I. Introduction

• “Play therapy: Bouncing with the Basics is an upbeat, entertaining introduction to play therapy. Dr. Jennifer Baggerly is a Licensed Mental Health Counselor – Supervisor, A Registered Play Therapist – Supervisor, an Associate Professor in Counselor Education at the University of South Florida, and an expert in play therapy and trauma with over 12 years experience in working with traumatized children and families. In this video, Dr. Baggerly, her puppets, and child actors explain (a) the definition, (b) rationale, (c) principles, and (d) basic skills of play therapy. After watching this video, viewers will be intrigued and motivated to further develop their play therapy skills.”

• Dr. Jennifer Baggerly. Based on my extensive training, experience, and research, I have seen solid evidence that play therapy helps children resolve emotional, social, and psychological difficulties caused by typical developmental problems such as fighting or separation anxiety, upsetting family changes such as divorce or death, or traumatic experiences such as abuse or natural disasters.”

• Leader’s Question: What are your initial beliefs about play therapy?

II. Definitions of Play Therapy and Child-centered Play Therapy

1. Jennifer: “Let’s start with defining play therapy. Shep and Sugarloaf, will help me?”
2. Shep: “Yes, I really like play therapy.”
5. Sugarloaf: “What is play therapy?”
6. Shep: “Play therapy is a way of using toys to counsel children. Just like therapists use talk to counsel adults, play therapists use toys to counsel children.”
7. Sugarloaf: “So they just sit there and watch them play?”
8. Shep: “Well, Sugarloaf, from a child’s perspective that might be what it seems like. But just like a doctor has in-depth knowledge of physiology and medicine when she ‘just’ asks questions and then writes something on a piece of paper, a play therapist has in-depth knowledge of child development, psychology, and therapeutic principles and procedures to help heal a child’s heart and soul.”
9. Sugarloaf: “Oh, so it is more than just playing?!”
10. Shep: “Yes, Sugarloaf. Let’s check out the Association for Play Therapy’s definition of play therapy at www.a4pt.org. Right here, APT defines it as "The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development." [Cut away to APT website and screen definition.]


12. Shep: “Sure, Sugarloaf. First, therapists must be trained in play therapy. They use a certain theory to guide them. Their process is to establish a relationship with the child through play. The therapeutic powers of play help the child resolve problems. Then the child can grow healthy.”

13. Sugarloaf: “So what are these theories? I’ve heard of a ‘conspiracy theory’ before. Is that one of them?”

14. Shep: “No, no. There are lots of different play therapy theories: Child-centered, Jungian, Adlerian, Cognitive-Behavioral, and many more.

15. Sugarloaf: “Let’s just bounce into the basics. Tell me about one of them.”

16. Shep: “O.K. According to a recent Association for Play Therapy and American Counseling Association survey, most play therapist use child-centered play therapy.”

17. Sugarloaf: “Child-centered? What about Puppet-centered!!” (Giggles)

18. Shep: “Very funny, Sugarloaf.” Check this out. Garry Landreth, stated that child-centered play therapy is “a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child’s natural medium of communication, for optimal growth and development.” (Landreth, 2002, p. 16).

19. Sugarloaf: “Oh, now I get it. Play therapy is about the relationship. Play materials, like toys and puppets, help build that relationship, help the child communicate, and learn ways to get better.”

20. Shep: “Yes, Sugarloaf, you got it!”


- **Leader’s Question:** How does play therapy differ from other types of children’s mental health interventions?

III. Rationale for Play Therapy

- Jennifer: “What are the reasons for providing play therapy? There are four important reasons.”
A. Developmentally Appropriate
   i. The first reason for providing play therapy is that play is widely recognized as the most developmentally appropriate approach for children. Bredekamp, a leader in the National Association for the Education of Young Children, stated that the work of Piaget (1950), Montessori (1964), and Erikson (1963) indicate that children acquire knowledge about their worlds through playful interaction with objects and people. [Cut away to a child pouring sand into a cup.]
   ii. Children do not have the same cognitive abilities as adults. Piaget (1962) found that children do not develop formal operations, or the cognitive ability for abstract thinking and reasoning, until about the age of 12. This is why many children misunderstand figures of speech. When an adult says, “that army of ants is so big, they will carry you off with the cake,” the child may actually think that ants have little guns and will literally tie them up and carry them off. [Cut away to a picture of ants with guns carrying off a small boy.]
   iii. When I was just starting as a counselor, I observed this difference in children’s cognitive ability. I thought I developed a brilliant idea of using string to illustrate how problems develop. I showed a bright 12 year old girl how to make a “cat in the cradle” with a string and then showed how quickly it could become tangled up. I asked if anything in her life became tangled. She said, “Yes, my parents are getting a divorce” and went on to talk about how her life is now tangled up. I was so pleased with my “brilliant idea” that I tried the same approach with a 7 year old. I showed her the same “cat in the cradle” and asked her if anything if her life has become tangled. She looked confused and then said, “Yes, sometimes my shoe strings get knots in them.” So much for my brilliant idea! I should have listened to Piaget who said, “Play bridges the gap between concrete experience and abstract thought.

