012) and others (Guerney, 1983; Moustakas, 1957). More play therapy approaches have evolved, including the integration of Gestalt principles into play therapy (Oaklander, 1994), cognitive-behavioral approaches, Adlerian approaches (Kottman, 2001), ecosystemic play therapy (O'Connor, 2000), and prescriptive play therapy that postulates an intentional eclecticism of play interventions based upon the individual needs of each child (Schaefer, 2003). In filial therapy, another application of play therapy, counselors provide parents with skills to become "therapeutic agents with their own children through a format of didactic instruction, demonstration play sessions, required at-home laboratory play sessions, and supervision in a supportive atmosphere" (Landreth, 2012, p. 38). Finally, Theraplay, a more recently developed practice that encourages healthy attachment through structure, engagement, and nurture, is provided through games, touch, and interpersonal interactions (Weir, 2008).

Play in School Counseling

Play therapy provides a culturally sensitive approach because students of diverse cultures, socio-economic status, and varying academic and language abilities can communicate through the vehicle of play. Students' cultural and life experiences, which are often difficult to verbalize, can be expressed through play (Landreth & Sweeney, 1997). The core tenets of play therapy provide a multicultural framework as empathy, acceptance, understanding, and genuineness are equally provided to all students (Landreth & Sweeney, 1997). Bratton, Ray, Rhine, and Jones (2005) conducted an extensive meta-analysis that revealed that play therapy, as conceived across a spectrum of theoretical foundations, is an effective intervention for a broad range of children's behavior, social, and personality issues across both age and gender. Bratton et al. (2005) argue for the need for developmentally-responsive interventions to help ensure that the mental health needs of all children are met.

The use of play therapy in the school setting is congruent with the ASCA National Model's outline of a comprehensive, developmental school counseling program (ASCA, 2012). Professional school counselors provide responsive services, through prevention or direct interventions, with the goal of meeting the needs of all students. They can pair play therapy and play-based techniques with both responsive interventions and preventative and developmental programming in the school. Play, art, storytelling and music can be integrated with multiple theoretical approaches and infused across delivery systems including classroom guidance, individual and group counseling experiences, and preventative programming to address academic, social/emotional, and career development domains for all students.

Campbell (1993) highlighted the implementation of play therapy into the school setting, recognizing that school counselors valued the impact of play and the preventative role of play therapy in comprehensive school counseling programs. In addition to the impact of play therapy, school counselors were influenced by teachers who used puppets, music, art, and games as teaching tools in the classrooms

to help children with academic skills. Beginning with the first commercially available guidance program, Developing Understanding of Self and Others (DUSO; Dinkmeyer, 1970), classroom guidance materials and school counselor resources have consistently incorporated the use of play media to involve children in the counseling process (Campbell, 1993).

Researchers continue to recommend the integration of play therapy and play techniques into elementary, middle, and secondary school counseling programs (Baggerly & Borkowski, 2004; Baggerly & Parker, 2005; Baker & Gerler, 2004; Blanco & Ray, 2011; Garza & Bratton, 2005; Hebert & Ballard, 2007; Landreth et al., 2009; Shen, 2008) as an effective and appropriate means to meet the needs of students with a variety of difficulties and concerns at varying ages and ability levels. In a year-long pilot study, Ray, Muro, and Schumann (2004) found that adding play therapy strengthened the remedial and preventative aspects of a comprehensive, developmental school counseling program. Interviews with administrators and teachers suggested a decrease in student referrals and an increase in academic success and classroom behavior (Ray et al., 2004). Ray, Schottelkorb, and Tsai (2007) found that elementary students who received individual child-centered play therapy experienced a reduction in problems and stress with teachers. Levels of self-efficacy have been found to increase in students who participated in play therapy sessions in the school setting (Fall, Balvanz, Johnson, & Nelson, 1999). In a recent study, Cochran, Cochran, Cholette, and Nordling (2011) found a reduction in disruption behaviors in kindergarten boys that participated in individual child-centered play therapy sessions. In addition to providing counselors with a modality that can function for students at a variety of academic levels, play is a culturally sensitive approach that transcends myriad differences and enables students to use the universal language of play. Play is not limited by cultural boundaries and allows expression of individual views of self, others, and the world around them (Kottman, 2003).

