

Play Therapy for Abused and Traumatized Children

A Bibliography



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Scope

This bibliography lists publications about the use and efficacy of play therapy with abused and traumatized children. This bibliography is not comprehensive. Included are articles, reports, books, and book chapters. Author abstracts are used unless otherwise noted.

Organization

Publications are listed in date-descending order, 1977-2019.

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Play Therapy for Abused and Traumatized Children

A Bibliography

Fourie, A., & van der Merwe, M. (2019). Family play therapy in the context of child sexual abuse in South Africa. *Child Abuse Research in South Africa*, 20(1), 16-27.

This article provides an overview of a family play therapy intervention developed in the design and early development and pilot testing phase of an intervention research process. The family play therapy intervention was implemented with families affected by child sexual abuse (CSA). The families' reflections on how they experienced the family play therapy process and techniques implemented as part of the intervention process, will be described in this article.

Gavin, S., Meany-Walen, K. K., Murray, M., Christians, A., Barrett, M., & Kottman, T. (2019). Play therapists' attitudes toward using technology in the playroom. *International Journal of Play Therapy*, 29(1), 1-8.

The use of technology such as Internet, cell phones, televisions, and video games is a staple part of many children and adults' lives (Harwood et al., 2011; Hull, 2015; National Association for the Education of Young Children & the Fred Rogers Center, 2012). Professionals disagree about the appropriateness of technology in play therapy settings (e.g., Hull, 2015; Landreth, 2012; Ray, 2012). We surveyed 40 registered play therapists or registered play therapist supervisors to specifically address play therapists' attitudes and experiences using technology in play therapy. Support for using technology in playrooms was mixed; we defined and provided examples of the 5 themes that emerged from the interviews.

Goicoechea, J., & Fitzpatrick, T. (2019). To know or not to know: Empathic use of client background information in child-centered play therapy. *International Journal of Play Therapy*, 28(1), 22-33.

Within a decidedly here and now framework, child-centered play therapists face a dilemma regarding use of background information. Gathering a psychosocial history is commonly recommended, but there is little discussion about how to make use of that information within a fundamentally nondirective approach. In child-centered play therapy (CCPT), the therapist does

not direct the focus or content of therapy, nor does he or she aim at changing the child. Rather, the therapist attempts to understand the child from his or her own frame of reference and to accept the child exactly as he or she is in the present moment to facilitate the child's own constructive, creative, and self-healing power. This article explores a tension in the CCPT literature concerning whether or not therapist use of client background information impedes this nondirective, empathic attitude. Theoretical assumptions underlying the debate are examined, and empathy is theorized from a phenomenological perspective as both affective and cognitive, deeply relational, and aimed at understanding the child's present and past experiences. Case examples illustrate circumspect use of client background information consistent with CCPT. The article concludes with training and research implications.

Hall, J. G. (2019). Child-centered play therapy as a means of healing children exposed to domestic violence. *International Journal of Play Therapy*, 28(2), 98-106.

Increasingly, domestic violence is being recognized as a major concern for children today. Hamby, Finkelhor, Turner, and Ormrod (2011) of the U.S. Department of Justice discovered that approximately 8.2 million children were exposed to some form of family violence in the past year and 18.8 million over their lifetime as reported by a national survey. Witnessing physical as well as psychological– emotional violence within the family can cause serious detrimental effects to children. Younger children respond to domestic violence by having higher levels of psychological disturbance and display lower self-esteem than do older children. Likewise, other issues related to mental and physical health may manifest. Additionally, child witnesses of familial violence are taught to maintain the secret of violence; therefore, alternative forms to verbal expression are important in supporting this population. It is imperative that these child witnesses receive interventions that are developmentally appropriate and meet their unique needs. Play therapy has been proven to be a statistically effective means of treating externalizing and internalizing problems in children. Therefore, it is proposed that child-centered play therapy interventions be applied when working with children exposed to domestic violence.

Humble, J. J., Summers, N. L., Villarreal, V., Styck, K. M., Sullivan, J. R., Hechler, J. M., & Warren, B. S. (2019). Child-centered play therapy for youths who have experienced Trauma: A systematic literature review. *Journal of Child & Adolescent Trauma, 12*(3), 365-375.

This systematic review examines the literature on the effectiveness of child-centered play therapy (CCPT) for youths who have experienced traumatic events. Two independent reviewers conducted the search procedures, as well as all data extraction and coding. Seven peer-reviewed articles reporting treatment outcomes were included in the review. As the focus of the review was on CCPT, treatment methods were similar across the seven articles (e.g., use of similar materials). There was also some consistency in findings regarding outcomes related to internalizing problems, self-concept, and self-competence. However, there was significant variability in the outcome measures used to evaluate effects, as well as limitations regarding the study methods that impact the overall conclusions regarding the use of CCPT to treat children that have experienced traumatic events. Treatment recommendations and suggestions for future research are discussed.

Meany-Walen, K. K., & Kottman, T. (2019). Group Adlerian play therapy. *International Journal of Play Therapy, 28*(1), 1.

Adlerian play therapy is identified as one of the most popular approaches to play therapy and has gained attention of researchers in the recent years. Group counseling is desirable in settings in which there is a scarcity of treatment providers trained in play therapy for the number of children in need of services, such as in schools. This article includes a brief explanation of Adlerian play therapy and group play therapy, a description of Group Adlerian play therapy concepts and skills, as well as a case example. Readers will find theoretical and practical applications of Group Adlerian play therapy for their clinical practice and research.

Pester, D., Lenz, A. S., & Dell'Aquila, J. (2019). Meta-analysis of single-case evaluations of child-centered play therapy for treating mental health symptoms. *International Journal of Play Therapy, 28*(3), 144-156.

As the demand for childhood mental health intervention rises, there is a need for increased evidentiary support for developmentally sensitive approaches that address childhood mental health symptoms. Child-centered play therapy (CCPT) has been recognized as one of the most frequently

used approaches for this population due to its responsiveness to cognitive and psychosocial developmental levels. A meta-analysis was conducted to evaluate the degree of effectiveness of CCPT for decreasing common childhood mental health symptoms based on single-case research design (SCRD) data. The systematic search strategy yielded 11 CCPT SCRD studies with 65 total effect sizes that were analyzed to determine omnibus treatment effect. Results indicated CCPT had a moderate effect for decreasing internalizing symptoms, externalizing symptoms, and social skill deficits. This study adds to the evidence base for CCPT incorporating SCRD data into the corpus of CCPT meta-analytic data and provides further support that CCPT should be considered an appropriate intervention to address common childhood mental health symptoms. Based on these results, the authors provide implications for CCPT practitioners and for future directions to build the intervention's evidence base.

Post, P. B., Phipps, C. B., Camp, A. C., & Grybush, A. L. (2019). Effectiveness of child-centered play therapy among marginalized children. *International Journal of Play Therapy, 28*(2), 88-97.

Marginalized children are often excluded from mainstream social, economic, cultural, and political life because of ethnicity or poverty. These children are more likely to have behavior problems that place them at risk later in life. The impact is evident at an early age. The purpose of this article was to review the literature that examined the impact of child-centered play therapy (CCPT) conducted with marginalized children. The literature was reviewed with regard to the results of the studies, the outcome variables used, the identification of who completed the assessments about the children, and the ethnicity of the play therapists who conducted the interventions. The findings demonstrated that CCPT is effective for marginalized children, externalized behaviors are most frequently assessed, teachers most frequently completed the assessments about the children, and the ethnicity of the play therapists is not usually reported. The results are considered in terms of implications for play therapists and future research.

Woodhouse, T. (2019). Play therapy with children affected by sexual abuse. In P. Ayling, H. Armstrong, & L. G. Clark (Eds.), *Becoming and Being a Play Therapist: Play Therapy in Practice* (pp. 189-202).

Yee, T., Ceballos, P., & Swan, A. (2019). Examining the trends of play therapy articles: A 10-year content analysis. *International Journal of Play Therapy*, 28(4), 250-260.

The field of play therapy is rapidly growing and has been recognized as an evidence-based practice. As the field continues to grow, there is an increasing need to examine publication trends in this field to better understand areas of strengths and potential for improvements. To accomplish this goal, we conducted a content analysis of play therapy articles that were published within the years 2008–2017. Publication trends revealed seven themes that all articles fell under, with the theory/approach theme having the most articles (44.6%). There were mixed results between research and non research articles with some topics having more research articles and other topics having more non research articles. Unfortunately, all topics severely lacked articles with a multicultural focus. Implications, limitations, and recommendations for future research are discussed.

Courtney, J. A., & Siu, A. F. (2018). Practitioner experiences of touch in working with children in play therapy. *International Journal of Play Therapy*, 27(2), 92-102.

Issues related to touch in play therapy has rarely been researched or addressed within the literature. An original touch questionnaire instrument was created for this research—and first pilot tested—to capture practitioners’ professional and clinical attitudes related to touch within child play therapy sessions. The data was analyzed based on the responses from the 246 practitioners who completed the survey in full. This exploratory research examined practitioner attitudes related to varied types of touch (e.g., shaking hands, hugging, holding) in working with children and teenagers in play therapy sessions. Additional findings are presented to include practitioners’ concerns of liability about touch, their knowledge related to professional code of ethics, experiences of training in touch and child restraint, and policy practices such as an informed consent addressing issues of touch within therapy sessions. The outcomes underscored the need for practitioners to develop clinical and ethical competencies in touch with recommendations

toward curriculums in university graduate programs, and in continuing education trainings including mandatory supervisory seminars.

Guest, J. D., & Ohrt, J. H. (2018). Utilizing child-centered play therapy with children diagnosed with autism spectrum disorder and endured trauma: A case example. *International Journal of Play Therapy, 27*(3), 157.

Autism spectrum disorder (ASD) is a prevalent childhood disorder as 1 in 68 children, 8 years old and younger, are diagnosed with ASD. Additionally, childhood trauma impacts 60% of children living in the United States. Due to the lack of social awareness and increased sensitivity to various stimuli, children diagnosed with ASD are often more prone to victimization. Current treatment interventions for ASD are limited in flexibility and adaptive qualities. Flexibility is especially important for this population; therefore, a more responsive and open therapeutic approach is need. A case study is presented illustrating an adapted child-centered play therapy approach for children on the spectrum who have also endured trauma.

Meany-Walen, K. K., Cobie-Nuss, A., Eittreim, E., Teeling, S., Wilson, S., & Xander, C. (2018). Play therapists' perceptions of wellness and self-care practices. *International Journal of Play Therapy, 27*(3), 176-186.

The importance of professional helpers' wellness and self-care has received significant attention in the past decade and is even considered an ethical obligation by many organizations for professional helpers. Play therapists, compared with providers of other treatment modalities, might be more susceptible to professional and personal impairment because they bear witness to children's experiences through the process of play therapy, which can illicit strong emotional reactions from the client and from the therapist. They may also be at a heightened risk because of their nature to want to protect and nurture children. Yet no published accounts of research were found to elaborate specifically on play therapists' wellness attitudes and experiences. We surveyed Registered Play Therapists and Registered Play Therapist Supervisors about their perceptions, practices, and suggestions for wellness and self-care. Results provide preliminary and exploratory data, implications for play therapists and supervisors, and suggestions for more research on this topic.

Patterson, L., Stutey, D. M., & Dorsey, B. (2018). Play therapy with African American children exposed to adverse childhood experiences. *International Journal of Play Therapy, 27*(4), 215-226.

African American children living in poverty often experience adverse childhood conditions such as overexposure to violence, either witnessing domestic violence or community violence, or direct victimization. These conditions can cause an increase in future mental health problems. In this pilot study, 12 African American children ages 5–9 participated in six weeks of child-centered individual play therapy followed by six weeks of group play therapy. Individual and group play therapy addressed the participants' problematic behaviors as reported by teachers at an afterschool program for disadvantaged youth. Findings indicated that a combination of individual and group child-centered play therapy significantly decreased problematic behaviors affecting academic performance and the classroom overall. The combination of individual and group interventions also demonstrated a significant decrease in general worry and negative intrusive thought patterns. The results support therapists utilizing individual and group child-centered play therapy when working with children who experience adverse childhood experiences. Further research is needed to understand the impact of child-centered play therapy as a preventative intervention for children at-risk for developing mental health problems.

Perryman, K. L., & Bowers, L. (2018). Turning the focus to behavioral, emotional, and social well-being: The impact of child-centered play therapy. *International Journal of Play Therapy, 27*(4), 227-241.

This study evaluated the impact of participating in child-centered play therapy for qualifying diverse second-grade students, implemented through the Primary Mental Health Project treatment protocol. This preventative approach focuses on the behavioral, emotional, and social skills of children through child-centered play therapy. Second-grade students at 1 elementary school were assessed by their teachers for 4 types of behaviors: task orientation, behavior control, assertiveness, and peer/social skills. Results demonstrated significant improvement in all 4 areas assessed for students who qualified for and received services over the course of 1 academic year. Findings suggest that child-centered play therapy is an effective preventative approach for students who are at risk for developing adverse behaviors that could negatively impact their academic success.