B. Meaning in Play
   i. The second reason for providing play therapy is that there is meaning in children’s play. Froebel (1903) said “children’s play is not mere sport. It is full of meaning and import.” (p. 22). Play is the natural language of children. Landreth said, “Toys are children’s words and play is their language.” Children frequently use dolls or toy soldiers as their words to communicate what occurs in their household. For example, one three year old girl was playing with the mommy doll, daddy doll, and baby doll in the play house. She took the daddy doll and half the furniture out of the play house. Then she made the baby doll run around the house yelling, “daddy, daddy, where are you?” So what do you think was happening in this child’s world? Yes, her parents were in the middle of a divorce.
ii. Children often repeatedly reenact a specific traumatic event in their play (Terr, 1990). Anna Freud observed children in London using toys to reenact the bombings they witnessed during World War II. Many children who witnessed the September 11th terrorist attack in New York repeatedly built two towers with blocks, flew planes into them, and used army men to dig through the fallen blocks. Children play out their stories in an attempt to master these frightening images. According to Piaget (1962) this symbolic play helps children reconstruct their crisis experience and resolve internal conflicts. However, Terr found children do not stop their post-traumatic play until they reach an emotional understanding of their experience. Play therapists help children develop this needed emotional understanding.

C. Evidence-Based Treatment
   i. The third reason for providing play therapy is the growing evidence base that play therapy is an effective treatment in resolving a variety of children’s problems. Research demonstrates that play therapy has decreased symptoms in children who experienced various traumatic events such as domestic violence (Kot, Landreth, & Giordano, 1998), sexual abuse (Costas, 1999), homelessness (Baggerly, 2004), incarcerated parents (Landreth and Lobaugh, 1998), and natural disasters (Shen, 2002). Ray, Bratton, Rhine, & Jones’ (2001) meta-analysis of 94 play therapy outcome research studies showed a large positive effect of .80 on treatment outcomes, indicating substantial change in children. Further information on research outcomes is summarized on the Association for Play Therapy’s webpage, [www.a4pt.org](http://www.a4pt.org).

D. Children Like It
   i. Although there are many other reasons for providing play therapy, the last one I would like to mention now is straight ford and simple – Children love coming to play therapy! From a child’s perspective, it is boring and aggravating to just sit in an office with a counselor who asks them questions. From a counselor’s perspective, it is frustrating and baffling to try to get verbal responses and understanding out of children. Traditional talk therapy just is not appealing to children and can be disastrous! On the other hand, children enjoy coming to a play therapy, which is clearly catered to their interest.

   ii. To explore this difference, try this art activity. Draw a picture of how you think a child views traditional talk therapy. Then draw a picture of how you think a child views play therapy. Finally, draw a picture of what it would take for you to transition from traditional therapy to play therapy.

   • **Leader’s Question:** What do you believe are the most important rationale for play therapy and other types of children’s mental health interventions?
IV. Principles
A. Landreth’s (2002) View of Children (p.54):

Jennifer: “Let’s bounce into the basic principles of play therapy. In order to make sense of basic skills, it is essential to explore certain views of children and guiding principles. Landreth highlighted some important views of children.

i. “Children are not miniature adults.” As we discussed before, children do not have the cognitive ability, or even emotional control or moral reasoning that adults have. Yet, some people treat children as if they were little adults. Some parents expect three year old children to sit still in a two hour long religious ceremony without wiggling or being distracted. Some counselors expect five year olds to explain why they keep kicking their foster parent. These inappropriate expectations assume children are miniature adults, rather than children who have short attention spans and limited cognitive ability.