Wynne (2008), in exploring the role of play therapy in schools, concluded that finding ways to support play therapy and play in school counseling is imperative as it has the power positively impact students dealing with a of variety issues, including anxiety (Shen, 2002), decision making and confidence (Green & Christensen, 2006), classroom behavior (Ray et al., 2007), and can ultimately enhance students' potential for learning (Landreth, 2012). Shen's (2002) experimental study of 65 Taiwanese children who experienced an earthquake revealed that children receiving short-term, child-centered, group play therapy in their schools scored significantly lower on measures of anxiety and suicide risk than the control group who did not participate in the school-based play therapy. Similarly, Ray et al. (2007) studied 60 elementary school students diagnosed with attention deficit/hyperactivity disorder and found that students who completed 16 sessions of client-centered play therapy in their schools significantly improved in ADHD characteristics. Green and Christensen's (2006) qualitative study of seven elementary school children viewed the counseling process from the perspective of these children as participants. The participants expressed feelings of satisfaction, empowerment, and independence stemming from the freedom in play therapy to choose what items to play with and how to play with them. They discussed their ease at connecting with a trustworthy, "nonjudgmental, attentive adult who acknowledged their creativity and promoted individual, creative self-expression" (p. 181). The participants also noted the importance of this trusting relationship and its contribution to a safe environment in school-based play therapy.

Axline (1947), an early developer of play therapy, noted that play therapy can help children academically by providing the opportunity to address and overcome emotional difficulties that can impede growth in areas of intelligence. Landreth (2012) asserted, "Play therapy, therefore, is an adjunct to the learning environment, an experience that helps children maximize opportunities to learn in the classroom" (p. 86). Another benefit of play therapy in the school setting is that school counselors have the opportunity to build strong working relationships with students that can greatly contribute to a safe, nurturing school environment. Campbell (1993) equated the role of play as an essential thread within the fabric of the school counseling program, giving it the substance needed to connect with students.

> [SCHOOL COUNSELORS] CAN PAIR PLAY THERAPY AND PLAY-BASED TECHNIQUES WITH BOTH RESPONSIVE INTERVENTIONS AND PREVENTATIVE AND DEVELOPMENTAL PROGRAMMING IN THE SCHOOL.

Play Therapy in Elementary, Middle, and Secondary Settings

School counselors can easily match play therapy and play approaches with children's developmental needs as understood through Piaget's (1962) theory of cognitive development. Children are not developmentally able to engage fully in abstract reasoning or thinking until middle school or beyond, thus play is the concrete expression of the child and the child's way of understanding the world (Landreth, 2012). Students in earlier grades are generally functioning within the preoperational stage (Piaget, 1962). In this stage, children are just acquiring the skills of

language and have more rigid thinking that is limited to how things appear at the time. This is also the stage of magical thinking, during which students often create implausible explanations for things they do not understand. Thus, play is one of the primary means by which children can communicate what they are experiencing and feeling to others (Ray, Armstrong, Warren, & Balkin, 2005). Elementary school counselors are more likely to use toy-based techniques and versions of play in counseling (Wynne, 2008) to meet the needs of students at this stage.