Implications and the importance of providing preventative intervention for at-risk children are discussed.

Stutey, D. M., Klein, D. E., Wubbolding, R. E., & Dunnigan, N. (2018). Therapists' perceptions of the reality play therapy model. *International Journal of Play Therapy*, 28(2), 69-78.

Recently a 6-week reality play therapy (RePT) model was developed for use with clients ages 7–14. RePT utilizes directive activities by integrating play and reality therapy techniques. In this study, we provided a 2-hr training on the RePT model with 24 participants in the mental health profession. At the end of the training, participants shared their perceptions of the RePT model, rated their confidence in utilizing activities from RePT, and rated the likelihood that they would utilize these interventions with child and young adolescent clients. Overall, participants reported confidence in utilizing most aspects of the RePT model and were more likely to implement the RePT activities that they felt most confident about after the training. Based on participants' feedback, suggestions for revising and expanding the RePT model are provided, along with suggestions for future research with the RePT model. (PsycINFO Database Record © 2019 APA, all rights reserved)

Steen, R. L. (2017). *Emerging Research in Play Therapy, Child Counseling, and Consultation*. Hershey, PA: IGI Global.

Stutey, D. M., Dunn, M., Shelnut, J., & Ryan, J. B. (2017). Impact of Adlerian play therapy on externalizing behaviors of at-risk preschoolers. *International Journal of Play Therapy*, 26(4), 196.

African American children experience higher rates of poverty than other children. According to the National Center for Children in Poverty (National Center for Children in Poverty, 2014), not only does poverty contribute to children's poor physical and mental health, it can also impede their learning abilities and contribute to problems socially, emotionally, and behaviorally. In this single-case design study, 4 at-risk African American preschool children ages 3–5 participated in 7 weeks of Adlerian individual play therapy followed by 7 weeks of Adlerian group play therapy. This intervention was chosen to address the participants' problematic classroom behaviors, i.e., "calling out" and maintaining boundaries. Findings showed that upon completion of 7 weeks of individual

Adlerian play therapy, children demonstrated questionable to moderate effect-size (ES) gains in reducing disruptive classroom behaviors. After receiving an additional 7 weeks of the Adlerian group play therapy, children demonstrated moderate to high ES improvements. Implications for play therapists working with African American preschool children living in poverty, interventions for addressing externalizing behaviors, and recommendations for future research are discussed.

Drewes, A. A., & Schaefer, C. E. (2016). *Play therapy in middle childhood*. American Psychological Association.

Children ages 6–12 undergo major developmental changes. During this period, known as middle childhood, they develop a more advanced sense of self, emotion regulation skills, and self-confidence. They become less dependent on their parents and learn to form connections with peers. They also learn to follow rules and reach achievements through sustained effort. Because of these social, emotional, and cognitive developments, play therapy with these children looks different than with younger children. This book helps therapists provide developmentally appropriate, effective play therapy for children in middle childhood. It presents a broad range of play interventions, showing how play therapy can be used with school-age children and their parents to address internalizing disorders, externalizing disorders, relational deficits, and autism spectrum disorder. For each intervention presented, the authors explain the theory and research supporting it and provide an illustrative case example. Readers will learn to choose treatment goals and strategies that are informed by the child's developmental needs. (PsycINFO Database Record © 2016 APA, all rights reserved)

Gil, E. M. (2016). Using integrated directive and nondirective play interventions for abused and traumatized children. In L. A. Reddy, T. M. Files-Hall, & C. E. Schaefer (Eds.), *Empirically based play interventions for children, 2nd ed.* (pp. 95-113). Washington, DC, US: American Psychological Association.

Traditionally, when people think of play therapy, they tend to think of child-centered (or nondirective) play therapy. This default setting anchored in psychoanalytic tradition was rightfully earned through a historical foundation set in the 1900s by Anna Freud and Melanie Klein (Schaefer, 1999). The development of play therapy theories has been well documented (O'Connor & Braverman, 1997, 2009), and contemporary play therapists enjoy an array of meaningful choices

that guide their clinical work. The theories and approaches are so varied that when people say they are “trained in play therapy,” it is prudent to explore what theoretical framework guides their work. Charles Schaefer, one of the pioneers in play therapy theory and education, used the term prescriptive in reference to a tailored play therapy approach that fits the intervention to clients’ unique needs. Schaefer (2001) stated that the prescriptive approach "espouses as its core premise the “differential therapeutics” concept (Frances, Clarkin, & Perry, 1984), which holds that some play interventions are more effective than others for certain disorders and that a client who does poorly with one type of play therapy may do well with another" (Beutler, 1979). (p. 58) Therefore, the prescriptive therapist explores the research literature for evidence-based treatments that have outcome data showing effectiveness for target problems. Integrated play therapists tailor their approach to clients by drawing on a wealth of supportive evidence- and practice-based literature (Bratton, Ray, Rhine, & Jones, 2005; Christophersen & Mortweet, 2001; Reddy, Files-Hall, & Schaefer, 2005), and are not limited to a single treatment approach. Abused and traumatized children, in particular, are in need of integrated treatment because trauma affects a multitude of facets of development and functioning, and children can present with varied symptomology, depending on the type of trauma and the individual child. (PsycINFO Database Record © 2016 APA, all rights reserved)

Gonzalez, C. L., & Bell, H. (2016). Child-centered play therapy for Hispanic children with traumatic grief: Cultural implications for treatment outcomes. *International Journal of Play Therapy*, 25(3), 146-153.

Numerous factors place Hispanic children at a greater risk of experiencing a traumatic event within their lifetime. Children may experience traumatic grief when trauma symptoms interfere with their ability to grieve the loss of a loved one. Child-centered play therapy (CCPT) is appropriate to use with culturally diverse clients and with children experiencing trauma and grief. This article provides an overview of childhood traumatic grief and the grief process in Hispanic culture. A case vignette illustrates the use of CCPT with a Hispanic female who experiences traumatic grief.

Hong, R., & Mason, C. M. (2016). Becoming a neurobiologically-informed play therapist. *International Journal of Play Therapy, 25*(1), 35-44.

More information about the human brain is available than at any other point in history. Although most practitioners understand basic concepts about the brain and are familiar with terms such as *cortex* and *limbic system*, there remains a gap between awareness of these concepts and the application of them to clinical practice. In an era in which accountability is emphasized and evidence-based-practice is a requirement in many settings, it is essential that play therapists take advantage of an understanding of neurobiology to inform and justify clinical decision-making.

Slade, M. K., & Warme, R. T. (2016). [A meta-analysis of the effectiveness of trauma-focused cognitive-behavioral therapy and play therapy for child victims of abuse](#). *Journal of young investigators, 30*(6), 36-43.

Brady, M. C. (2015). Cultural considerations in play therapy with Aboriginal children in Canada. *First Peoples Child & Family Review, 10*(2), 95-109.

Aboriginal youth in Canada need mental health services that address culture as an integral component of treatment. Suffering and oppression caused by colonialism have led to collective distress among Aboriginal peoples and continue to impede the health and wellness of children. Counsellors have an ethical responsibility to recognize culture as an important construct that may influence a client's healing and treatment preferences. Play therapy is a promising therapeutic approach that allows counsellors to utilize developmentally appropriate theoretical orientations and methods in treatment; however, current literature fails to provide adequate direction and guidelines for culturally competent practice. Counsellors can assume an active role in ensuring that all components of counselling are conducted in a culturally sensitive manner. More research is needed in this area, but this article explores cultural considerations that could be relevant to a child and family accessing play therapy services.

Donald, E. J., Culbreth, J. R., & Carter, A. W. (2015). Play therapy supervision: A review of the literature. *International Journal of Play Therapy, 24*(2), 59-77

Play therapy continues to be a growing field (Association for Play Therapy, 2013a), suggesting that there will be an ongoing and increasing need for professional supervision that is effective and meets the needs of novice play therapists. To date there is very little research in the field of play therapy supervision, and much of the existing literature is conceptual. This review of the literature in play therapy supervision summarizes what is currently known and recommended by professionals in the field of play therapy supervision and provides a critical look at the existing literature as a way of identifying the starting point for more research in this area. Recommendations for research needed to advance knowledge of play therapy supervision are provided.

Clark, K. M. (2014). *Play therapy: A comprehensive guide to theory and practice*. Guilford Publications.

Green, E. J., & Myrick, A. C. (2014). [Treating complex trauma in adolescents: A phase-based, integrative approach for play therapists](#). *International Journal of Play Therapy, 23*(3), 131.

Understanding the unique effects of complex trauma on adolescents, as well as identifying effective mental health treatment protocols, are critical for trauma-informed play therapists to practice competently. Recently in the literature, phase-based treatment has been one such protocol applied successfully to adolescents who experienced complex trauma (Cohen, Mannarino, & Deblinger, 2006). Furthermore, play-based approaches (integrating complex-trauma concepts, play, and empirically designed treatment protocols) have been asserted as a potentially beneficial paradigm (Drewes, 2011; Green, 2012). Therefore, the authors of this article present an original model—one that is integrative, play-based, and delineated in 3 phases—while remaining sensitive to the most current clinical implications in the trauma treatment outcome literature.

Jordan, B., Perryman, K., & Anderson, L. (2013). A case for child-centered play therapy with natural disaster and catastrophic event survivors. *International Journal of Play Therapy*, 22(4), 219-230.

This article reviewed the literature regarding the use of child-centered play therapy with children who have experienced natural disasters and catastrophic events over the last 11 years. The frequency of natural disasters has increased over the last decade. Tsunamis, tornadoes, earthquakes, and hurricanes have ravaged towns, cities, and countries, leaving thousands dead. Beyond the physical injuries suffered, the survivors of these catastrophes, many of them children, often suffer emotional devastation, and profound losses of routines, friends and family, and a sense of security. Child-centered play therapy empowers children as they lead the play session with a trained adult, assisting them on their journey. This therapy modality allows the child to be in control, which is paramount for those having experienced natural disasters where they were completely helpless. The child may then begin to heal as they make sense of their trauma through their natural language of play. This article provides literature review supporting a case for child-centered play therapy for children experiencing natural disasters as well as recommendations for future research in this area. (PsycINFO Database Record © 2016 APA, all rights reserved)

Misurell, J. R., & Springer, C. (2013). Developing culturally responsive evidence-based practice: A game-based group therapy program for child sexual abuse (CSA). *Journal of Child and Family Studies*, 22(1), 137-149.

The American Psychological Association has called for the development and dissemination of evidence-based practices (EBPs) that are culturally responsive to ethnically and socioeconomically diverse groups. Delivering culturally responsive EBPs is essential for mental health practitioners working within racially, culturally, and ethnically diverse settings and across a variety of disorders. Child sexual abuse (CSA) affects people from diverse backgrounds and results in a myriad of difficulties impacting children and families. Therefore, effective treatment for CSA must take cultural factors into consideration. The authors describe the culturally congruent elements of a Game-Based Cognitive-Behavioral Group Therapy (GB-CBT) model for CSA, which was developed within a center serving predominantly urban, economically disadvantaged, African-American and Latino families. Lessons learned from families served through the GB-CBT program are incorporated and illustrate the ongoing and dynamic process of improving cultural

competence in clinical practice. Cultural and socioeconomic considerations and obstacles to treatment are discussed along with strategies and recommendations for delivering EBPs for CSA in a culturally informed manner.

Vicario, M., Tucker, C., Smith Adcock, S., & Hudgins-Mitchell, C. (2013). Relational-cultural play therapy: Reestablishing healthy connections with children exposed to trauma in relationships. *International Journal of Play Therapy, 22*(2), 103-117.

Children who have experienced trauma in relationships, such as direct physical or sexual abuse, or who have witnessed crimes or domestic violence, often carry forward symptoms of traumatic stress. Children with posttraumatic stress may become withdrawn or aggressive, clingy or distant with caregivers, oversleep and overeat, or develop insomnia and eat too little (A. Banks, 2006, Relational therapy for trauma, *Journal of Psychological Trauma, Vol. 5*, pp. 25–47). These physical and psychological symptoms are further complicated when children have experienced trauma that disrupts their primary relationships. In this article, we will discuss and illustrate a relational– cultural approach to play therapy designed to help children who have experienced trauma in relationships to reconnect to others in healthy and emotionally beneficial ways.

Springer, C., Misurell, J. R., & Hiller, A. (2012). Game-based cognitive-behavioral therapy (gb-cbt) group program for children who have experienced sexual abuse: a three-month follow-up investigation. *Journal of Child Sexual Abuse, 21*(6), 646-664.