ii. Children are unique and worthy of respect. Some children are slow like an elephant and some are fast like a cheetah. Each child has a unique personality and different experiences and needs respect and acceptance for who he or she is as a person.

iii. Children have an inherent tendency toward growth and maturity. Children have an internal wisdom. They desire to grow strong and belong. They want to know they are a contributing part of the community at home and school. This desire may be masked by disruptive attitude and behaviors due to discouragement, but the desire is still there.

iv. Children will take the therapeutic experience to where they need to be. Children have their own sense of when and how they will address issues. Much of this depends on their sense of safety. Rushing the process will only delay the progress.

B. Roger’s Core Conditions

i. Along with this view of children, core therapeutic and theoretical principles must also be considered. “Carl Rogers (1951), the psychologist who developed person-centered therapy, stated that in order for therapeutic change to occur, the counselor must create a safe environment through three core conditions: (1) genuineness or congruence, which means without front or façade but openly being the attitudes and feelings experienced in the moment; (2) warmth or unconditional positive regard, which means an outgoing positive feeling without evaluating or judging another; prizing the person just as they are; and (3) empathy, which means “sensing and communicating the feelings and personal meanings the person is experiencing in each moment.”
C. Axline’s Eight Basic Principles (Axline, 1969, p. 73 & 74).

1. Jennifer: Virginia Axline, author of *Dibs: In search of self* and *Play Therapy* first published in 1947, applied Roger’s core conditions to her work with children and developed eight basic principles of play therapy. Shep and Sugarloaf will explain these principles.

2. Sugarloaf: It’s my fate to say the eight! I just can’t wait. Where’s my mate?!


4. Sugarloaf: “1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.” What?

5. Shep: That means to be friendly and caring, believing the best about the child.

6. Sugarloaf: “2. The therapist accepts the child exactly as he is.” What if he bites?

7. Shep: “He might bite. But the therapist has empathy, understands, and truly appreciates the child even through the pain!

8. Sugarloaf: ”3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.” Even hate? My mommy said I’m not supposed to hate anyone.

9. Shep: “Yes, even hate and anger. Children may need to express it so they can resolve it or at least manage it.”

10. Sugarloaf: “4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.” Sounds like what a mirror does.

11. Shep: “That’s true, Sugarloaf. The therapist is like a mirror that reflects feelings at levels of the child’s awareness and below so the child can accurately acknowledge and assimilate them; just like seeing in the mirror that your collar is not straight and then making the needed change.”

12. Sugarloaf: “5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child’s.” Are children really capable of doing that? Don’t they need a dog trainer to tell them what to do?

13. Shep: “Some therapist seem to act like dog trainers but respecting children’s own ability to solve problems increases their self-confidence and internal locus of control; their ability to trust themselves to figure things out in the future

14. Sugarloaf: “6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way;
the therapist follows.” I like leading the way but I don’t like being on a leash.

15. Shep: Children will lead their play in the direction they need to go when they are ready. They aren’t on a leash that restricts them. The therapist gives them the signal to lead by saying at the beginning of the playtime, “In here you can play with all the toys in many of the ways you would like to.”

16. Sugarloaf: “7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.” I like that one but I bet those managed care people don’t!

17. Shep: In each session, the therapist actively provides therapeutic responses at a rate that matches the child and creates the conditions for growth. Just like you can’t rush a butterfly from coming out of their cocoon, you can’t rush a child to grow.

18. Sugarloaf: “8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.” Limits. Yes, I feel safer when there is a gate that protects me from going too far.

19. Shep: And children feel safe when the therapist calmly sets limits only when needed and not before. You really seem to understand these 8 basic principles, Sugarloaf. Let’s bounce off and get a snack!

20. Sugarloaf: “Yippee. I love snacks!!”

• Leader’s Questions: When considering Axline’s (1969) Eight Basic Principles (see below), which principles will be easiest for you and most difficult for you to implement? Do you strongly agree or disagree with any of the above listed principles?