As students mature, they move into Piaget's concrete operational stage during the adolescent years in which they gain the ability to reason logically and organize their thoughts (Piaget, 1962). During this stage, children begin to manipulate ideas and accept logical societal rules. However, students often continue to struggle with the expression of more complicated emotions until they gain the ability to process more abstract thought. Adolescents often struggle with emotional regulation and have difficulty verbalizing or expressing their feelings (Blanchard, 2008). For example, adolescents may feel comfortable expressing anger because is a feeling that is usually expressed with action-oriented strategies and is often socially accepted by their peers (Blanchard-Fields, 2007). However, feelings of shame or sorrow, which are usually expressed with passive strategies, are often more difficult to express and may be masked as anger (Blanchard-Fields, 2007). As with children, when provided with an accepting, supportive environment, adolescents can develop an awareness of, respect for, acceptance of, and expression of their feelings. Adolescents are empowered by the ability to control the expression of their feelings. This empowerment contributes to the strengthening of adolescents' self-esteem and emotional development (Chesley, Gillet, & Wagner, 2008).

As students develop and move into more abstract thinking and higher levels of cognitive functioning, the role of play in counseling needs to shift along with them. Gallo-Lopez and Schaefer emphasized that "playing is not 'cool' for adolescents unless it is done on their own terms….it is important that therapists allow playing to be a choice" (2010, p. 5). Thus, giving adolescents options of play as well as simply sitting and talking is of vital importance for school counselors (Gallo-Lopez & Schaefer). In the middle and high school settings, school counselors can engage students in more complex games and role-plays and the use of more abstract imagery than those for elementary aged student. Counselors working with adolescents often apply play therapy tools such as sandtray counseling, adventure-based techniques (Kottman, Ashby, & De Graaf, 2001), role-plays, games, and art (Schmidt, 2008).

> PLAY THERAPY CAN HELP CHILDREN ACADEMICALLY BY PROVIDING THE OPPORTUNITY TO ADDRESS AND OVERCOME EMOTIONAL DIFFICULTIES THAT CAN IMPEDE GROWTH IN AREAS OF INTELLIGENCE.

Sandtray counseling is often a safe way for adolescents to express feelings, thoughts, and experiences that may be extremely difficult to verbalize, such as traumatic events (Homeyer & Sweeney, 2010). Art expressions, such as photography, sculpture creations, and drawings or paintings are often popular with adolescents. Middle and secondary students often emotionally connect through the use of music. Thus, musical instruments such as a guitar or keyboard or musical compilations through playlist creations are often met with enthusiasm. The aforementioned play therapy tools developmentally appeal to and assist adolescents in experiencing feelings of empowerment, acceptance, and encouragement.

CHILD-CENTERED PLAY THERAPY

This article focuses on the application of child-centered play therapy, a therapeutic approach supported by extensive empirical research as a successful intervention in school settings (Bratton et al., 2005; Flahive & Ray, 2007; Garza & Bratton, 2005; Jones, Rhine, & Bratton, 2002; Packman & Bratton, 2003; Ray, Muro, & Schumann, 2004; Shen, 2002). Kottman (2001) highlighted that the majority of counselors using play therapy operate from a nondirective, children-centered approach. Child-centered play therapy (CCPT) is rooted in person-centered therapy and was first developed by Virginia Axline (1947), based on the belief that everyone has the innate ability to strive towards self-actualization within a safe and nurturing environment. Landreth (2012), also a foundational figure in the realm of CCPT, built upon the work of Axline and emphasized three core tenets of play therapy. The first is that children's natural language is play. Play is a developmentally appropriate way that children express themselves. Second, children have an inherent tendency toward growth and maturity. Third, children are capable of positive self-direction. Children possess the capacity to act responsibly.

Broad objectives of CCPT include helping the child to develop a more positive self-concept; assume greater self-responsibility; become more self-directing, self-accepting, and self-reliant; engage in self-determined decision making; experience a feeling of control; become sensitive to the process of coping; develop an internal source of evaluation; and become more trusting of oneself (Landreth, 2012). Play allows children opportunities to

experience control and self-confidence and process their own needs, including difficult issues such as family change, grief, and trauma (Kot & Tyndall-Lind, 2005). Baggerly and Parker (2005) found that child-centered play therapy with elementary aged African-American boys helped improve self-esteem and self-confidence while honoring the African worldview. Externalizing behaviors of fourth- and fifth-grade Hispanic students reduced in frequency after participating in child-centered play therapy at school (Garza & Bratton, 2005). Parents and teachers reported a decrease in both internalizing and externalizing behaviors after fourth- and fifth-grade students attended child-centered play therapy sessions in the school setting (Flahive & Ray, 2007).