This study examined the efficacy of a game-based cognitive-behavioral group therapy program for addressing problems typically found among elementary school-aged victims of child sexual abuse immediately after treatment and at three months following treatment. It was hypothesized that positive gains would be observed among the following domains. (a) internalizing symptoms (e.g., anxiety, depression, and trauma); (b) externalizing behaviors (e.g., oppositional behavior, disobedience, and conduct disordered behavior); and (c) sexually inappropriate behaviors. Improved knowledge of abuse and personal safety skills was also predicted. Results indicated that game-based cognitive-behavioral group therapy resulted in improvements in internalizing symptoms, externalizing behavioral problems, total behavioral problems, and personal safety skills both immediately after treatment and at three-month follow-up.

Phillips, R. D. (2010). How firm is our foundation? Current play therapy research. *International Journal of Play Therapy, 19*(1), 13-25.

The present article examines play therapy research since Phillips's (1985) review. Play therapy's evidence base remains largely inadequate using specific scientific/methodological criteria. The most compelling evidence for play therapy's effectiveness is found for children facing medical procedures, although alternative explanations of the same data cannot be disconfirmed. The present conclusions are considered relative to findings from recent meta-analyses of play therapy research. Suggestions are made for improving play therapy research as well as broad questions to guide such research.

Ray, D. C., & Bratton, S. C. (2010). What the research shows about play therapy: Twenty first century update. In J. N. Baggerly, D. C. Ray and S. C. Bratton (Eds.), *Child-Centered Play Therapy Research: The Evidence Base for Effective Practice*. New York: Wiley.

Hill, A. (2009). Factors influencing the degree and pattern of parental involvement in play therapy for sexually abused children. *Journal of Child Sexual Abuse, 18*(4), 455-74.

Although much has been written about the role of therapists in children's recovery from child sexual abuse, relatively little attention has been paid to the role of non-offending parents. This study investigated the work of a team of therapists who sometimes included such parents in therapy sessions with children. The study sought to understand what factors were influencing the degree and pattern of parental involvement and to understand what effect these patterns of parental involvement were having on the process and outcomes of therapy. The study successfully identified a range of factors influencing the patterns of parental involvement, but more research will be needed to understand the effect on outcomes.

Bowers, N. R. (2009). A naturalistic study of the early relationship development process of nondirective play therapy. *International Journal of Play Therapy, 18*(3), 176-189.

In this study, the naturalistic method of qualitative research (Y. Lincoln & E. Guba, 1985) was applied to the study of the early relationship development process (ERDP) of nondirective play therapy. The analyses of individual and focus group meetings with play therapists in Canada and

Holland as well as from videotapes from the same settings resulted in the emergence of 6 themes: description, qualities, goals, therapeutic support, process, and indicators of growth. These themes, which are presented in the “voices of the participants,” together with the literature review, serve to enrich the description of ERDP. The data suggested that play provides an environment of safety, creativity, and privacy when careful preparation for therapy from outside supports such as family, caregivers, and school settings takes place. With this in place, the child is able to share his or her narrative, developing a sense of empowerment, a better sense of self-actualization, a language, and “a voice” all facilitated by the early relationship with the play therapist. In addition, new information emerged from the analyses of videotapes acquired from the same 2 settings, suggesting that there is a propensity for children to find “comfort” play when permitted to freely discover the play room.

Green, E. J. (2008). Re-envisioning Jungian Analytical Play Therapy with child sexual assault survivors. *International Journal of Play Therapy*, 17 (2), 102-121.

Child sexual abuse (CSA) is a pervasive, traumatic event (A. H. Heflin & E. Deblinger, 2007) affecting hundreds of thousands of ethnically and socioeconomically diverse children and families across the United States (F. W. Putnam, 2003). E. Gil (2006) and J. S. Shelby and E. D. Felix (2006) have noted that integrative therapies—those that combine directive and nondirective strategies—possess the capacity to benefit a child traumatized by sexual assault. Jungian analytical play therapy (JAPT) is a creative, integrative therapy that may be beneficial when applied to children affected by CSA (J. Allan, 1988). Within the safety of a nonjudgmental, therapeutic relationship, children affected by CSA may become consciously aware of and subsequently resolve conflicting emotions associated with sexual assault in symbolic, less-threatening ways. Through participation in JAPT, the child’s psyche may begin the therapeutic process of integrating inner and outer emotional polarities in an archetypal quest for self-healing after sexual trauma.

Kenney-Noziska, S. (2008). Sexual abuse literature & considerations for play therapists. Mining Report. Association for Play Therapy. Retrieved from <http://www.a4pt.org/download.cfm?ID=26923>

In this mining report, readers are presented with an extensive and yet concise report that focuses on significant therapeutic considerations that play therapists need to contemplate when treating child sexual abuse survivors. Clinical Editor Jodi Ann Mullen, PhD, LMHC, RPT-S

Dougherty, J., & Ray, D.C. (2007). Differential impact of play therapy on developmental levels of children. *International Journal of Play Therapy*, 16(1), 2-19.

The purpose of this preliminary study was to explore the impact of child-centered play therapy (CCPT) on children identified within J. Piaget's (1962) preoperational and concrete operations developmental stages. Using archival data, this study used a 3-wave repeated measures analysis of variance design to analyze the impact of CCPT on 24 children between the ages of 3 and 8 who received 19–23 individual CCPT sessions. On the basis of the child's age, children were evenly divided into 2 treatment groups of preoperational or operational developmental stage. A pretest, approximate midpoint, and posttest administration of the Parenting Stress Index (R. Abidin, 1995) was collected for use in the analysis. Preliminary results of this study revealed statistically significant differences in the impact of CCPT for children of different developmental stages.

Hill, A. (2006). Play therapy with sexually abused children: Including parents in therapeutic play. *Child and Family Social Work*, 11, 316–324.

This paper draws on the author's experience as a member of a team of social workers undertaking play therapy with sexually abused children. It outlines the theoretical rationale that informed the development of practice in which parents were included in therapeutic play sessions with their children. It goes on to examine two cases that illustrate some of the issues. Finally, this paper begins to develop a critique of practice that involves parents, highlighting potential limitations and proposing a series of questions for further research.

Bratton, S. C., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A MetaAnalytic review of treatment outcomes. *Professional Psychology: Research and Practice*, 36(4), 376–90.

The efficacy of psychological interventions for children has long been debated among mental health professionals; however, only recently has this issue received national attention, with the U.S. Public Health Service (2000) emphasizing the critical need for early intervention and empirically validated treatments tailored to children's maturational needs. Play therapy is a developmentally responsive intervention widely used by child therapists but often criticized for lacking an adequate research base to support its growing practice. A meta-analysis of 93 controlled outcome studies (published 1953–2000) was conducted to assess the overall efficacy of play therapy and to determine factors that might impact its effectiveness. The overall treatment effect for play therapy interventions was 0.80 standard deviations. Further analysis revealed that effects were more positive for humanistic than for nonhumanistic treatments and that using parents in play therapy produced the largest effects. Play therapy appeared equally effective across age, gender, and presenting issue.

Herschell, A. D., & McNeil, C. B. (2005). Parent-child interaction therapy for children experiencing externalizing behavior problems. In L. A. Reddy, T. M. Files-Hall, & C. E. Schaefer (Eds.). *Empirically based play interventions for children* (pp. 169-190). Washington, DC: American Psychological Association.

Parent-Child Interaction Therapy is an empirically supported mode of care initially designed to treat families with youngsters ages 2 through 6 who had externalizing behavior problems. Since its initiation, PCIT has been successfully used as well with youngsters exhibiting histories of physical abuse, histories of general maltreatment, separation anxiety, developmental delays, and chronic illness. The average length of parent-child interaction therapy is a 10- to 14-week, clinic-based treatment program. Besides the traditional clinical setting, PCIT may be used at home, in school, and in hospitals. The goal of PCIT is to help parents manage their youngsters' difficult behavior by focusing on relationship enhancement and discipline that is consistent and predictable. A full-page table lists skills parents are taught to use with their children and those they should avoid. Studies have shown that treatment gains continue in the initial years after PCIT. Children whose fathers participate in treatment tend to maintain gains better than those children whose

fathers do not participate. A case vignette describes how a 5-year-old with behavior problems at school was helped through PCIT.

Kot, S., & Tyndall-Lind, A. (2005). Intensive play therapy with child witnesses of domestic violence. In L. A. Reddy, T. M. Files-Hall, & C. E. Schaefer (Eds.), *Empirically based play interventions for children* (pp. 31-49). Washington, DC: American Psychological Association.

Most state governments still do not seem to understand that youngsters who witness domestic violence are at high risk, and they unwisely continue to permit unsupervised visitation of children with an abusive parent. This third chapter discusses the dynamics of domestic violence as it stresses the impact on child witnesses and the need for appropriate treatment. The authors describe two studies of intensive play therapy in detail and urge therapists to adopt intensive, high-frequency treatment to better achieve positive results. Quantitative and follow-up research is believed to greatly affect what is known about treating youngsters who witness domestic violence.

LeVay, D. "Little Monsters"? Play Therapy for children with sexually problematic behavior. (2005). In C. Schaefer, J. McCormick, & A. Ohnogi (Eds.), *International handbook of play therapy: Advances in assessment, theory, research, and practice*. (pp. 243-262). Lanham, MD: Jason Aronson.

The author aims to explore in this chapter some of the processes that cause young children to display problematic sexual behavior and the connections this behavior has with their own experiences of trauma and abuse. He then looks at how play therapy can provide an effective treatment intervention in enabling children to begin to manage the very complex emotional and psychological processes that underpin this behavior and that could, without early therapeutic support, develop into the entrenched, compulsive behavioral patterns and dominant internal narratives that may ultimately provide a pathway into adult sexual offending. The question of terminology and of how to describe this group of children has been much debated. They have variously been described as young abusers, children who molest or who are sexually aggressive. While the sexual behavior in question is clearly abusive and in turn is damaging and traumatic for the victims of such behavior, the author feels it is important to make a distinction between the sexualized behavior of young children and that of older adolescents. Throughout the chapter the

author presents examples of case material from children and young people that he has worked with. In all cases names and circumstantial details have been changed in order to prevent identification. (PsycINFO Database Record © 2006 APA, all rights reserved)

Reddy, L. A., Files-Hall, T. M., & Schaefer, C. E. (Eds.). (2005). *Empirically based play interventions for children*. Washington, DC: American Psychological Association.

For more than 60 years, play therapy has been seen as the oldest and most popular form of child therapy in clinical practice. However, many have criticized the lack of thorough research on play intervention. In this age of cost-containment and managed behavioral health care, the need for empirical evidence on the effectiveness of play therapies is increasingly important to mental health professionals, insurers, and consumers. This book's aim is to acquaint clinicians with evidence-based and "maximally useful" play therapies for a variety of children in different settings. The literature on empirically based therapy is divided into four parts: play prevention programs, play interventions for internalizing disorders, play interventions for externalizing disorders, and play therapies for developmental disorders and related issues. Chapters 3 and 5 are particularly useful for those treating children with physical and sexual abuse issues. Chapter 13 gives an overview of current empirically based play therapies and suggests future directions for research and training.

Shelby, J. S., & Felix, E. D. (2005). Posttraumatic play therapy: The need for an integrated model of directive and nondirective approaches. In L. A. Reddy, T. M. Files-Hall, & C. E. Schaefer (Eds.), *Empirically based play interventions for children* (pp. 79-103). Washington, DC: American Psychological Association.

While this chapter is introduced with the story of a child survivor of the Kosovo violence, it has applications for treating other youngsters with posttraumatic stress disorder. The details on exactly how to work with child trauma survivors have long been debated. Shelby and Felix discuss the pros and cons of directive, trauma-focused and nondirective, support-oriented therapies. Directive approaches may curb symptoms but may not be enough to address such issues as mistrust or lack of confidence. The main limitation with nondirective approaches is limited empirical evidence on their effectiveness. A full-page chart included in this chapter serves as a guide for treatment by clinicians. The remainder of the text lists several key ingredients of treatment, the major symptoms of posttraumatic stress disorder, and an introduction to outcome assessment.

Dripchak, V. L., & Marvasti, J. A. (2004). Treatment approaches for sexually abused children and adolescents: Play therapy and cognitive behavioral therapy. In J. A. Marvasti (Ed.), *Psychiatric treatment of victims and survivors of sexual trauma: A neurobiopsychological approach* (pp. 155-176). Springfield, IL: Charles C. Thomas Publisher.

The authors open the chapter by saying it is essential for therapists to understand the difference between intrafamilial and extrafamilial molestation and Type I and Type II trauma. Therapists should also know the possible impact of disclosure on the parents or caregivers should not be underrated nor should the potential for revictimization after disclosure. Issues over legal proceedings may subject children to more psychiatric problems, and they may revert to earlier stages of development as the result of negative reactions to the sexual abuse. Among teens who have been molested as children such behaviors as sexual aggressiveness, running away from home, drug addiction, juvenile prostitution, sexual promiscuity, delinquency, and conduct disorder may be seen. Problems observed in both children and adolescents include difficulties in school, self-mutilating behavior, nightmares, somatic complaints, and eating disorders. Some kinds of brutal abuse involving children may never be resolved, say Dripchak and Marvasti. In these cases, the therapist should help children recall positive family memories as well as values and ego-strengths of an individual nature and among family members. One case illustration is given for play therapy in this chapter. It involves an 8-year-old girl who had been sexually assaulted by her father over 20 months' time before she entered the first grade. The school system referred the child to therapy when she was in the third grade after she began having difficulties in school. This case illustration is broken down into Marvasti's three recommended levels of treatment which include establishing a relationship between the child and the therapist and looking at the psychopathology, helping the child examine emotional conflicts arising from personal symptoms and offering a healthier resolution to the trauma, and doing therapy with other family members followed by the closing process of therapy.