V. Basic Skills For Play Therapy Session
   A. Basic Skills: Differing Approaches Based on Purpose
   • Jennifer: Basic skills for play therapy sessions differ from basic skills of other activities a school or community mental health counselor may conduct. During crisis intervention or large group guidance, counselors tend to use a more directive approach by employing play therapy techniques. For example, when Shep, Sugarloaf, and I went to Sri Lanka with the Association for Play Therapy to provide Tsunami relief for children, we worked with large groups of children and provided directive play therapy techniques such as (1) scripted puppet shows that normalized children’s reactions to the tsunami; (2) Q-card sort games to identify misunderstandings or cognitive distortions about the tsunami; (3) self-soothing activities like the butterfly hug; and (4) art activities such as making coping bracelets that depicted coping strategies. During crisis intervention or psycho-educational groups,
many play therapists use therapeutic story-telling, art therapy activities, cognitive behavioral games, and other directed activities that are described in books such as 101 Favorite Play Therapy Techniques by Kaduson and Schaeffer.

B. Child-centered Play Therapy Basic Skills

- Jennifer: The skills of Child-centered play therapy are based on Axline’s eight basic principles. These non-directive, but active child-centered play therapy skills are used in an ongoing process of individual or small group play therapy sessions. I’ll explain and then demonstrate each skill. These skills are more thoroughly explained in Garry Landreth’s book, “Play Therapy: The Art of the Relationship.”

1. **Create a safe, inviting play room** by selecting, not collecting toys. Ideally, therapists will have a separate playroom with low shelves, bright colors, and pictures hung at children’s eye level. This communicates that it is a place for children. However, some therapists do not have the budget or consistent space to do this. For example, when I first started the play therapy program at Metropolitan Ministries Homeless Shelter in Tampa, Florida, I frequently moved from one room to another and did not have any budget for toys and materials. I found the most important element was to maintain consistency by displaying the same set of toys in the exact same arrangement each time the child arrived. I started out with no more than a basic play therapy kit and gradually added items as funding permitted. How do you select toys? Landreth recommends three categories of toys: (a) The first category is real life toys such as doll families and baby dolls that match the ethnicity of children you see, baby bottles, puppets, cars, emergency vehicles, play money, dishes, toy cell phones, and a medical kit. Think of what children can express with this doll. (b) The second category is acting-out aggressive-release toys such as a bop bag, toy soldiers, jungle and zoo animals, an alligator, snake, rubber knife, dart gun, lone ranger type mask, handcuffs, and a nerf ball. Think of what children express with these handcuffs. (c) The third category is creative expression or emotional release toys such as Play-doh, crayons, paper, costume jewelry, cape, pipe cleaners, blocks, a small sand tray, and a bottle of water. Think of what children express with this play-doh.

2. **Tracking Behavior**: Child-centered play therapists frequently begin the first play session with a statement, “in here, you can play with all the toys in most of the ways you would like.” From that moment on, play therapists track a child’s behavior by making statements of what the child is doing. “You are standing right there, looking at all the toys.” “You choose to move that car into the sandbox.” “You are moving that through
the air right next to my head.” Notice these are statements, not questions. The purpose of this skill is to convey to the child that you are in-tune with what they are doing and expressing. This helps increase the child’s awareness of their behavior and their importance. Your rate of tracking should match the rate of the child’s actions. However, you should not be like a sports announcer saying something for every move. Rather, the rate may range from one response every 15 to 60 seconds depending on the activity level of the child. If the child is energetically punching the bop bag, your response of “Got it right in the nose” may occur after 15 seconds. If the child is slowly coloring, your response of “you colored the bottom part blue” may occur after 60 seconds. Let’s look at how I track behavior with these children.

3. Reflecting Feelings and Content: Whenever you see an emotion on the child’s face or sense an emotion from the child’s actions or words, reflect the feeling using the same intensity level and tone in a short simple statement such as “You’re happy making those bubbles float up high” or “You are angry that your brother spit in your birthday cake.” Again, notice that it is a statement, not a question. If you know enough to ask a question, then you know enough to make a statement. Making the statement helps the child feel understood and increases the child’s connection between their visceral experience of a feeling and the feeling word. If you are off target, the child usually corrects you. Reflect content when the child tells you something (verbally or through action). For example, the child may tell you a long story about following her mom around the store. You reflect the content with, “You tried to stay as close to your mom as you could.” If the child uses a doll, puppet, or other toy to do something, state the reflection about the toy so as to respect the child’s attempt to distance herself from the action. For example, “the dog is so angry it hit the alligator.” Let’s look at how I reflect feelings and content with these children.