The safe, encouraging, and supportive environment of CCPT provides children and adolescents with the opportunity to develop an awareness of their feelings, respect for those feelings, and expression and acceptance of those feelings. This, in turn, allows children and adolescents to better control, rather than be controlled by, their emotions and experiences. This self-control leads to self-actualization, empowerment, and mastery (Robinson, 1999; Webb, 1999). Trust between the counselor and student, an integral component of CCPT, is twofold in that it allows the counselor to trust that the child has the capacity to meet his or her own needs and that the student will develop trust in a safe environment which enables expression of his/her thoughts and feelings. Play therapy tools such as toys and art supplies provide safe venues through which to project intense feelings and emotions.

Toys, Tools, and Techniques

Professional school counselors can easily create their own play therapy kits. A variety of toys is necessary but a large quantity is not. Landreth (2012) states that, "toys and materials should be selected rather than collected" (p. 156). Real-life toys, creative expression toys, and acting-out aggressive release toys are necessary for expression and emotional release (Landreth, 2012). Toys for creative expression and emotional release can include clay, crayons, and blocks. These tools can be mastered and manipulated easily, and can help facilitate the development of a positive self-image (Landreth, 2012). Examples of real-life toys include dolls, animals, puppets, kitchen kit, cars, and a phone, which can allow children to express lived experiences. Acting-out aggressive release toys include soldiers, boxing gloves, stuffed wild animals, and household tools such as a toy hammer. Aggression-release toys can provide avenues for children to express difficult feelings of hostility and anger (Landreth, 2012).

> WHEN PROVIDED WITH AN ACCEPTING, SUPPORTIVE ENVIRONMENT, ADOLESCENTS CAN DEVELOP AN AWARENESS OF, RESPECT FOR, ACCEPTANCE OF, AND EXPRESSION OF THEIR FEELINGS.

Facilitative responses, a child-centered play therapy technique, demonstrate sensitivity, awareness, and reflection of student feelings (Landreth, 2012). Facilitative responses track the behaviors and thoughts of children and adolescents in a non-judgmental manner (Landreth, 2012). For example, a child may stack blocks and knock down towers of blocks. The counselor might state, "You are making that very tall and then knocking it all down." These responses do not name the objects themselves, but provide the child with the freedom to view their objects as they wish (e.g., the tower could be a giant monster or robot). Children and adolescents often ask for evaluative feedback such as, "Do you like my_____ (tower, picture, doll, etc.)?" Many adults want to provide evaluative feedback, such as, "That's a beautiful picture." However, child-centered play therapy emphasizes the importance of non-evaluative statements, such as, "You are proud of your picture," in order to help children become aware of and rely on their own feelings rather than automatically looking for and relying on the evaluation of others before considering their own opinion (Landreth, 2012).

Limit setting is another essential component of child-centered play therapy because limits contribute to the safety of the play therapy environment (Landreth, 2012). School counselors adhering to the therapeutic approach of play therapy attempt to establish minimal limits in the counseling environment (Landreth et al., 2009). Some necessary limits must be established such as meeting times and not harming self or others (Landreth et al., 2009). Providing choices in play therapy can assist in limit setting while also honoring the child's natural ability to make positive behavioral choices and to exhibit control over his or her own emotions and behaviors.