Ryan, V. (2004). Adapting non-directive play therapy for children with attachment disorders. *Clinical Child Psychology & Psychiatry*, 9(1), 75-87.

Brief, intensive, non-directive play therapy with a looked-after child in transition who had serious attachment problems is discussed in this article. As a background to deriving practice suggestions from this difficult and largely unsuccessful intervention, the play therapy literature on maltreated children is presented. Heard and Lake's extension of attachment theory, 'the dynamics of attachment and interest sharing,' is then used to analyze and understand the complexities of the intra- and interpersonal relationships within this intervention from the child's, carers', social worker's and therapist's viewpoints. Finally, practice suggestions are made, namely, that: (i) in complex cases for shorter term work, consultations based on Heard and Lake's theory, rather than direct work by the therapist, should be considered; and (ii) a combination of filial therapy and the use of Heard and Lake's theory can provide both the depth of understanding needed by professionals and the development of appropriate adult-child attachment relationships in longer term work.

Snow, M. S., Helm, H. M., & Martin, E. E. (2004). Play therapy as court testimony: A case study. *International Journal of Play Therapy*, 13(2), 75-97.

Though there is little literature supporting the use of videotaped play therapy sessions as court testimonials, this article opens the door for further discussion of the use of these sessions in courtroom situations. Specifically, this article presents a case study, which includes original court transcripts of the therapist's testimony and a transcript of the videotaped play therapy session. This videotape was not used as proof of child abuse, but instead was used to allow the jury to see the child's expression of his experience. The impact of the child's experience is revealed to the jury without subjecting him to the trauma of facing his perpetrator(s) and a courtroom of adults. The intent of this article is to present one way in which play therapists can use their work with children in legal settings, which allows the testimony of the child's experience of trauma through play therapy themes.

Knell, S. M., & Ruma, C. D. (2003). Play therapy with a sexually abused child. In M. A. Reinecke, & F. M. Dattillio (Eds.), *Cognitive therapy with children and adolescents: A casebook for clinical practice* (2nd ed., pp. 338-368). New York: Guilford Press.

While there is some controversy concerning the use of cognitive therapy combined with play therapy in treating young children, Knell believes that with minor changes cognitive therapy can be applied to youngsters. With adults, it is the belief that cognitive-behavioral therapy can be effective because adults have the cognitive capacity to know which of their thoughts are rational or irrational. However, what may seem irrational to adults may seem sensible to children. Play is one means of using cognitive therapy with children, Knell believes. It is important, she says, that the therapist is aware of child development issues and adapts those therapeutic techniques as needed. Bibliotherapy, drawings, other art media, and puppet and doll play are some of the most important techniques in cognitive-behavioral play therapy. Self-created picture books - collections of the youngsters' own drawings - may help in disclosing personal histories of abuse. Knell and Ruma present the story of a 5-year-old girl as a case example. Using plenty of subheadings, the child's back-ground information, initial assessment, and the 13 therapy sessions are clearly broken down. The authors present copies of eight of the girl's drawings with her own explanations of what happened.

Scott, T. A., Burlingame, G., Starling, M., Porter, C., & Lilly, J. P. (2003). Effects of individual client-centered play therapy on sexually abused children's mood, self-concept, and social competence. *International Journal of Play Therapy*, 12(1), 7-30.

The purpose of this study was to ascertain effects of individual client-centered play therapy on sexually abused children's mood, self-concept, and social competence. A weekly client-centered play protocol was utilized with 26 cases of 3- to 9-year-old sexually abused children for approximately 10 sessions. All 26 subjects and parents completed an assessment battery before and immediately after treatment, and 24 cases completed a two-month follow-up battery. Overall, findings indicate mixed support for the efficacy of play therapy. Although there was initial support for improvement in the children's' perceptions of competency, other group comparison results indicated no statistical significance. Utilizing the Reliable Change Index formula, eight children clinically improved, four deteriorated, four improved and later deteriorated, and eight cases indicated no significant change. Additional qualitative severity comparisons, research limitations, and a discussion of the impact on current practice follow.

Veltman, M. W. M., & Browne, K. D. (2003). Trained raters' evaluation of Kinetic Family Drawings of physically abused children. *Arts in Psychotherapy, 30*(1), 3-12.

This study compared the way abused children drew themselves and their family to drawings from two groups of matched controls using the Kinetic Family Drawing (KFD) Inventory (Peterson and Hardin, 1995, 1997). The researchers hypothesized that the drawings by abused children would exhibit significantly more indicators of emotional distress than the drawings of the non-abused children. Six physically abused children (aged 4-8 yrs) and 12 matched control children participated in the study. The researchers found significant differences among the children. However, the significant differences almost disappeared within 6 months, and completely disappeared by 12 months. The authors concluded, therefore, that a more comprehensive study would be required to evaluate the significance of the KFD technique with abused children.

Benedict, H. E., & Hastings, L. (2002). Object-relations play therapy. In F. W. Kaslow & J. J. Magnavita (Eds.), *Comprehensive handbook of psychotherapy: Psychodynamic/object relations* (Vol. 1, pp. 47-80). Hoboken, NJ: John Wiley & Sons.

With almost six pages of tables describing childhood patterns of development, major play themes, and therapeutic goals and techniques, this chapter presents an extensive overview of object-relations play therapy. The authors give a brief history of object relations. They name the two fundamental assumptions behind object-relations theories and methods of assessment and intervention. Object-relations play therapy is the preferred treatment for youngsters who have suffered chronic trauma in the parent-child relationship or with significant others. Often such children have suffered abandonment of some kind. Through object-relations play therapy, children can learn about boundaries and how to have more faith in caregivers. They can develop better strategies for interpersonal relations and coping with frustration and stress. Two case examples are presented, one being a 10-year-old girl who had been sexually abused in infancy and the other a 4-year-old girl abandoned first by her mother then by two other parental figures. While no controlled empirical studies had been completed by the time this book was published, object-relations play therapy has been used numerous times in treatment lasting between six months and two to three years.

Gil, E. (2002). Play therapy with abused children. In F. W. Kaslow, R. F. Massey, & S. D. Massey (Eds.), *Comprehensive handbook of psychotherapy: Interpersonal/humanistic/existential* (Vol. 3, pp.59-82). Hoboken, NJ: John Wiley & Sons.

Using her own previously published research and summarizing the work of other experts, prominent play therapist Eliana Gil states that play therapy has come into its own in the last 20 years. The Association for Play Therapy was begun in 1982. A certification process was started 10 years later. As of 2002, there were 367 Registered Play Therapists and 474 Registered Play Therapist Supervisors. The author traces the history of the field, names the six leading theories of play therapy, and describes the therapeutic aspects of play and pre-sent-day applications with a particular focus on play therapy with abused children. Only the cognitive-behavioral approach has been systemically studied with abused youngsters, but play therapy is considered helpful with sexually abused children because of the great need for secrecy these child victims often have. Gil gives a case example of an 8-year-old Central American girl who was referred to treatment by school officials. It was found that she had been physically and sexually abused by her teen-age brother. While the brother was banned from having any contact with his sister, he was treated leniently by the justice system. The assessment phase with the girl lasted two months. Directive therapy with her took five months. The final phase of her treatment was a referral to 12 weeks of group therapy. Gil closes this chapter with the limitations of nondirective play therapy and an appeal for “hard research” on play therapy.

Jones, K. D. (2002). Group play therapy with sexually abused preschool children: Group behaviors and interventions. *Journal for Specialists in Group Work*, 27(4), 377-389.

Group play therapy is a common treatment modality for children who have been sexually abused. Sexually abused preschoolers exhibit different group play therapy behaviors than do nonabused children. Group workers need to be aware of these differences and know the appropriate group interventions. This article describes group play therapy with sexually abused preschool children, how to establish a play therapy group for sexually abused preschoolers, common group play therapy behaviors observed among sexually abused preschoolers, and appropriate group therapy interventions.

Ostertag, J. (2002). Unspoken stories: Music therapy with abused children. *Canadian Journal of Music Therapy*, 9(1), 10-29.

Music therapy literature and research have paid little attention to the application of music therapy in the treatment of abused clients. This article presents the findings of a 1-yr qualitative research project funded by the Canadian Music Therapy Trust Fund and the Children's Aid Society of Owen Sound and the County of Grey that examined the specific dynamics and out-comes of music therapy interventions with abused children. It is intended to foster discussion about the role and potential of music therapy as a valid treatment form for abused children. In the project 8 children (aged 6-12 yrs), referred by the Children's Aid Society, participated in weekly music therapy sessions where their music and behavioural changes were documented. The outcomes from this study show that music therapy can play a very important role in the change process of abused children, particularly in addressing emotional and relationship issues which are difficult to address with cognitive or behavioural treatment models. The article focuses on the unique experiences and benefits of music therapy for abused children and emphasizes the need for a well-coordinated community response to violence against children that includes work with caregivers.

Palmer, L., Farrar, A. R., & Ghahary, N. (2002). A biopsychosocial approach to play therapy with maltreated children. In F. W. Kaslow, R. Davis & S. D. Massey (Eds.), *Comprehensive handbook of psychotherapy: Interpersonal / humanistic / existential* (Vol. 3, pp. 109-130). Hoboken, NJ: John Wiley & Sons.

Erik Erikson's theory of child development provides a comprehensive, prescriptive plan for intervention with abused youngsters, the authors state. The application of his theory is also a good candidate for scientific investigation in a field which lacks thorough research. Erik-son's theory encompasses the first four stages of child development which are basic trust versus basic mistrust, autonomy versus shame and doubt, initiative versus guilt, and industry versus inferiority. Posttraumatic play and typical child's play are described in this chapter as is the vital role of attachment which is damaged by abusive behavior. The authors give a case example of a biracial, 8-year-old boy named Adam who had been physically and sexually abused and reared in multiple home settings. The boy was resistant at first to addressing the sexual abuse he had suffered and the sexually aggressive behavior he exhibited with younger children. As therapy continued, Adam began to describe the sib-ling abuse in his family. The first goal for him was the establishment of basic trust, a process which took the first two years of therapy. Play therapy became the main way

he showed his feelings. After assessing the themes of Adam's play, the therapist was able to guide the play therapy and introduce healthier means of solving problems, relating to others, and expressing his feelings. Adam was later placed successfully with an adoptive family.

Wilson, K., & Ryan, V. (2002). Play therapy with emotionally damaged adolescents. *Emotional & Behavioural Difficulties*, 7(3), 178-191.

Adolescence is a critical period of development for all individuals, but particularly for those who have suffered earlier emotional difficulties or abuse. If these problems go unresolved, patterns of behaviour which become established during this period may be more difficult to change later on. However, more traditional talk therapies may be resisted by adolescents. This article argues that non-directive play therapy, given age-appropriate adaptations, offers an approach which, since it encompasses both play and verbal communication, is well suited to addressing adolescent concerns, particularly those of early adolescence. This argument is illustrated by two accounts of therapy with a boy and a girl, both in early adolescence, which show how a more traditional non-directive counseling approach was combined with play therapy by the adolescents themselves, allowing exploration of emotional difficulties on all levels of mental functioning. The cases show how traumatic or painful early memories may be reworked on a bodily and emotional level, without the feeling of over-intrusion risked by a directive or interpretive stance.

Ater, M. K. (2001). Play therapy behaviors of sexually abused children. In G.L. Landreth (Ed.), *Innovations in play therapy: Issues, process, and special populations* (pp. 119-129). New York: Brunner-Routledge.

This chapter notes that there are several properties of play which allow sexually abused children a sense of safety and distance while working through their trauma. Play can be symbolic in that a child can use a toy to represent the sexual abuser. Play can be "as-if" in that child can act out events "for pretend." Play can be projection in that child can put emotion onto toys or puppets that can safely act out their feelings. Play can be displacement in that the child can give their negative feelings to dolls or toys, instead of their own family members. Children may express themselves in a multitude of ways in the playroom such as aggressive, nurturing, regressive, or sexualized play. Sand/water play and doll/puppet play seem to be especially therapeutic for the healing process in the playroom. Children may also use drawings to give the therapist information about

their sense of self, the traumatic events, the abuser, or any support they have received from the family. (PsycINFO Database Record © 2004 APA, all rights reserved)

Douglass, L. (2001). Nobody hears: How assessment using art as well as play therapy can help children disclose past and present sexual abuse. In J. Murphy (Ed.), *Art therapy with young survivors of sexual abuse: Lost for words* (pp. 50-63). New York: Brunner-Routledge.