4. Returning Responsibility & Facilitating Creativity: Remember, during the entire play therapy session, the child is in the lead and the play therapist follows. Many children are not use to this type of permissiveness and will ask you what to do. In order to return responsibility, you can say “In here, you can decide what to do” or “Sometimes it’s hard to know what to do but you can choose to play with all of these toys in most of the ways you would like.” Sometimes children will ask you to do things for them that they are capable of doing themselves, such as opening a can of play-doh. Return responsibility to them by saying, “That’s something you can try.” If the child
really needs help, then state “show me how to help you” or “show me what to do” so that they continue to be in the lead throughout the process. Facilitating creativity occurs when you return to the child the responsibility of labeling, naming, or using something. For example, when the child asks “what’s this,” you can reply “in here, you can decide.” If the child asks, “what’s your dogs name, state, “in here, you can name the dog.” If the child asks, “what is this for,” you can reply “you can use that in almost anyway you like.” These responses free the child to use their imagination and creativity. For example, some children turn a baby bottle into a rocket. The play therapist can respond, “You decided it is a rocket!” Some children spell cat “kat” just to see if you will correct them. The play therapists can respond, “You can spell anyway you want in this room.” Often children will ask you to play with them. In order to keep them in the lead, ask “what would you like me to do” and “how should I do it” and then comply with their directions. If they say, “act like a teacher,” try the whisper technique and whisper, “what should I say?” Let’s look at how I return responsibility and facilitate creativity.

5. **Encouragement**: As opposed to praise which focuses on the end product, encouragement focuses on the effort the child makes during the process. Child-centered therapists do not praise by saying “good job” because this is evaluative and judgmental and promotes an external locus of evaluation. Rather, play therapists try to facilitate an internal locus of evaluation through encouraging statements such as “you are really working hard on that,” and “you know a lot about dinosaurs.” Encouragement is also used after returning the responsibility for the child to try something themselves. Statements such “you knew to put your finger right there” and “you already have half of it off” let the child know you are with them in the struggle and have faith that they can do it. If the child becomes discouraged, reflect their feeling “you’re really discouraged” and add “but you’re still trying” and perhaps “you’ll figure it out as much as you need to.” Let’s look at some statements of encouragement.

6. **Building Self-Esteem**: Nothing is more satisfying to a child than finally accomplishing or figuring out something on her own after a long struggle. This is a time to build the child’s self-esteem by exclaiming “You did it! You are so proud of what you did.” Notice the emphasis is “YOU” are proud, not “I” am proud. YOU are proud facilitates internal locus of evaluation, as opposed to external locus of evaluation. Building a child’s self-esteem helps him trust his own internal wisdom so he will be stronger to take a stand against peers or others.
who try to dissuade him against his own values. Other ways to build a child’s self-esteem are to reflect qualities she exhibits such as “you are being creative with your drawing” or “you are strong lifting that over your head.” Let’s look at ways I build self-esteem with these children.

7. **Facilitating Understanding and Enlarging the Meaning:**
Like adults, children seek to be understood and to find meaning in their experiences. When a child feels understood and finds meaning in his story, many emotional and behavioral difficulties may be resolved. For example, a 3 year old boy was about to be permanently removed from daycare for biting other children. In the playroom, he used the toys to play out a scene of a monster biting things because he was hungry. I facilitated understanding by saying “the monster has reasons for biting; he’s hungry; he really needs something important.” I enlarged the meaning by saying, “sometimes monsters and others bite because they don’t know what else to do to get what they need; seems like they wish they knew another way.” After several sessions, this boy transformed his play of monsters into play with Gumby. He no longer bit children at daycare. When play therapists are with children after several sessions, they will notice common play themes such as aggression/power, family/nurturance, and safety/security (as identified by Helen Benedict, 1995) and will develop a more in-depth understanding of the child’s world. At this point, play therapists can facilitate understanding of the child’s needs, perspective, intentions, experiences, motives, and play themes. For example, stating a child’s intention and play theme via “You want to be more powerful than the monster so you’re throwing everything around to be safe” helps the child to understand his own behavior so he can start to find more constructive ways of feeling powerful and staying safe. Play therapists can enlarge the meaning of children’s play by connecting the immediate here and now play in the playroom with their experiences outside the playroom. For example, “you’re fighting hard to keep that monster away; just like you fought hard to keep that bully at school away.” Once a child seems to make meaning of their experiences, some play therapists will provide psycho-educational activities or materials such as story books or social skills training to meet the individual child’s need. Let’s see how I facilitate understanding and enlarge meaning.

