

Chapter 7

Pre–Therapy in Child– Centered Play Therapy: A Model for Treating Children with Autism

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ABSTRACT

Child-centered play therapy (CCPT) is widely used among practitioners as a developmentally responsive mental health treatment for children with a variety of behaviors and presenting problems, however for children with disabilities, modifications to CCPT may be warranted. Therefore, the purpose of this chapter is to present a model of pre-therapy in CCPT for treating children with ASD and other developmental disabilities. This chapter begins with an overview of person-centered therapy and pre-therapy; then moves to an explanation of using pre-therapy in CCPT. The chapter concludes with a synopsis for using therapeutic responses across three phases in pre-therapy. Recommendations for future research are discussed.

RATIONALE

Children that meet diagnostic criteria for Autism Spectrum Disorder (ASD) and other developmental disabilities have impaired functioning in all areas of their lives (Dekker, Koot, Ende & Verhulst, 2002; Dykens, 2005; Matson, Fostad & Rivet, 2009; Rogers & Pennington, 1991). Children with neurodevelopmental disorders have deficits in communication, self-regulation, and executive functioning. As a result, children with ASD have difficulty forming peer and familial relationships, demonstrating appropriate social skills and displaying classical play behaviors (Rogers & Pennington). For many children with developmental disabilities, play follows an atypical pattern, which is characterized by a lack of pretense, spontaneity, creativity, and social interaction. The upshot of the array of impairments is observed through children's peer interactions; their lack of perspective-taking, reciprocal communication, and social flexibility, all of which are requisites to the development of imitation and play. Without

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early support, deficits in appropriate socialization, communication, and play remain constant (Green, O'Reilly, Itchon, & Sigafos, 2004).

Treating children with ASD is complex and for children with stunted functional communication, treatment options are limited because most interventions are dependent on children's ability to verbally express their thoughts and emotions. Specifically, practitioners serving children with ASD primarily utilize psychopharmacology and behavioral methods to modify children's behaviors and alter their deficiencies. As an outgrowth of recent outcome studies, scholars have highlighted the importance of developing interventions that not only address children's behavioral difficulties but also their emotional, social, and developmental needs (Goodman & Linn, 2003; Seltzer & Krauss, 2001). In response, numerous directive and non-directive interventions have been developed for teaching children social skills and play behaviors. However, to date, a humanistic counseling intervention that is adapted for working with children with ASD has not been developed.

Because contact work in person-centered therapy has been found to increase social skills and speech, contact work in child-centered play therapy (CCPT) may increase functional communication, imitation and play for children with developmental disabilities. Support for children with ASD is important and play therapists are not only positioned to help children process their thoughts and feelings, but also provide an attachment relationship that helps children communication and play development. This chapter begins with an overview of person-centered therapy and pre-therapy; then moves to an explanation of using pre-therapy in CCPT. The chapter concludes with a synopsis for using pre-therapy in practice and research.

THEORETICAL BACKGROUND

Person-Centered Therapy

Person-centered therapy (PCT) is considered to be one of the leading relational approaches to therapy (Cooper, O'Hara, Schmid and Wyatt, 2007). PCT is a theory of psychological growth that promotes the notion that all people naturally move towards development and differentiation in unique ways. Specifically, an emphasis is placed on growth producing social environments and relationships and as such, the person-centered therapist aims to provide a mutually facilitative climate comprised of specific affirming conditions. The resultant presumption is that the growth producing environment allows for clients to reestablish contact with their core self, which ultimately leads to self-direction, change and growth.

Central to the formation of the therapeutic relationship, Rogers (1957) held that specific conditions were necessary for client change to occur. Specifically, Rogers emphasized that (a) the client and therapist engage in psychological contact, (b) the client demonstrates incongruence (c) the therapist demonstrates congruence, (d) the therapist experiences unconditional positive regard for the client, (e) the therapist experiences and communicates empathy to the client, and (f) the client receives the therapists use of empathy and unconditional positive regard. In describing the first condition, Rogers contended that relationship formation was contingent on psychological contact, which is defined as mutual, reciprocal communication. In PCT, one displays contact through meaningful verbal and non-verbal dialogue, relational interactions, and self-awareness.

For many client populations, including children with ASD and other developmental disabilities, psychological contact is difficult to maintain and social relationships are impaired.

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