With referrals from Social Services, there is a need for speedy assessments of children who may be suffering sexual abuse within the family. Supporting evidence for possible court cases is difficult to gather. The author outlines the stages of a child protection plan in Appendix 1.1. Douglass presents two cases, one of which involved a family with three adopted boys and the other involving a 3-year-old girl whose father was a sex offender. Douglass used art and play therapy with the boys and found each of the brothers was at risk of sexual abuse from one another. Planning protective action for the boys was difficult. After therapy with the girl, the author and her colleagues believed abuse had occurred. Legally, however, there wasn't enough evidence for a conviction.

Greenberg, T. (2001). Feeling flowers/healing garden. In J. G. Kaduson, & C. E. Schaefer (Eds.), *101 more favorite play therapy techniques* (pp.107-110). Northvale, NJ: Jason Aronson.

The expressive arts therapy technique "feeling flowers/healing garden" can be used to enable children to correctly identify and appropriately express their feelings. When working with sexually abused children, this technique enables them to process and work through traumatic experiences. Expanding on the "Color Your Life" technique introduced by K. J. O'Connor (1983), it includes a creative and tactile component so often beneficial in working with survivors of abuse. There is also the opportunity for transformational work as the flowers/garden can be an ongoing creation reflecting progress over the course of treatment. Using play as a method to aid children in exploring and sharing their abuse experience, this technique helps to reduce anxiety, thereby making children more available to working through their trauma. In this technique, the therapist and child create flowers out of colored clay, with each color representing one of the child's feelings. At the end of a session, the child will have created a bouquet of flowers that represent his or her many feelings

and that have aided him or her in identifying and appropriately ex-pressing her feelings and thoughts about the abuse. With older children, the technique can be expanded to include the creation of an entire garden. (PsycINFO Database Record © 2004 APA, all rights reserved)

Homeyer, L. E. (2001). Identifying sexually abused children in play therapy. In G. L. Landreth (Ed.), *Innovations in play therapy: Issues, process, and special populations* (pp. 131-154). New York: Brunner-Routledge.

Children who have been (or are being) sexually abused may not be able to communicate that to others. This chapter describes the Play Therapy Screening Instrument for Child Sexual Abuse (PTSI-CSA), which can be used by the play therapist both in an attempt to understand children's play in the playroom as well as to comply with legal and ethical requirements to report abuse. The PTSI-CSA is an empirically researched screening instrument. The 15 items of play therapy behavior that make up the instrument can identify children who are at high risk of being sexually abused. Once a child is identified as high risk, the child can then be referred for a more formal sexual abuse evaluation. The user should be aware of the possible false negative and false positive findings. (PsycINFO Database Record © 2004 APA, all rights reserved)

Landreth, G. L. (Ed.). (2001). *Innovations in play therapy: Issues, process, and special populations*. New York: Brunner-Routledge.

Landreth, founder and director of the internationally recognized Center for Play Therapy at the University of North Texas, describes play as an integral part of childhood that aids in the development of language and communication skills, emotional development, decision-making skills, social skills, and cognitive development. Landreth lists the five stages in the play therapy process and describes the types of toys used. He names what he considers the essential personality characteristics of good play therapists and describes cultural factors in play therapy. Also addressed are pharmacology, legal issues, group and short-term therapy, and work with special populations such as traumatized youngsters in crisis and aggressive, acting out children. Two chapters discuss play therapy behaviors of physically and sexually abused children. A discussion about the traveling play therapist is one focus that sets this book apart from others. The main play patterns of physically abused youngsters include play that is unimaginative and literal and play that is repetitive and compulsive. Six play behaviors are often seen in such youngsters. These are

developmental immaturity, self-deprecation and self-destructive ways, aggression, withdrawal and passivity, dissociation, and hypervigilance. Landreth says children who witness domestic violence may need help as much as those who are actually physically abused.

Marvasti, J. A. (2001). Using anatomical dolls in psychotherapy with sexualized children. In J. G. Kaduson, & C. E. Schaefer (Eds.), *101 more favorite play therapy techniques* (pp. 312-316). North-vale, NJ: Jason Aronson.

Anatomical dolls, also known as natural dolls, are constructed with genitalia, body cavities, and pubic hair. They usually consist of an adult male and female and pre-puberty boy and girl, ideally in both brown and white. These dolls have been used for a number of years in the evaluation and validation of sexual abuse in children, are generally used in forensic evaluations of child sexual abuse, and have been a controversial subject among some defense attorneys. It is felt that a naked anatomical doll is sexually suggestive to a child and may contaminate and bias the process of evaluation and validation of incest and sexual abuse. These dolls are considered tools rather than toys in forensic evaluations, and are introduced only after a child verbalizes sexual victimization, in order to facilitate communication. There are other ways to utilize the dolls, such as in the treatment of sexualized children. These children not only need therapy for the trauma of abuse, they need further intervention for sexualized behavior, for example, doing to others what was done to them--touching others' genital area, or asking and provoking others to engage with them in a sexual way. (PsycINFO Database Record © 2004 APA, all rights reserved)

Ryan, V., & Needham C. (2001). Non-directive play therapy with children experiencing psychic trauma. *Clinical Child Psychology and Psychiatry*, 6(3), 437-453.

This article describes the process of a brief non-directive play therapy intervention by a trainee therapist with a nine-year-old child who had developed persistent stress reactions to a single traumatic event. An overview of the place of brief non-directive play therapy in the treatment of children and their families for post-traumatic stress disorder is given. Themes in the child's therapy, and the therapist's and the parents' role are related to post-traumatic and attachment issues. Finally, implications for current therapeutic practice with traumatized children and their families are outlined.

White, J., Draper, K., & Jones, N. P. (2001). Play therapy behaviors of physically abused children. In G. L. Landreth (Ed.), *Innovations in play therapy: Issues, process, and special populations* (pp. 99-118). New York: Brunner-Routledge.

This chapter describes common play themes and behaviors of children who have been physically abused. Case illustrations are provided to enhance understanding of each category of behavior. All cases describe children in a public, elementary school, and the play therapists are school counselors and a registered play therapist/supervisor who worked at the school 1 day a week. In addition, special considerations in the assessment and treatment of physically abused children are addressed along with a separate section on children who witness domestic violence and are indirect recipients of physical abuse. (PsycINFO Database Record © 2004 APA, all rights reserved)

Landreth, G., Homeyer, L., Bratton, S., Kale, A., & Hilpl, K. (2000). *The world of play literature*. Denton, TX: The Center for Play Therapy, University of North Texas Department of Counseling, Development, & Higher Education.

With more than 2300 play therapy references in the literature, this third edition of *The World of Play Literature* is a complete reference source. The book is divided into two sections, a subject index and an author index and features bibliographies of books, dissertations, un-published documents, and journal articles. *The World of Play Literature* was first published in 1993 and is the result of years of research by the staff of The Center for Play Therapy at the University of North Texas. Among the subject headings are behavioral play therapy, abused and neglected children, dissociative identity disorder, grief, drama and play therapy, group play therapy, fear and anxiety, the role of parents in play therapy, ritual abuse, and toys and materials. Most of the references in *The World of Play Literature* are in the Center for Play Therapy library.

Nurcombe, B., Wooding, S. Marrington, P., Bickman, L., & Roberts, G. (2000). Child sexual abuse II: Treatment. *Australian & New Zealand Journal of Psychiatry* 34(1), 92-97.

Objective: To evaluate the scientific literature concerning the treatment of child sexual abuse.

Method: A critical review of the scientific literature. Results: There are only nine published research studies in which subjects were randomly assigned to an index treatment or treatments and a comparison treatment or no-treatment control group. In seven of the studies, the index treatment exceeded the control or comparison group in regard to treatment outcome; in two studies it did

not. The successful treatments involved group therapy, combined individual and group play therapy and cognitive behaviour therapy. Conclusions: Treatment should be based on an explicit conceptual model of the psychopathology of sexual abuse. The University of Queensland Sexual Abuse Treatment Project, which is based on a transactional model, is described.

Bonner, B. L., Walker, C. E., & Berliner, L. (1999). Children with sexual behavior problems: Assessment and treatment. Washington, DC: National Center on Child Abuse and Neglect.

The principal objectives of this study were to assess and treat a broad range of children ages 6-12 with sexual behavior problems in order to develop a typology and compare the efficacy of two approaches to treatment through a controlled treatment outcome study. Two group treatment approaches that have been found to be effective in reducing children's behavior problems, cognitive-behavioral and dynamic play therapy, were used as treatment interventions for children with sexual behavior problems. Both approaches to treatment were found to be effective in reducing children's inappropriate or aggressive sexual behavior. Neither treatment approach was found to be significantly more effective than the other. At the two-year follow-up, approximately equal numbers of children in each group (CBT - 15% vs. DPT - 17%) had an additional report of sexual behavior problems.

Bonner, B. L., Walker, C. E., & Berliner, L. (1999). Treatment manual for dynamic group play therapy for children with sexual behavior problems and their parents-caregivers. [Washington, DC: National Clearinghouse on Child Abuse and Neglect Information.]

Children with sexual behavior problems may be experiencing complex negative emotions stemming from sexual, physical, and/or emotional abuse, neglect, and/or other trauma. They may suffer from depression and low self-esteem but may mask these feelings with aggression and denial. Play therapy assumes that play is the child's natural medium for expression. The spontaneous interaction combined with the controlled condition of play therapy provide a means for achieving goals that therapists identify as critical in working with children with sexual behavioral problems. This treatment manual for dynamic group play therapy for children with sexual behavior problems and their parents and caregivers discusses the use of play therapy, session descriptions, phases of therapy, examples of techniques employed, and the parents and

caretakers group. The time-limited play therapy model outlined in this manual incorporates aspects of client-centered and psychodynamic play therapies. The client-centered aspects help instill self-efficacy and self-worth in the participants. The psycho-dynamic aspects help ensure productive interactions between group members and increased self-understanding or insight. Numerous references. (NCCANI Abstract)

Doyle, J. S., & Stoop, D. (1999). Witness and victim of multiple abuses: Case of Randy, age 10, in a residential treatment center, and follow-up at age 19 in prison. In N. B. Webb (Ed.), *Play therapy with children in crisis*. 2nd ed. (pp. 131-163). New York: The Guilford Press.

Randy began receiving treatment in a secure residential treatment facility for youngsters after a six-week hospital stay in which he refused to talk with anyone on the treatment team about the severe abuse and torture he had undergone. Born to a heroin-addicted mother who was also a prostitute, Randy was sold into prostitution twice to support the mother's addiction. He often witnessed his mother having sex with her clients and also saw her shoot to death a "john" who was abusing her. This crime resulted in a prison sentence of more than 10 years for his mother. When Randy was 7, members of a satanic cult kidnapped him for ritualistic purposes. After multiple out-of-home placements, Randy went to live with his maternal aunt where he set fire to her house after receiving a severe beating. The aunt, her husband, and two cousins died in the blaze. The authors of this chapter focus on play therapy with Randy but recognize that multiple approaches are necessary in treating a child who has been so severely abused. Because Randy was resistant to treatment, therapists used innovative play therapy and creative arts approaches with him. These included puppetry, masks, a cartoon lifeline, guided imagery, and warm-up exercises. (NCAC Abstract)

Homeyer, L. E. (1999). Group play therapy with sexually abused children. In D. S. Sweeney & L. E. Homeyer (Eds.), *The handbook of group play therapy: How to do it, how it works, whom it's best for* (pp.299-318). San Francisco: Jossey-Bass.

As youngsters participate in different kinds of play, group play therapists must be able to conduct multiple conversations at the same time. It is also important that play therapists be aware of interactions within the group and reflect to group members the meanings of those interactions. Through group play therapy, children learn them. Vicarious learning, the kind of learning that

comes from observing other group members, also happens in group play therapy. Homeyer lists specific guidelines for choosing children who have been sexually abused for group play therapy. Youngsters who have experienced recent trauma of any kind, those with serious psychiatric disturbances or severe mood and thought disorders should be treated in some other way. Children who participate in self-mutilation, those who have been sexually abused within a group, and those who may hurt others without remorse should also not be treated using group play therapy. Four themes may be seen in play within the group. They are traumatic sexualization, stigmatization, betrayal, and powerlessness. Where sexualized behavior is concerned, setting boundaries is important in group play therapy just as it is in individual play therapy. Homeyer specifically addresses the possible need for more therapy as abused children grow up. Parents should be told about this issue as group play therapy concludes, so they won't later decide the initial treatment failed and additional therapy would be useless.

Mook, B. (1999). Interpreting imaginative play in child psychotherapy: Towards a phenomenological hermeneutic approach. *Humanistic Psychologist* 27(2), 173-186.