Stages of Child-Centered Play Therapy

As with all therapeutic approaches, children and adolescents move between stages in child-centered play therapy as they progress in their personal growth. Guerney (2001) outlined four ordered and gradual stages in child-centered play therapy: the warm-up stage, the aggressive stage, the regressive stage, and the mastery stage. Children's behaviors during these stages are as varied and unique as the individual children themselves and thus should be compared to baseline behaviors (Guerney, 2001). Some children may move from one stage to the next in one session while others

may spend a few sessions in one stage or transitioning to the next.

The warm-up stage is marked by the child's uncertainty about the counseling relationship, testing of limits, and the establishment of trust (Guerney, 2001). For example, a child may repeatedly question what he or she is allowed to play with or what the counselor will reveal about the sessions to the child's teacher and parents. Following the warm-up stage, in which safety is established, children often begin dealing with some of the difficult issues in their lives. This stage, the aggressive stage, is marked by an increase in aggressive behaviors of both physical and verbal demonstrations, such as yelling, stomping, defiance, or throwing things (Guerney, 2001). As children move away from aggressive behaviors, developmentally regressive behaviors such as acting like a baby or exhibiting helplessness often appear in the regressive stage (Guerney, 2001). In the final stage, mastery, children verbally express or use play to express their confidence in themselves (Guerney, 2001). During this stage marked by independent behaviors, children may competently play in age appropriate activities or may act out feelings of competence such as that of a superhero.

Challenges and Limitations in Play Therapy

Many challenges in play therapy are due to misconceptions about the play therapy process. For instance, a common concern about play therapy is the cost for supplies that are needed to conduct play therapy. However, expensive, fancy toys and supplies are not necessary. Most items (art supplies, dolls, clay, etc.) can be purchased at local general stores. Due to space constraints, many school counselors may struggle with setting up a play therapy environment. Landreth (2012) suggests creating a mobile play therapy kit that is easily transportable to different rooms and even different schools and that can be used for individual and group counseling. Another common misconception is that play therapy is only appropriate in elementary school settings. As previously mentioned, play therapy can be an extremely effective method of counseling when working with adolescent students. Developmentally appropriate play therapy tools are necessary for use with adolescents. The play therapy environment provides a safe place for adolescents to express and explore their feelings and experiences. Time constraints may be another concern in play therapy in the school environment. Sessions can be structured around non-academic times during the school day. Play therapy sessions in time periods as short as 30 minutes can be successfully applied in the school setting. A recent study reported the significance and effectiveness of 30-minute play therapy sessions in the school setting with first-grade children struggling in reading (Blanco & Ray, 2010).

PROFESSIONAL SCHOOL COUNSELORS CAN EASILY CREATE THEIR OWN PLAY THERAPY KITS. A VARIETY OF TOYS IS NECESSARY BUT A LARGE QUANTITY IS NOT.

A challenge for counselors when providing play therapy is to allow children to struggle in tasks or to express difficult feelings of sadness or shame. Adults may feel uncomfortable allowing children to play out difficult feelings and may feel the need to immediately comfort, negate, or rescue. In a similar way, adults often have difficulty allowing children to play independently and to struggle in some aspects of play. Many adults feel that they need to immediately help or fix children's problems. However, providing an environment of safety where children can struggle to successfully complete tasks promotes independence and empowerment. Allowing students to direct the counseling session is another common difficulty. Adults have a natural inclination to direct and help. However, allowing and encouraging students to make their own decisions enables students to grow in self-esteem and independence. It is during difficult times, in a safe environment, that students become empowered and grow in self-reliance and self control. School counselors also grapple with adhering to the least restrictive therapeutic environment in play therapy. While limit setting is a major tenet of play therapy, schools often have rigid rules to keep a classroom in order. Learning to show restraint in restricting or helping and to be aware of times in which limits must be enforced can be difficult to determine. Tracking, or "putting into words what the counselor sees and observes the child doing" (Landreth, 2012, p.191), may feel awkward as counselors begin their practice, yet tracking communicates to children that the counselor is present, aware, and accepting, which promotes security and the safety to explore difficult issues.

