PLAY BECOMES THERAPY

THE PHASES OF COGNITIVE BEHAVIORAL PLAY THERAPY

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TRAINING IN COGNITIVE BEHAVIORAL PLAY THERAPY

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INTRODUCTION

In 1993, Susan M. Knell pioneered a new approach to assisting children by establishing **cognitive behavioral play therapy**. Drawing inspiration from the ideas of Ellis, Beck, and Bandura, she utilized play as a therapeutic aid. Her objective was to teach children new ways of solving problems and building relationships, based on the premise that children under the age of 8 do not yet possess enough cognitive skills for traditional therapy. Therefore, to tailor the therapy for younger children, Knell adopted play, reproducing life situations for the child using techniques such as *modeling*, *role-playing*, and *desensitization* to help them change their behavior.

1. THE ORIGINS

Initially, it seemed challenging to merge cognitive therapy and play therapy, but in the 1980s, it was discovered that integrating cognitive behavioral approaches with play was promising. In fact, in 1990, Knell and Moore published the first successful case of Cognitive Behavioral Play Therapy (CBPT) with a 5-year-old child. This paved the way for combining cognitive approaches with play therapy for *preschool-aged* children.

Knell's cognitive behavioral play therapy adapts the cognitive theory of emotional disorders to the developmental stages of children. This approach, sensitive to the challenges of child development, demonstrates that its techniques are effective in facilitating adaptive cognitive change in young children. Unlike behavioral therapy, which focused solely on caregivers, cognitive behavioral play therapy addresses all issues related to children with behavioral and emotional difficulties.

Furthermore, this approach takes into account how children are raised and the dynamics of family functioning.

In cognitive behavioral play therapy, behavioral techniques are used that **directly engage** children through play. These are based on the studies of Bandura (1969) and Skinner (1969), who consider observational learning, based on rules and contingencies, as fundamental. Learning through observation, allowing children to learn by watching and copying behaviors, is utilized in play therapy through the use of *puppets*, *storytelling*, and *artistic activities* to create effective examples in behavior change.

The combination of cognitive and behavioral approaches is therefore particularly effective. Cognitive behavioral play therapy, which combines play and therapy, provides a useful model in treating various disorders.

2. PRINCIPLES OF COGNITIVE BEHAVIORAL PLAY THERAPY

In cognitive behavioral play therapy, the principles of cognitive behavioral therapy (Beck & Emery, 1985) are tailored for younger children through play to reflect the specificities of child development.

Some principles of Beck and Emery are fully embraced, others are adapted, and a few are less commonly employed.

The principles of cognitive behavioral play therapy, which are based on the principles of CBT, are:

- **The goal of therapy is the modification of the child's thinking** (cognitive model of emotional disorders): in cognitive behavioral play therapy, the focus is on teaching them more adaptive ways of thinking rather than simply correcting distorted thoughts.

- **The therapy is short-term and time-limited:** cognitive behavioral play therapy emphasizes the swift resolution of problems, helping children overcome difficulties and quickly return to their optimal development.
- **Building a positive therapeutic relationship**: a positive relationship between the therapist and the child is crucial in cognitive behavioral play therapy. Within this therapeutic approach, the therapist creates a safe and welcoming environment for the child.
- **The therapy is structured and directive**: the therapy is organized clearly, but it also allows space for the child to express themselves freely through play. This balance is essential for therapeutic success.
- **The therapy is problem-oriented**: the focus is on identifying and resolving specific problems, separate from symptoms.
- **The therapy is based on an educational model:** in cognitive behavioral play therapy, teaching new ways of coping with

situations is a priority, especially considering that young children often learn through observation.

The principles adapted for young children are:

- **Creation of active collaboration**: there is active participation from the child in the therapeutic process, maintaining a balance between the guidance provided by the therapist and the acceptance of the child's needs. Often, it also involves caregivers to integrate the work between the child and the therapist.
- **Use of a personalized Socratic approach**: direct and understandable questions are used for children ("*I wonder how you feel*"), in order to tailor the approach to their understanding and communication.
- **Hypothesis testing**: this verification process is adapted to be conducted for the child rather than with the child, taking into account the limited understanding of young children.

A principle that is rarely applied to young children is:

- **Homework assignments**: assigning homework to young children in cognitive behavioral play therapy is seldom done. We begin to use this principle from 6 years onwards

3. THE CONFIGURATION OF THE SETTING

When organizing the space for cognitive behavioral play therapy, various authors provide practical advice. For example, Giordano, Landreth, and Jones (2005), Landreth (2002), and O'Connor (1991) have offered guidelines on how to structure the room designated for this therapy. Typically, cognitive behavioral play therapy takes place in a room called the "***playroom***," equipped with traditional materials and toys suitable for direct or symbolic use (Geraci, 2022, 2024). It is crucial that these toys are visible and easily accessible to children.