Notes that the theoretical basis of play theory remains weak, despite renewed interest and technical advances in this therapy with children. It is argued that phenomenological hermeneutic approach to play therapy offers a philosophically grounded theoretical understanding of the meaning of children's expressions through imaginative play in a therapeutic context. Drawing upon H. G. Gadamer's ontological concept of play and P. Ricoeur's theory of interpretation, the author views a child's imaginative play as a text that calls for interpretation. The understanding and interpretation of imaginative play in play therapy is illustrated by means of a case vignette of a physically abused 6-yr-old male. The author suggests that interpretations within the playworld helped the child to work through his personal and relational problems in an imaginative way, and that new insights derived from play are in turn linked to the child's real life circumstances to foster integration, transformation, and healing. (PsycINFO Database Record © 2004 APA, all rights reserved)

Ryan, V. (1999). Developmental delay, symbolic play and non-directive play therapy. *Clinical Child Psychology & Psychiatry*, 4(2), 167-185.

This paper focuses on non-directive play therapy with maltreated and neglected young children, and explores ways in which their symbolic play seems to be activated and accelerated during play therapy. The frameworks of attachment and cognitive development are utilized to examine therapeutic relationships. Examples from normal development and from therapeutic work are given in order to describe more precisely the seemingly essential features in the development of symbolic play in young children. The important features of a child's social environment, physical environment and internal state which seem to contribute to the activation of symbolic play are then discussed in more de-tail. Finally, it is argued, studying a child's transition from concrete to symbolic play during play therapy contributes to our understanding not only of damaged and delayed children's development, but also provides additional information on normal children's development of this capacity.

Strand, V. C. (1999). The assessment and treatment of family sexual abuse: Case of Rosa, age 6. In N.B. Webb (Ed.), *Play therapy with children in crisis*. 2nd ed. (pp. 104-130). New York: The Guilford Press.

Rosa was referred by Child Protective Services for an evaluation and short-term treatment after the state of New York received allegations of sexual abuse about the child. Rosa was referred to Strand, so the therapist might help judge the possibility of sexual abuse, prepare for court testimony if needed, and assess and record ongoing treatment needs for the child and her family. Strand interviewed Rosa first rather than her parents because the court views "blind" evaluations as more objective. After six sessions, the therapist contacted CPS after concluding the child's behavior was consistent with having been sexually abused. Strand was then asked to testify in family court about her findings. After hearing the testimony, the court ordered all family members to treatment and called for the continuation of supervised visitation which had begun at Strand's direction. In this manner, the court restrained the father from hurting Rosa and at the same time showed an understanding that Rosa's father needed professional help. Rosa continued in therapy, and her mother began seeing a counselor. The child continued to have supervised visits with her father as he continued to deny he had done any-thing wrong and refused treatment.

Webb, N. B. (Ed.). (1999). *Play therapy with children in crisis: Individual, group, and family treatment*. 2nd ed. New York: The Guilford Press.

In this second edition of Webb's book, a number of individual stories of sexual abuse are presented as follow-ups seven to nine years after the earlier interventions. This edition also features eight new chapters with four of those involving group therapy for youngsters in crisis and for whom group treatment is deemed the most appropriate therapy. Part I describes assessment of the youngster in crisis and provides an overview of play therapy intervention. The word, "crisis," is defined as the "perception" of an event as intolerable and that exceeds the coping abilities and resources of the person. Crisis intervention is usually short-term and may prevent the development of post-traumatic stress disorder. Part II looks at case examples of six children who have witnessed parental violence or who have been sexually abused themselves including the story of six girls sexually abused by a teacher. Part III addresses other crises involving children including a physical abused boy and abuse in the home. Parts IV and V look at medical/health crises and instances of catastrophic events and war. The last section of the book includes one chapter on self-help for therapists and a short discussion of play therapy resources. The chapter on self-help for therapists discusses countertransference and the more serious vicarious traumatization, the changes inside the therapist that emerge from "empathic engagement" with clients' descriptions of their trauma. Countertransference includes five dimensions of responses by therapists including their frame of reference, self-capacities, ego resources, psychological needs, and memory system.

Webb, N. B. (1999). The child witness of parental violence: Case of Michael, age 4, and follow-up at age 16. In N. B. Webb (Ed.), *Play therapy with children in crisis*. 2nd ed. (pp. 49-73). New York: The Guilford Press.

At the insistence of Michael's day care teacher, the boy's mother consulted child and family therapist Webb. The teacher reported that Michael bullied other youngsters, often had tantrums, and verbally abused his teachers. Michael's mother was recently divorced from the boy's father and shared the teacher's concerns. In the child's case, these crises were identified through the initial evaluation. Michael had witnessed repeated beatings of his mother when he was between 18- and 20-months-old and was threatened with expulsion from day care because of his own aggressive behavior. The treatment plan included weekly play sessions for Michael and once-a-month parent counseling sessions with the mother and future stepfather. Webb scheduled an

observation visit with the day care center and offered to be available for phone consultations with Michael's teacher and the center director. Webb also planned to call Michael's father about meeting with her to discuss his son's development and help her assess and encourage any plans he had for future involvement with the boy. Early treatment for Michael required allowing him to re-enact and play out his experience of aggression and helplessness. Later treatment included behavior modification techniques.

Homeyer, L. E., & Landreth, G. L. (1998). Play therapy behaviors of sexually abused children. *International Journal of Play Therapy, 7*(1), 49-71.

Examined the question of whether there are specific play therapy behaviors associated with children who have been sexually abused, and whether these behaviors differ by sex and age of the children. A survey instrument was developed which listed 140 play therapy behaviors. 21 play therapists participated in a field test to establish external validity. 249 play therapists were also surveyed to identify professionals who provide play therapy. Analysis identified highly interrelated play therapy behaviors of sexually abused girls and boys from ages 3-10 yrs. Suggested use of the play therapy behaviors include assessments to detect sexual abuse and recommendations for child placement and/or court testimony. (PsycINFO Database Record © 2004 APA, all rights reserved)

Griffith, M. (1997). Empowering techniques of play therapy: A method for working with sexually abused children. *Journal of Mental Health Counseling, 19*(2), 130-142.

A therapeutic model is presented in which the mental health counselor functions as a play therapist with children who have been sexually abused. Play therapy, as addressed in this article, is based on existential, client-centered, and developmental theories. The purpose of play therapy is to relieve the emotional distress of sexual abuse through a variety of expressive play materials and imagination and is based on the notion that play is a child's natural medium of self-expression. Through the power of the therapeutic relationship and the belief of the mental health counselor in the child's strengths and potential for change and growth, self-esteem and empowerment within the child increases. (PsycINFO Data-base Record © 2004 APA, all rights reserved)

Herman, L. (1997). Good enough fairy tales for re-solving sexual abuse trauma. *Arts in Psychotherapy, 24*(5), 439-445.

In this case-study, a preschooler identifies covert sexual themes in the video versions of traditional children's video tales. The child used the tales in dramatic forms as a distancing technique to tell her therapist about the traumatic events of her past. By telling stories and creating dramas based on this material the child was able to find both an appropriate context and a process to discuss her concerns with her therapist and learn new ways of relating to her abuse.

Johnston, S. S. M. (1997). The use of art and play therapy with victims of sexual abuse: A review of the literature. *Family Therapy, 24*(2), 101-113.

The dramatic increase in the incidence of sexual abuse over the last decade has prompted mental health professionals to develop improved services for treating sexually victimized children and adult survivors. A re-view of the literature reveals that art and play therapies are extremely effective in both assessing the existence of sexual abuse through diagnostic indicators, and accessing sexually abused clients through a direct, active, and emotionally laden medium of communication. The specific play therapy techniques reviewed are sand play, puppets, anatomical dolls, and therapeutic drawings. The impact of art therapy as evidence in the courtroom is also examined.

Sanders, M. J., & Brown, S. R. (1997). Child abuse. In H. Steiner and I. D. Yalom (Eds.), *Treating preschool children* (pp. 159-185). San Francisco: Jossey-Bass.

For toddlers and preschoolers, play is effective in overcoming abuse and neglect because they can take a controlling role in re-creating painful situations. Sanders and Brown define client-centered play therapy, skill-centered play therapy, and psychodynamic play techniques. Appropriate rooms for play therapy are briefly described as are the choices of toys that could be used. Play therapy usually lasts 18 months to two years and occurs in five phases: establishing a trusting relationship with the child, drawing the child into play, portrayal of the maltreatment, constructing different solutions, and termination. Family treatment is discussed in the context of parenting groups and family play. Sanders and Brown outline the six phases of family treatment, paying particular attention to phases three, four, and five. The authors end the chapter by defining Munchausen by

proxy, a type of abuse in which a caretaker falsifies symptoms in another person, usually the individual's own child, to meet the caretaker's psychological needs. (NCAC Abstract)

Zinni, V. R. (1997). Differential aspects of sand-play with 10- and 11-year-old children. *Child Abuse & Neglect*, 21(7), 657-668.

Objective: The aim of this study was to determine whether or not differences existed between control and clinic children at one age group in terms of how they undertook a sandplay picture task. It was seen as important to determine whether or not these groups were indeed disparate in terms of amount of emotional stress or suffering. **Methodology:** An experimental comparison of the sandplay behavior and pictures of 10 and 11 year olds was conducted, with subjects equally distributed in two primary groups, clinic and control. Twenty-six clinic children (13 males and 13 females) were included, who had experienced primarily sexual, physical, and/or emotional abuse. Twenty-six control children (13 males and 13 females) were also included. All children came from the same metropolitan area. In order to validate the assumption that these two groups were distinct on the dimension of distress, the Achenbach Child Behavior Checklist was administered. An interrater counting technique was used to evaluate photographs of the pictures and score for content and theme. **Results:** Results indicated that there were differences in the sandplay pictures of clinic and control children in all three of the dependent variables; content, theme, and approach to the sandplay. Significant differences also existed between Achenbach groups. Most pronounced were the differences in approach to the sandplay, with clinic children, low competency and high problem children having difficulty staying within the boundary of the box, having more regressed play, and presenting more disorganized pictures. **Conclusions:** Sandplay pictures do differ between children who are experiencing emotional stress and those who are not. Sandplay may serve as a useful assessment tool in therapeutic work with children, as it is nonverbal in nature and generally popular with younger clients. More studies are needed which replicate this methodology, and which increase subject numbers.

Hall, P. E. (1997). Play therapy with sexually abused children. In H. G. Kaduson, D. Cangelosi, & C. Schaefer (Eds.), *The playing cure: Individualized play therapy for specific childhood problems* (pp.171-194). Northvale, NJ: Jason Aronson.

Play therapy is the most valuable means of aiding sexually abused youngsters because the safe environment of play can quickly ease the anxiety of the young school-aged child, Hall says. Therapists must look at the short- and long-term needs of the abused child. To meet short-term needs, the play therapist should focus on play themes of anxiety about initial disclosure and how this disclosure may affect the youngster and the family if the abuser is part of the family. Interventions that foster feelings of security and safety are vital. To meet long-term needs, the play therapist should focus mainly on ego-strengthening and healing from the abuse. Treatment plans should be individualized to meet the youngster's needs. Such techniques as storytelling, symbolic play, drawing and other artistic media, play with natural media such as sand and water, imagery, role playing, board games, and even high-tech computer games can be used to personalize treatment. Hall discusses the assessment phase particularly as it relates to diagnosing dissociative identity disorder, formerly known as multiple personality disorder. She then presents a case illustration of a 6-year-old girl who was referred to therapy following a year of court involvement. As therapy progressed, the girl reported abuse by her father. Un-structured fantasy play, sand play, art therapy, games of hide-and-seek, and play with anatomically correct dolls were among the techniques used during counseling sessions. As therapy ended, the child showed marked improvement in sleep, less fear, greater assertiveness, and higher self-esteem.

Cattanach, A. (1996). The use of dramatherapy and play therapy to help de-brief children after the trauma of sexual abuse. In A. Gersie (Ed.), *Dramatic approaches to brief therapy* (pp. 177-187). Philadelphia: Jessica Kingsley Publishers.

Describes a method of brief intervention with young children who have experienced a traumatic sexual assault / there is an initial intervention which is a de-briefing of the event and this is followed with further meetings to help the child contextualize the assault and help prevent post-traumatic stress / dramatherapy and play therapy processes are used to facilitate de-briefing and help cope with the incident (PsycINFO Database Record © 2004 APA, all rights reserved)

Ciotto, R. A., & Madonna, J. M. (1996). *Play therapy with sexually abused children: A synergistic clinical-developmental approach*. Northvale, NJ: Jason Aronson.