CASE STUDY

Following is a fictional case that is derived from a composite of actual cases in which a professional school counselor, Ms. Kenya, applies play therapy in a school setting in working with Danielle, a 9-year-old student.

Danielle is a 9-year-old African-American female in third grade who was referred to the school counselor by her classroom teacher. Her teacher reports that Danielle's grades and behaviors have drastically deteriorated in the past month. As a student with average test scores and above-average grades, Danielle has been an active, participating student in class in the past. Recently, Danielle has been vacillating between daydreaming in class and having small outbursts when redirected by her teacher. In addition, Danielle has been struggling socially

with her peers. Danielle is very close to a small group of girls that she has known since she moved to this school district in first grade. Recently, she has been struggling with her friends and exhibiting behaviors marked by verbal fights, playing alone, and/or refusing to talk to anyone. Her teacher contacted her mother to discuss the recent changes in Danielle's behavior. Her mother reported that Danielle's father recently left the home and has not returned or contacted the family. Her mother stated that, prior to leaving, Danielle's father had been verbally abusive to Danielle and her three younger sisters, and that they witnessed domestic violence between their parents. Currently, Danielle lives with her three younger sisters, her mother, and her grandmother. The school counselor contacted the parent by phone and received written permission to meet with Danielle. Danielle's mother shared that Danielle has become very withdrawn and quiet at home and has not shown interest in activities she usually enjoys including her dance classes and playing with her younger sisters. The school counselor scheduled Danielle for 30-minute individual weekly meetings after consulting with the classroom teacher about the best times of day to meet with Danielle in order to miss a minimum of academic time.

During the first session, which fell within the warm-up stage of child-centered play therapy, the goal was to introduce Danielle to the counseling environment. Although Danielle was familiar with the school counselor, Ms. Kenya, from classroom guidance lessons, it was still important to set a foundation of acceptance, freedom to express feelings, and necessary limits in the counseling setting. During the first meeting, Ms. Kenya sat at a small table with Danielle and explained that Danielle's mother and teacher were concerned about Danielle since her father moved away from the home. Ms. Kenya explained the boundaries of confidentiality. Ms. Kenya broadly gestured around the room and stated, "This is a play area and you are welcome to play with all the toys." She pointed to a large digital clock on the wall and said, "We'll meet each week on Tuesdays at 1:00 until 1:30. This is your special time with me in the counseling playroom." This introduction encouraged Danielle to begin leading and emphasized the freedom that Danielle has to choose which, if any, toys to play with and to choose how she would like to play with these toys. Small but important limits also were set in providing Danielle with the day and times of their meetings.

During this first session, Danielle tentatively explored the playroom. As she picked up some art materials, she stated, "I need some paper." Ms. Kenya responded, "You would like to have some paper to use. The paper is right there next to the paint." Danielle asked, "I need you to get it for me? I don't know how to get it." The school counselor said, "You are worried that you can't get the paper. I think you can get it. It is right there (pointing at the paper stack)." Many adults may want to immediately respond by helping children as they struggle with tasks. However, in child-centered play therapy, it is important to create a supportive environment that is reflective of the belief in children's abilities to problem solve which helps promote empowerment and mastery. As the school counselor provides support, yet allows Danielle to struggle and to make her own decisions, Danielle can grow in self-confidence and self-reliance. Danielle slowly walked over to the paper stack and pulled out a piece of paper and began drawing on it with magic markers. After a few minutes, she looked at Ms. Kenya and said, "Look at my picture." Ms. Kenya replied, "I can see that you have drawn a big picture." Danielle pointed at the picture and said, "That's my friend Shayla." Danielle took out a marker and scribbled over the picture of Shayla and looked expectantly at Ms. Kenya. Ms. Kenya responded in stating, "I see that you've drawn on your picture of Shayla." Danielle put the marker in her fist and began pounding the marker all over the paper and stopped to look at Ms. Kenya. Ms. Kenya said, "You seem angry and are hitting the paper." Danielle continued to hit the paper with the marker in her fist and eventually stopped and looked at Ms. Kenya with tears in her eyes. She said, "Shayla doesn't like me anymore. She left me on the playground when I was talking to her. She isn't my friend." Ms. Kenya reflected Shayla's feelings in stating, "You think that Shayla doesn't like you anymore because she didn't play with you and instead played with other people. I can see that you are sad." Danielle raised her fist high in the air with the marker and slammed it on the paper and yelled, "I hate her. I hate people who don't talk to me. They are stupid." Ms. Kenya responded by gently stating, "You feel anger towards people who don't talk to you when you need them." Danielle slowly nodded and picked up a new piece of paper and decorated it with items such as rainbows, hearts, and stars for the rest of the session.