8. **Setting Therapeutic Limits:** Child-centered play therapists only set limits when there is (a) potential damage to property, such as cutting hair off a doll or throwing paint on the carpet; (b) potential harm to a person such as shooting the play
therapist with a dart gun or the child hitting herself with a stick; or (c) interruption to the play session such as the child leaving before the session is finished. Landreth suggests the A-C-T model for limit setting. A is for Acknowledging the feeling; “John, I know you are angry.” C is for Communicating the limit; “But, people are not for shooting.” T is for Targeting an alternative; “You can choose to shot the bop bag or wall.” Each part is said calmly but firmly. Each part is necessary to promote understanding of the child’s feelings and to give the child the opportunity to practice self-control by choosing something acceptable. Acknowledge the feeling: “Shuntel, I know you are feeling silly.” Communicate the limit. “But, the paint is not for getting on the carpet.” Target an alternative. “You can choose to keep the paint on the paper or in the can.” If the child does not respond, calmly, but firmly repeat the limit again. If the child still does not respond, state the ultimate limit by repeating ACT and adding “if you choose to keep shooting me then you choose not to play with the gun the rest of the time.” If the child chooses to shoot again, then state, “I see you choose not to play with the gun the rest of the time.” Stand up to get the gun and put it away under your chair or outside the room. If the limit is on something that can not be taken away, then state “if you choose to keep punching the wall, then you choose to end the play session for the day” (or for 10 minutes if it is at the beginning of the session).” Let’s see how I set limits with these children.

**Leader’s Questions:** Which skills correspond with the principles listed above? How will each of these skills facilitate children’s mental health? Which skill do you need the most practice on?

VI. Summary

A. Process/Stages

- Jennifer: “Well, Shep and Sugarloaf. Now that you have watched these basic skills, what questions do you think people will have?

- Shep: “Well, they might wonder when the child will be finished with play therapy.

- Jennifer: “That’s a great question, Shep. Children usually go through certain stages in play therapy. At first, they just tend to explore the toys and check out if it is a safe place to really be who they are. Then they go through a working stage where they address their concerns by re-enacting their story with the toys. For example, many of the children at the homeless shelter re-enacted their eviction from their homes by having the army men throw out the people and furniture in the dollhouse. They
tend to sort through their intense emotions, starting with
generalized negative emotions and then go on to specific,
negative and positive emotions. Telling their story through play
and sorting through their emotions helps them create resolution
to their problems. In the final stage, children usually have more
creative, mastery play such as arts and crafts and less
aggressive play. The play therapists verifies with parents and
teachers that presenting concerns have improved consistently.
Then the child graduates from play therapy and only returns as
needed.

- Sugarloaf: “Oh, oh!!” I know a question. Where do people find out about dog training, I mean play therapy training and treats, I mean toys, books, and stuff.

B. Jennifer: Great question, Sugarloaf. The best way to find out about play therapy training, toys, books, and other resources is to go to the Association for Play Therapy webpage at www.a4pt.org or the Center for Play Therapy at www.centerforplaytherapy.org It looks like it is time for you to go to bed, Sugarloaf. Let’s say goodbye to the people.

C. Thank you for joining us. We hope you are now bouncing with the basics in play therapy. Play well!!!!

- **Leader’s Question**: What actions steps can you take to develop your play therapy skills?
References


Resources

The Association for Play Therapy [www.a4pt.org](http://www.a4pt.org)
The Center for Play Therapy at the University of North Texas [www.coe.unt.edu/cpt](http://www.coe.unt.edu/cpt)
Child Therapy Toys [www.childtherapytoys.com](http://www.childtherapytoys.com)
Oriental Trading Company [www.orientaltrading.com](http://www.orientaltrading.com)
Axline's Eight Basic Principles

1. The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.
2. The therapist accepts the child exactly as he is.
3. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.
4. The therapist is alert to recognize the feelings the child is expressing and reflects those feelings back to him in such a manner that he gains insight into his behavior.
5. The therapist maintains a deep respect for the child's ability to solve his own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.
7. The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognized as such by the therapist.
8. The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of his responsibility in the relationship.

(Axline, 1969, p. 73-74).

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