Using the study of 2½ years of videotaped sessions with a young boy to explain their ideas, Ciotto and Madonna present a new approach to play therapy based in part on the work of respected clinician and teacher Haim Ginott. Ginott's work has contributed greatly to the theory and practice of play therapy, and he is known for his belief that "a child's play is his talk and toys are his words." Four main principles of the synergistic approach are discussed. They include the beliefs that with increasing rapport and trust issues of conflict and concern will emerge in therapy and do not have to be forced, the importance of the therapist maintaining rather than blurring the child-adult distinction but doing so in a reassuring rather than threatening manner, the need for the therapist to remember the power dimension when reflecting the inferred meaning of play, and the necessity of monitoring the amount of intimacy required, encouraged, or allowed. Subjected to repeated sexual abuse and affected greatly by alcoholism and drug abuse within his family, 7½-year-old Mickey saw himself as a parental figure and was suicidal by the time he began receiving professional care. Mickey was referred to a social worker from the child abuse unit of a city mental health center. Through a thorough account of the boy's therapy, the authors show the assessment and planning phase, provide a complete overview of the first play therapy session, describe how Mickey asks the therapist to safeguard him during therapy, explain the eventual disclosure of the abuse and his subsequent expression of rage, and describe the boy's eventual ability to focus more on current circumstances rather than those in the past.

Cockle, S. M., & Allen, J. A. B. (1996). Nigredo and Albedo: From darkness to light in the play therapy of a sexually abused girl. *International Journal of Play Therapy*, 5(1), 31-44.

Examines the use of symbol and metaphor to bring about emotional, intra-psychic self-healing in a 6.3-yr-old female victim of sexual abuse. The authors' theoretical framework is outlined, as well as: the role of the therapist, rhythm of therapy, mapping the process, theme development, struggle of opposites, circumambulation around the problem, progression/regression, and resolution. The theoretical base of this work is a combination of child-centered and Jungian play therapy. Finally, a description of the child's symbolic journey from the darkness of woundedness to the light of healing is provided. (PsycINFO Database Record © 2004 APA, all rights reserved)

Purcell, W. J. (1996). Grandiosity, trauma and self. *Journal of Child Psychotherapy*, 22(1), 112-127.

Distortions and inversions of H. Kohut's phase of grandiosity play a major role in multi-generational patterns of child abuse and neglect. Such families are considered "upside down" in their organization: parents enact unmet needs for mirroring and grandiose assertion, while the child experiences anxiety and endures a split between defensive compliance and a turbulent, trauma-ridden inner life. Within the space of this lonely inner life, the child fixates on atavistic power fantasies and dreams of possessing or controlling its objects. Hence, distortions of power and grandiosity replicate themselves from 1 generation to the next. The therapeutic play of children from upside down families typically passes through 4 phases: (1) reenactment of trauma vignettes; (2) restoration of appropriate grandiose and mirroring themes; (3) restoration of rudimentary empathic abilities and empathy longing; and (4) the search for an appropriate parenting object. Psychoanalytically based play therapy is effective when combined with other interventions to stabilize the child's milieu. The case of a 10-yr-old boy referred for therapy illustrates these ideas. (PsycINFO Database Record © 2004 APA, all rights reserved)

Cattanach, A. (1995). *Play therapy with abused children*. Philadelphia, PA: Jessica Kingsley Publishers.

With its simple yet detailed approach and more than a dozen photographs and drawings, this book is especially helpful for the beginning play therapist. Cattanach discusses the effects of sexual abuse on children, the healing to be gained from play therapy, what is needed to start play therapy, the process of play therapy in general, and play therapy with children who have been physically or sexually abused. She addresses her closing chapter to the therapist. Cattanach presents the case for play as a means of healing, keeping in mind that some professionals still discount its use because it isn't "serious" like talk therapy. A four-concept model of play therapy is presented. These concepts include: the central nature of play as a youngster's way of understanding the world, play as a developmental process a child uses to discover his individual nature, play as symbolism in which a youngster can experiment with imaginative choices at a distance from the consequences of those choices in real life, and play as it happens in a therapeutic setting including the space between child/therapist relationship and the space to define what is "me." The chapter on physically abused youngsters is presented through four case examples of abused youngsters

ages 3 through 10. The chapter on the sexually abused child provides particular information on helping youngsters with learning difficulties and working with boys. Most sexually abused boys are abused by men just as girls are. While boys experience many of the same feelings as girls about the abuse, they may feel anxious about their own sexuality and ambivalent about hating their own sex. Boys may also feel vengeful, and play therapists may have to work with them as victims and perpetrators. Cattanach gives three case examples of boys' ages five through 12, using stories the boys have created about the "monsters" who abused them.

Namka, L. (1995). Shame busting: Incorporating group social skills training, shame release and play therapy with a child who was sexually abused. *International Journal of Play Therapy, 4*(1), 81-98.

Describes trauma in children as resulting when a child is exposed to severe physical or sexual abuse and feels betrayed, overwhelmed, and helpless. A case of a 4-yr-old boy with sexualized and aggressive behavior is presented. In this case, a combination approach drawing from different theoretical approaches was used to help the S deal with shame which resulted from the trauma of being sexually abused. Therapeutic emphasis was placed on reducing the internal anger, helplessness and feelings of unworthiness through a weekly social skills training group which emphasized expressing un-comfortable feelings. Individual play therapy incorporated shame reduction techniques developed by the author. A firm classroom structure and insistence on self-responsibility along with loving nurturance from teachers helped the child set limits on acting out behavior. (PsycINFO Database Record © 2004 APA, all rights re-served)

Pardeck, J. T., & Markward, M. J. (1995). Bibliotherapy with abused children. *Families in Society, 71*(4), 229-235.

Discusses bibliotherapy with an emphasis on how it can be used to help the abused child. Examples of useful books for helping children cope with abuse are presented. A case study describes a group of children who were abused. The group met for 6 weeks and was conducted by a social worker. The purpose of the group was to provide support, improve socialization skills, and raise the self-esteem of the children. (PsycINFO Data-base Record © 2004 APA, all rights reserved)

Rasmussen, L. A., & Cunningham, C. (1995). Focused play therapy and non-directive play therapy: Can they be integrated? *Journal of Child Sexual Abuse*, 4(1), 1-20.

There are two schools of thought for providing play therapy to children: non-directive and focused. This paper reviews the rationale for both non-directive and focused approaches to play therapy. The authors discuss why non-directive therapy alone may be ineffective in treating sexually abused children and abuse-reactive children. A prescriptive approach is proposed that combines the rapport building component of non-directive play therapy with focused techniques (i.e., cognitive-behavioral therapy, metaphors, bibliotherapy, and art therapy). The authors discuss how this integrated approach can meet the therapeutic needs of sexually abused and abuse-reactive children.

Van de Putte, S. J. (1995). A paradigm for working with child survivors of sexual abuse who exhibit sexualized behaviors during play therapy. *International Journal of Play Therapy*, 4(1), 27-49.

Discusses how play therapists cope with sexually abused children who display sexual behaviors during play therapy. The author briefly reviews the literature regarding how to handle this problem. Three types of sexualized play observed during play therapy are described: abuse reactive play, re-enactment, and symbolic sexualized play. The author discusses possible therapist reactions to, and useful therapeutic interventions for, each type of play described, including limit-setting, witnessing/active listening, and active participation. (PsycINFO Database Record © 2004 APA, all rights reserved)

Gil, E. (1994). *Play in Family Therapy*. New York: The Guilford Press.

Family therapy often fails to include young children, dealing instead with one or both parents or a teen and one or both parents. There seem to be three reasons for this exclusion. First, many family therapists receive no basic clinical training in working with youngsters. Second, some of the most influential founders of family therapy emphasized treating teen delinquency and adult schizophrenia rather than problems of early and middle childhood. Finally, before the publishing of Gil's book no one had offered a detailed list of techniques for including youngsters in family therapy. The author has a chapter on the reasoning behind combining play therapy and family therapy. The play therapy methods she features includes family puppet interviews and mutual

story-telling techniques, family art therapy, feeling cards, and games such as the talking, feeling, doing game which can enhance family communication. This book also features a play therapy bibliography and a listing of play therapy programs from the Center for Play Therapy at the University of North Texas.

Reichert, E. (1994). Play and animal-assisted therapy: A group-treatment model for sexually abused girls ages 9-13. *Family Therapy, 21* (1), 55-62.

Presents a framework for conducting group therapy for girls ages 9-13. The model was developed from the author's clinical experience in conducting a series of groups over 4 years at the Project Against Sexual Abuse of Appalachian Children. Treatment modalities consist of animal-assisted therapy. There are 3 treatment phases. Phase 1 conveys why it is necessary to slowly and carefully examine what happened to the children and explain therapy in the form of metaphor. Phase 2 re-creates the traumatic elements through play and fantasy in which the children can be victorious survivors rather than victims. Phase 3 integrates education and prevention and deals with termination of the group. (PsycINFO Database Record © 2004 APA, all rights reserved)

Van de Putte, S. J. (1994). A structured activities group for sexually abused children. In K. J. O'Connor & C. E. Schaefer (Eds.), *Handbook of play therapy, Vol. 2: Advances and innovations* (pp. 409-427). Oxford, England: John Wiley & Sons.

A structured activities group was initiated by the author as a supplement to individual [play] therapy. The group was intended as a strategy for allowing sexually abused children to develop the ability to verbalize their experiences by modeling the behavior of same-aged peers. This chapter describes the procedures and circumstances of this group technique.

White, J., & Allen C. T. (1994). Play therapy with abused children: A review of the literature. *Journal of Counseling & Development, 72*(4), 390-394.

Until the mid-1990s, most clinicians focused on professional help for adult survivors of sexual abuse. As a result, a lack of literature was devoted to the issues, behavior, and treatment of neglected and abused children. In this article, White and Allen provide an overview of the theory, application, and goals of play therapy and identify the themes and behaviors often observed in the play of abused children. The authors also critique 22 published studies that specifically focus on

childhood abuse and neglect and play therapy. Seven characteristic play behaviors are identified: developmental immaturity, opposition and aggression, withdrawal and passivity, self-deprecating and self-destructive behavior, hypervigilance, inappropriate sexual behavior, and dissociation. The two play themes observed are unimaginative, literal play and rigid play that is repetitive and compulsive. White and Allen were highly critical of the 22 studies they focused on in this article.

Ciotto, R., & Madonna, J. (1993). Crucial issues in the treatment of a sexually abused latency-aged boy. *Issues in Comprehensive Pediatric Nursing, 16*(1), 31-40.

Presents a case study of the play therapy treatment of a 7-yr-old boy who had been sexually and physically abused by 2 uncles. The psychological sequelae were extensive, with a primary impact on the S's self-concept. His feeling that he had failed his sister (who had also been abused) constituted the most damaging assault on his self-concept. The treatment goals were to help the S sufficiently differentiate thoughts, feelings, and values related to the abuse such that a developmentally enhanced understanding of the abuse and his reaction to it could be achieved. The S's underlying depression (which had erupted into suicidal behavior) was addressed. This involved enabling him to recognize his rage and externalize it progressively in expressive play and words. The therapy progressed in several stages: respect of the S's defensive posture, assessment of the abuse, disclosure, rage and retribution, and successful termination of therapy. (PsycINFO Database Record © 2004 APA, all rights reserved)

Fatout, M. F. (1993). Physically abused children: Activity as a therapeutic medium. *Social Work with Groups, 16*(3), 83-96.

Contends that games and activities permit abused children to deal with the locus of control and helps them to internalize this from persons and situations in the environment. Group therapy is described as allowing abused children to deal in a protected environment with authority figures, relationships with others, and their own maladaptive behavior. The author describes a project initiated by a child welfare agency with small groups of 5-7 latency-aged abused children who were living in foster care. Areas of deficit that were ameliorated with the use of activities included powerlessness, identity and self-esteem, inability to express feelings, lack of experience in trying roles, lack of ability to connect feelings with behaviors, and inability to test reality. (PsycINFO Database Record © 2004 APA, all rights reserved)

Hall-Marley, S. E., & Damon, L. (1993). Impact of structured group therapy on young victims of sexual abuse. *Journal of Child & Adolescent Group Therapy*, 3(1), 41-48.

This study reports the early results of an ongoing program of research on the effectiveness of the parallel group model (Damon & Waterman, 1986) in treating young victims of sexual abuse. Because there were only 13 children in this initial study, sophisticated analyses of the data were not possible. However, the results suggest that this treatment model is effective in ameliorating the behavioral symptoms of young sexually abused children.

Provus-McElroy, L. (1993). Healing a family's wounds. In L. B. Golden, & M. L. Norwood (Eds.), *Case studies in child counseling* (pp. 121-131). New York: Merrill/Macmillan Publishing Co.

This chapter presents the case of a 6-yr-old girl who was sexually abused by her half-brother. The child was diagnosed with Adjustment Disorder with Mixed Emotional Features. The primary treatment was unstructured, psychoanalytically oriented play therapy. The author also used family systems therapy as a method to keep family members involved and to improve the possibility of successful progress for the child. The author also used psycho-educational "biology lessons."

Roesler, T. A., Savin, D., & Grosz, C. (1993). Family therapy of extrafamilial sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 32(5), 967-970.