As Danielle continues to meet individually with the school counselor and her comfort increases, she moves from the warm-up stage to the aggressive stage of child-centered play therapy and begins to challenge limits. For

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example, Danielle has difficulty leaving the counseling office and returning to class. She whines and clings to the counselor stating that she does not want to go back to class and that she wants to continue to play. The school counselor responds, "You want to stay here and play. However, our time together is over for this week, and we will see each other again next Tuesday. It's time to go back and continue learning in your class." It is important for a school counselor to adequately prepare the student to transition from the counseling session back to the classroom setting (Landreth, 2012). Ms. Kenya does this by noting the time on the clock at the beginning of the session with Danielle, and by giving Danielle a 10 minute countdown until the end of the session, and then a 5 minute countdown, and finally again at one minute remaining. For times that Danielle expressed intense emotion in the session, Ms. Kenya allowed time for Danielle to relax before heading back to class.

It is not unusual for difficult feelings such as frustration, anger, and sadness to arise in a play therapy session. For Danielle, feelings regarding the absence of her father appeared during the third meeting. Danielle was painting and began painting black lines over her picture stating, "I hate this picture. It's not right. I can't do anything right." The school counselor tracked Danielle's actions, attaching them to a feeling word: "You are frustrated because your picture doesn't look the way you wanted." Danielle pulled the paper off the easel and began ripping the paper and throwing it around the room screaming, "I hate this." Often, when a child struggles with separation from a parent, he or she may react with aggressive behaviors as seen with Danielle's difficulties with her friends. The counselor responded, "I can tell that you are frustrated and angry and you feel like throwing something." Danielle balls up part of the paper and acts as if she is going to throw it at the counselor's face. Utilizing the technique of therapeutic limit setting, the counselor stated, "It's okay to throw your paper in the trash and around the room, but you cannot throw things at other people." Danielle slowly lowered the paper and exclaimed, "This is my paper and I can do whatever I want with it." The school counselor acknowledged her feelings and her choices in responding, "That is your paper, and you can choose to do what you would like with it. You can draw on it, rip it up, and throw the paper." By Ms. Kenya's accepting Danielle's feelings and allowing her to express these feelings, while setting limits in a safe environment, Danielle can feel accepted, more aware of her own feelings, and can begin to feel more confident and empowered.

> FOLLOWING THE WARM-UP STAGE, IN WHICH SAFETY IS ESTABLISHED, CHILDREN OFTEN BEGIN DEALING WITH SOME OF THE DIFFICULT ISSUES IN THEIR LIVES.