A crucial aspect is "***predictability***," which involves keeping the toys consistently in the same location, so the child knows where to find them each time they participate in a session. In cases where the child is working on a project or with specific materials such as pictures, personal books, or their creations, it is essential for the therapist and the child to have a secure space to store them, preventing access by other children (Knell & Dasari, 2009).

In situations where children exhibit specific anxieties or phobias, therapy might occasionally be conducted outside the playroom, adopting an in vivo approach. In these cases, *expressive art* materials are chosen based on the specific needs of the children, allowing them to gradually and systematically confront emotionally charged experiences.

In this context, treatment can take place in an environment that closely resembles the feared situation (Knell, 1993; 1998).

4. PLAY MATERIALS

An essential element in cognitive behavioral play therapy involves the **selection of toys and materials during sessions.** It is crucial to choose toys that reflect the children's feelings. Often, playing with such toys helps children connect their behaviors to their respective emotions and express emotions in a healthy manner. To conduct cognitive behavioral play therapy sessions effectively, Knell and Dasari (2009) have suggested the use of a variety of toys, including:

- **Puppets**: such as a dog (to address canine fears), an alligator or shark (to manage aggression), or a turtle (for shy or socially anxious children).
- **Paper and cardstocks of various shades.**
- **Markers and crayons.**
- **Dollhouse with bathroom and bed:** useful for addressing hygiene or sleep-related issues.

- **Set of family figures:** Mother, father, brother, sister, and child, with ethnic/racial diversity.
- **Therapeutic books:** About emotions, anxieties, fears, divorce, or new beginnings at school.
- **Toy cars.**
- **Games to build a therapeutic alliance:** Such as Checkers or Connect Four.
- **Therapeutic games.**
- **Play-Doh.**
- **Lego or other building materials.**
- **Emotional faces.**
- **Stickers related to therapeutic themes.**
- **Dry-erase whiteboard.**
- **Worksheets with pictures of people or animals.**

It is relevant to emphasize that there are circumstances where a particular toy may be indispensable to meet a child's needs. Therefore, it is possible to adapt existing toys, while in other

situations, it may be essential to **introduce a specific toy** into the playroom to address the child's specific challenges.

5. GUIDELINES FOR INTERVENTION

Cognitive behavioral play therapy consists of several phases during treatment. In this approach, the therapist focuses on the child's skills and strengths rather than weaknesses. Play is used as the primary tool, emphasizing the use of language to actively express experiences and emotions, without overly emphasizing complex cognitive skills or difficult verbalizations (Geraci, 2022, 2024). The phases of this therapy include orientation, assessment, case conceptualization, intervention, and therapy conclusion. Each phase is designed to gradually contribute to the therapeutic process, aiding in a better understanding of the child and allowing for targeted interventions.

6. ORIENTATION PHASE

In the initial phase of cognitive behavioral play therapy, significant emphasis is placed on **preparing both the child and the caregivers**. According to Knell (1993, 1998), it is crucial to organize an initial meeting between the therapist and the caregivers, in the absence of the child, to thoroughly review the history and basic information.

This allows caregivers to share their perception of the child's issue. During these initial meetings, following the guidance of Knell and Dasari (2009), the therapist assists caregivers in preparing the child for the first session. Some specific guidelines include:

a) **Communicating honestly**: talking to the child honestly, adapting to their developmental level. Simply describe the caregivers' concerns and the actions taken to seek help, such as talking to a therapist.

b) **Avoiding threatening language**: avoiding threats, lies, or blackmail. Prefer explanations that help the child understand the reason for the meeting and what to expect in the next session.

c) **Normalizing the experience**: emphasizing the child's strengths that will be useful in therapy, trying to make the situation seem normal.

d) **Creating a positive environment:** caregivers can speak positively about the therapist and the practice, creating a welcoming environment for the child.

e) **Using bibliotherapy**: using books to prepare the child for therapy and also to help caregivers understand what to expect (***The world of Doctor Lulù*** - buy on Amazon)

In this phase, the ongoing **role of caregivers** and other significant adults in the child's assessment and treatment process is explained. Knell (1994) emphasizes that despite the focus on the child during cognitive behavioral play therapy, the therapist

continues to interact regularly with caregivers to provide support and assess progress toward therapeutic goals.

7. ASSESSMENT PHASE: UNDERSTANDING THE CHILD

The assessment phase in cognitive behavioral play therapy focuses **on gathering important information to establish therapy goals**. In addition to interviews with caregivers, a crucial aspect is observing the child's play (Geraci, 2022, 2024). Various tools are used during the assessment, including questionnaires administered to caregivers (such as Achenbach's CBCL, 1991), assessment of the child's play, assessment of family play, completion of sentences task with puppets (Knell, 1992; Knell & Beck, 2000), and other customized measures developed by the therapist.

During this phase, the therapist can establish a baseline for the frequency of the child's behaviors, allowing for the assessment of changes in behavior during treatment (Geraci, 2022, 2024).