A significant portion of children referred for psychiatric treatment have been sexually abused. One of the most difficult symptom manifestations to treat in young children is the management of anger. In this case, a 4-year-old boy was sexually abused by persons outside the family. He showed symptoms of regressive behavior including encopresis, enuresis, difficulty sleeping, fearfulness, recurrent nightmares, and had hyperalertness and frequent outbursts of anger. Treatment initially involved group therapy, with a concurrent parents' group. After experiencing little improvement in group therapy, the youngster was put in individual play therapy and family therapy. Family therapy proved essential in creating a safe environment for the patient where he could learn to regulate his affect and process his traumatic experience successfully.

Russ, S. W. (1993). *Affect and creativity: The role of affect and play in the creative process*. Hillsdale, NJ: Lawrence Erlbaum Associates.

With creativity a major part of play and play therapy, much is known about the link between cognitive thinking and creativity. Russ concludes that the role of affect, feeling or emotion distinct from cognition is important as well. What is the implication of the author's conclusion for psychotherapists? Nurturing creativity is often a by-product of therapy for certain clients. Many kinds of psychotherapy help individuals gain access to taboo-laden memories and repressed feelings. As the therapeutic process continues, these individuals become open to flexible ways of problem-solving.

Wolf, V. B. (1993). Group therapy of young latency age sexually abused girls. *Journal of Child & Adolescent Group Therapy*, 3(1), 25-39.

This paper describes a group therapy approach with six sexually abused girls, ages 5–8, who were having problems in relating to peers and adults at school and at home. The goal of the group was to modify specific maladaptive behaviors resulting from sexual abuse by focusing on relationship issues in the group while re-solving the sexual abuse issues. Two cotherapists led an open-ended long term group for 1 1/2 years. The group followed the stages of group as described by Yalom. The therapists used a systems theory approach as well as techniques of reframing, interpretation, constant reinforcement, education, cognitive restructuring, role play and art therapy. The therapists remained focused on the relationship issues within the group regardless of the content of the group. All of the children benefited from the group as they met their behavioral goals as re-reported by therapists, caretakers and teachers.

Klem, P. R. (1992). The use of the dollhouse as an effective disclosure technique. *International Journal of Play Therapy*, 1(1), 69-73.

Presents an overview of use of the dollhouse to facilitate disclosure. The patient was a 6 year old albino male, diagnosed as developmentally delayed who suffered physical abuse from his father and an older brother. The goal of the therapy was to assist the child in the processing and healing of his trauma. During 4 sessions the child was able to disclose his trauma and produce solutions with the aid of the therapist and dollhouse. The child's choice of metaphor, the dollhouse, assisted

him in overcoming to a degree, the sense of helplessness and isolation he felt during the abuse. (PsycINFO Database Record © 2004 APA, all rights reserved)

Gil, E. (1991). *The healing power of play: Working with abused children*. New York: Guilford Press.

Gil combines a practical “how-to” approach with theory to produce a guide that can aid child therapists of all backgrounds in their work with abused youngsters. She differentiates between directive and non-directive play therapy and outlines six clinical examples. These examples include a 7-year-old boy who suffered severe parental neglect, a kindergarten-age boy sexually abused by a male adult outside the family, a 9-year-old boy who underwent multiple traumas, a pre-school age girl who was sexual abused by two teens, a 7-year-old girl who suffered neglect compounded by the trauma of a hospitalization, and an 8-year-old girl traumatized by chronic sexual abuse. In a chapter at the end of her book, Gil addresses countertransference, clinician self-care and safety, and the necessity of treating each child on an individual basis.

Meekums, B. (1991). Dance/movement therapy with mothers and young children at risk of abuse. *Arts in Psychotherapy, 18*(3), 223-230.

Outlines interventions that were used during a dance/movement therapy program (DMT) with mothers and young children at risk of abuse and provides a summary of study findings (B. Meekums, 1990). Mothers were interviewed by the dance/movement therapist before, during, immediately after the DMT program and 6 mo later. The findings are based on (1) prognostic features at referral, (2) maternal report concerning the nature of change in the mother-child relationship and the family system, (3) maternal report concerning the nature of the intervention, and (4) observation. The study suggests that an appropriate referral to group DMT for mothers and young children at risk of abuse might be made when the pair have suffered an interruption in the attachment process, but when other mother-child relationships in the family system are functioning normally. (PsycINFO Database Record © 2004 APA, all rights reserved)

Webb, N. B. (Ed.). (1991). *Play therapy with children in crisis*. New York: The Guilford Press.

This casebook grew out of a need to teach graduate and post-graduate social work students detailed examples of how to lead play therapy. However, this volume may also be instructive for training child therapists in the fields of child psychiatry, clinical psychology, child welfare, art therapy, child life therapy, psychiatric nursing, special education, and pastoral counseling. Webb recognizes that crisis intervention in children ages 3 to 11 is quite different from working with adolescents and adults in crisis. She includes case studies of children affected by physical and sexual abuse, loss through death, divorce, foster placement and addiction, critical physical health problems, and natural disasters. Webb has a short chapter listing toy catalogs and selected training programs. She says the Center for Play Therapy in Denton, Texas will supply a complete directory of training programs for a small fee. See the references for the more recent edition, published in 1999, above.

Celano, M. P. (1990). Activities and games for group psychotherapy with sexually abused children. *International Journal of Group Psychotherapy*, 40(4), 419-429.

In group psychotherapy with sexually abused children, clinicians are using games and activities to address issues related to sexual abuse and its prevention. Games and activities provide a relatively structured and nonthreatening forum for discussing topics that children may find difficult or embarrassing, including the inappropriateness of sexual abuse and the child's feelings toward the offender, parents, and other authority figures who did not protect the child. Specific games and activities used include prevention films, role plays, and communication board games. Benefits and risks associated with the use of these resources are discussed. (PsycINFO Database Record © 2004 APA, all rights reserved)

Marvasti, J. A. (1989). Play therapy with sexually abused children. In S. M. Sgroi (Ed.), *Vulnerable populations: Sexual abuse treatment for children, adult survivors, offenders, and persons with mental retardation*, Vol. 2. (pp. 1-41). Lexington, MA: Lexington Books.

Not every child victimized by child sexual abuse needs play therapy. For those youngsters who do, this chapter provides a highly detailed guide for the therapist. Using more than two dozen case examples of male and female victims, Marvasti outlines the four stages of play therapy, names the principles and goals of play therapy, and describes a variety of techniques including mutual storytelling, drawing, role reversal, the use of props, and psychodrama. The author is a child and adult psychiatrist who has been director of the Sexual Trauma Center in Manchester, Connecticut since 1981. He is a faculty member of the Saint Joseph College Institute for Child Sexual Abuse Intervention in West Hartford, Connecticut.

Chan, J. M., & Leff, P. T. (1988). Play and the abused child: Implications for acute pediatric care. *Children's Health Care*, 16(3), 169-176.

Child maltreatment is a major pediatric health care concern. A large number of children will be admitted to inpatient pediatric settings for treatment of injuries resulting from child abuse and/or neglect. This article focuses on the role of play during the abused child's acute inpatient admission. Sensitive crisis management and careful assessment and treatment of the child through play are significant contributions to the comprehensive care of such children.

Sinason, V. (1988). Dolls and bears: From symbolic equation to symbol: The significance of different play material for sexually abused children and others. *British Journal of Psychotherapy*, 4(4), 349-363.

Discusses the use of toys in therapy as a valid way to explore incidents of sexual and physical abuse of children, based on the author's own experience with children aged 5-15 yrs in different settings (a school for emotionally and behaviorally disturbed children, a child psychiatry department, and a clinic). It is suggested that children who have experienced sexual attacks need a variety of different material (i.e., different sized dolls) to help them regain their capacity to symbolize. The meaning of new toys for children in therapy is emphasized, and excerpts from therapy sessions are included. (PsycINFO Database Record © 2004 APA, all rights re-served)

Mitchum, N. T. (1987). Developmental play therapy: A treatment approach for child victims of sexual molestation. *Journal of Counseling & Development, 65*(6), 320-321.

Developmental play therapy is based on attachment theories where the belief is that a personal relationship with at least one adult involving play and physical body contact is needed for a youngster to learn how to relate to others. . A child victim of incest has had one primary attachment relationship violated; developmental play therapy gives the youngster an opportunity to build a new close relationship through work with an adult therapist. Five youngsters, all 4 years old, were chosen to participate in the therapy group described in this article. Mitchum was the group leader. Each child had an adult partner, a female graduate student studying for a master's degree in counseling. The group met once a week for 10 sessions at a church. The games and their sequence were carefully planned to allow the preschoolers to slowly learn they could trust and accept their adult partners. Among the successful games were Magic But-ton, Gingerbread Boy, Race Track, Pass-It-On, Cradle Rocking, and Trick-Time. The children were initially afraid and shy, but the fear was replaced by courage and laughter by the fourth session.

Federation, S. (1986). Sexual abuse: Treatment modalities for the younger child. *Journal of Psychosocial Nursing & Mental Health Services, 24*(7), 21-24.

Describes appropriate treatment for the sexually abused child aged 3-5 yrs. It is suggested that consistent psychotherapy may be able to alleviate current symptoms and lessen long-term effects of sexual abuse. Treatment centers on simple teaching tools, basic vocabulary, and observation of themes that recur in play therapy. It is emphasized that the child's psychosocial stability and development as well as teaching for prevention of further sexual abuse are key issues. (PsycINFO Database Record © 2004 APA, all rights reserved)

Howard, A. C. (1986). Developmental play ages of physically abused and nonabused children. *American Journal of Occupational Therapy, 40*(10), 691-695.

Because play is an important developmental process influencing socialization, physical abuse may adversely affect the developmental play age of children. This study compared the developmental play age of 2 groups of children aged 1-5 years, 12 of whom were physically abused and 12 of whom were not. Ss' play behaviors were recorded using the Preschool Play Scale. Deficits in developmental play age and play imitation were found in the abused group. Implications for

occupational therapy practice in the identification, assessment, and treatment of physically abused children are examined. (PsycINFO Database Record © 2004 APA, all rights reserved)

Schaefer, C. E., & Reid, S.E. (1986). *Game play: Therapeutic use of childhood games*. New York: John Wiley & Sons.

In the early literature on play therapy, formal games received scant attention. Schaefer and Reid help fill that void by presenting an extensive overview of the effectiveness of such games in play therapy. In this volume, 17 experts in the field describe their approaches in de-tail. The authors state that board games are particularly effective for the resistant child who has been told by parents, teachers, or other adults not to discuss sexual or other abuse. The writings in this book are divided into four sections: communication games, games for problem-solving, ego-enhancing games, and socialization games.

Amacher, E. S., & Eaddy, V. B. (1985). *Play techniques in interviewing children*. Knoxville, TN: Office of Research and Public Service, University of Tennessee College of Social Work.

Social workers were pioneers in child welfare, Amacher and Eaddy acknowledge, but today they lack specialized training in aiding youngsters. The focus of this 109-page manual is on play techniques as the major tools for interviewing and assessing children and helping those youngsters assimilate personal experiences too complex for them to understand. The authors describe empathetic listening which is the basis for interviewing skills, play related to age and development, play related to developmentally delayed children, materials and techniques for interviewing sexually abused youngsters, and techniques to prepare children for adoption. The appendix lists tests often used to assess child development and common tests of speech and language, and it provides charts briefly describing milestones of typical child development.

Schaefer, C.E., & O'Connor, C. (Eds.). (1983). *Handbook of play therapy*. New York: John Wiley & Sons.

Twenty-five authorities on play therapy give the reader an overall look at new advances in the field. They discuss the major theories on play therapy in the first section including the psychoanalytic, nondirective, family, and limit-setting approaches. The second section tells

therapists how they can use the developmental stages of play: sensory-motor play, pretend play, and games with rules. Play therapy techniques and their use in particular settings are the focus of the next section. The final section describes prescriptive approaches for youngsters with differing needs including victims of child abuse. The chapter on working with child abuse victims includes information on the design of the playroom, play materials, teaching children how to play, the four stages of therapy, and special problems in treating abused youngsters such as post-traumatic reactions and fears about separation from parents.

Schaefer, C. (1979). *The therapeutic use of child's play*. Northvale, NJ: Jason Aronson Inc.

In his professional capacity at a residential treatment center for children, Schaefer realized his students had a narrow perspective on the use of play therapy. His objective in this 684-page text is to provide a wide representation of the viewpoints in this field. Schaefer opens with a discussion on understanding child's play including the importance of play and fantasy in cognitive development and the psychoanalytical theory of play. In the following section on major approaches to the therapeutic use of play, he notes that children, especially under 10, relate to therapists initially on the basis of play. Play activity by these youngsters can be examined from two points of view, one stressing play as a method of bringing out fantasies and unconscious desires and the second to give the child familiar tools so he can relate to the therapist. An outline of play techniques in the third section includes chapters on finger painting, the use of puppets, and diagnostic family interviews. The final section describes a variety of clinical experiences and includes chapters by such noted therapist/researchers as Erik Erikson and Virginia Axline. (NCAC Abstract)