Following the aggressive stage and moving to the regressive stage, Danielle began to engage in behaviors developmentally immature for a 9-year-old. For example, in playing with the doll set, she began crawling on the floor and talking in a baby voice, saying, "Danielle needs to go night-night. Danielle is tired. Danielle needs her blanky." Ms. Kenya responded, "You are tired and want to go to sleep. You would like to have your blanky to go to sleep." Danielle reached for a baby and crib in the doll set and said, "I am a baby. See me in my bed (puts baby in the bed). Ms. Kenya responded, "You would like to be a baby in your bed. You put that baby in her bed." "I want my passy (pacifier) and my blanky. Waaa…waa (making crying sounds). The baby is sad and crying," Danielle said. "You are sad and there are things that you want and you feel like crying." Danielle said (in a baby whisper),"I want my mommy." She paused for a moment and looked up and said, "And my daddy." Ms. Kenya stated, "I can see that you miss your mom and your dad." Danielle played with the dollhouse for a while without making eye contact with the counselor and without saying anything. Slowly she said, "He hurt my mommy…I hided under the bed. My sisters were all crying, too. He said 'shut up' and some bad words and kicked our TV and slammed our door. My mommy screamed at him to not come back." Ms. Kenya replied, "You were scared and hiding because he was hurting your mom and breaking things in your house. Your sisters were scared too. Your mom told him to not come back and he left your house." Danielle played silently for a while and then smiled and said, "But I am brave. I am smart. I am not mean. I don't say bad words." Ms. Kenya replied, "You are proud of how brave and smart you are, and that you are nice and don't say bad words." Danielle smiled a huge smile and continued to play with the dollhouse. In the supportive and accepting environment provided through child-centered play therapy, Danielle has discovered her own internal strength and has constructed organized meaning of a complex situation.

During the final stage, mastery, Danielle exhibits behaviors that reflect her sense of mastery over her feelings in comparison to her feelings of anger controlling her, which were expressed prior to counseling in fighting with other classmates and disrespect towards her teacher. Throughout her sessions with the school counselor, Danielle was able to express her feelings in an accepting and safe environment, which allowed Danielle to develop confidence in and acceptance of herself. In the final stage, Danielle communicated her sense of mastery through play. She engaged in independent, age-appropriate play. Using art supplies, Danielle created a picture and stated, "Look at my picture of my family. Look at how helpful I am (pointing towards picture). I am help-

ing my sisters clean the kitchen. My mom loves it when we help out." The school counselor reflected and reinforced her feelings of pride in stating, "You are proud that you are helpful at home and that your mom really likes it when you help." Danielle said, "I help my friends at school too. When we are on the playground, Shayla and I don't say mean words to each other." Ms. Kenya stated, "Ahhh, you are also proud of how helpful and nice you are at school with your friends like Shayla." Danielle continued to draw more pictures and drew one to take to Shayla. Danielle continued to work with the school counselor over the course of a few more weeks. During this time, Danielle continued to grow in her feelings of independence and comfort in expressing her feelings. Her teacher and mother reported that her behaviors with friends, her behavior at home, and her academics have improved.

SUMMARY

Through the natural language of play, children and adolescents communicate feelings, thoughts, and experiences. Play therapy provides a culturally sensitive approach in counseling as it transcends boundaries such as language, ability, and socio-economic status. Schools provide an ideal setting for play therapy, as all children have access to school counselors. Research supports play therapy as an effective intervention for a variety of needs in schools including behavioral difficulties (Cochran et al., 2011; Flahive & Ray, 2007; Garza & Bratton, 2005), self-efficacy (Fall et al., 1999), self-esteem (Baggerly & Parker, 2005), family change, grief, trauma (Kot & Tyndall-Lind, 2005), and academic concerns (Blanco & Ray, 2010).

Child-centered play therapy (CCPT) is a theoretical approach to play therapy that is rooted in person-centered therapy and is based on the belief that everyone has the innate ability to strive towards self-actualization within a safe and nurturing environment (Axline, 1947). CCPT provides a safe, encouraging, trusting, and supportive environment, which encourages children and adolescents to increase self-awareness and to respect, express, and accept their own emotions. Through this process, self-confidence increases and children and adolescents gain self-control and independence. Professional school counselors can enter children's worlds and help them strive towards self-actualization through the use of play and toys as a common language. ■

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