8. CASE CONCEPTUALIZATION PHASE

The case conceptualization phase in cognitive behavioral play therapy (Geraci, 2022, 2024) begins with the **analysis of data** collected during the child's assessment, aiming **to plan effective treatment** by providing a logical framework to develop and establish therapeutic goals.

It starts by understanding the child's issue, analyzing individual, relational, and environmental factors connected to parental concerns. Emotional aspects, thoughts, physical sensations, and coping strategies are examined. The phase involves analyzing

protective, risk, and maintenance factors contributing to the child's behavior.

9. INTERVENTION PHASE

The intervention phase of therapy focuses on CBT interventions that help the child develop more adaptive responses to problems, situations, and stressors. **The emphasis is on learning more adaptive thoughts and behaviors.**

Methods used in cognitive behavioral play therapy include **modeling, role-playing, bibliotherapy, generalization, and relapse prevention.**

Interventions during this phase are often traditional cognitive interventions adapted through tools that do not rely on language. The child may draw pictures of their feelings, listen to stories about a protagonist, or interact with a puppet facing similar

issues. Through these interventions, the child can **acquire models of adaptive behaviors and coping skills.**

In this phase, the **structuring of play activities** must also be considered. The therapist facilitates this by presenting interventions appropriate to the child's development. Striking a balance between spontaneously generated activities and more structured activities is delicate, although both are essential for the success of cognitive behavioral play therapy. Without spontaneous material, a rich source of clinical information would be lost. Similarly, if the structure and direction of cognitive behavioral play therapy were not present, it would be impossible to help the child develop more adaptive coping skills.

Therefore, the treatment involves both **structured and unstructured modes**, and its planning includes play-mediated interventions aimed at helping the child **generalize** the adaptive behavior learned during sessions to other contexts and work towards relapse prevention. The treatment incorporates a wide

range of **cognitive and behavioral interventions** (contingency management, behavior modification techniques, exposure, relaxation and systematic desensitization, psychoeducation, self-instructions, challenging irrational beliefs, positive self-affirmations, problem-solving, cognitive restructuring) with various play materials used as models to communicate adaptive coping skills and behaviors (Knell, 2009).

Although the work is primarily with the child, it is important to meet regularly with caregivers and dedicate some time at the end of the child's session. This time can be used to monitor the child's progress, assess and intervene in caregiver-child interactions, and provide advice on areas of concern.

It is crucial to teach the child coping strategies that prevent a return to old maladaptive patterns of thinking and behavior (Geraci, 2022, 2024).

10. THERAPY CONCLUSION PHASE

In the therapy conclusion phase, both the child and the family are involved. During this final period, the child addresses feelings related to the end of therapy, while the therapist emphasizes the changes that have occurred and solidifies the learning process.

The **gradual approach** to conclusion aims to reinforce what the child has learned and emotionally prepare them for the termination of therapy. The child is actively engaged through specific activities, information about remaining sessions, and exploration of feelings related to the end of treatment. It is normal for the child to experience conflicting feelings about the conclusion, and the therapist addresses these feelings directly or indirectly.

To facilitate the transition, final sessions can be extended over time, transitioning from weekly to biweekly or monthly meetings. **This helps the child perceive their ability to manage life**

without the therapist. The therapist positively reinforces the child's progress between sessions. It is crucial for the child to perceive the conclusion of therapy positively, attempting to normalize the experience of separation.

Maintaining contact between the child, caregivers, and the therapist can occur through reassurances and practical suggestions, such as sending photos, messages, or short videos. An option suggested is to organize a concluding party in the final session, involving the child in the preparations. The goal is **to celebrate positive outcomes, emphasizing the child's growth and newly acquired skills.**

CONCLUSION

The issue of the effectiveness of psychological interventions for children has been a long-standing topic of discussion, gaining

increased global attention in recent years. There is a growing awareness of the need to address children's emotional issues in a timely manner with specific interventions based on empirical evidence and tailored to their developmental stages.

Cognitive behavioral play therapy appears to be a promising choice as it aligns with the child's developmental level and utilizes play as the primary means of expression and communication. Demonstrated as a valid intervention based on empirically supported techniques, cognitive behavioral play therapy is widely used by therapists for children worldwide. However, there are challenges in its implementation across different contexts and populations.

Play provides children with a natural way to express their emotions. Through play, they can represent complex or challenging situations that may be difficult to verbalize. Additionally, play facilitates the building of a trusting relationship between the child and the therapist. This relaxed and non-

threatening environment allows the child to feel more comfortable sharing thoughts and feelings.

Cognitive behavioral play therapy is flexible and adaptable to the specific needs of each child. The therapist can tailor the treatment based on the child's personality, preferences, and individual challenges.

In summary, cognitive behavioral play therapy works by leveraging the child's natural language (play) to address their emotional and behavioral issues, promoting positive change through experience and creative expression.

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