Chapter 7
Play Therapy at a Crossroads:
A Vision for Future Training and Research

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ABSTRACT

This chapter outlines technology and research issues that are critical to the development of play therapy as an expressive therapy for children. Technology issues involve how to provide quality training outside the traditional model of face-to-face education. Research issues involve establishing empirical value to inform the practice of training play therapists in a way that ensures access and rigor. The growth of the profession relies on the ability to train play therapists so that play therapy continues to be part of the therapeutic toolkit for children provided by mental health providers. The vitality of the profession relies on the ability to produce credible clinical research that meets the standards of clinical evidence.

INTRODUCTION

Play therapy is at a crossroads intersected by technology and research. The interface with technology is primarily an issue of understanding how to use technology to provide quality training outside of the traditional model of face-to-face education and overcoming the profession's hesitancy to validate the use of online learning for the education necessary to become registered.

The interface with research involves meeting the expectations of the therapeutic community by establishing play therapy's empirical value. Play therapy research has only recently begun to recognize the need to establish a solid base of clinical research that fits the criteria for empirically valid clinical research. Establishing empirical value will also demonstrate to third-party payers that play therapy has validity. Thus, research will strengthen the case for claims payment. In addition, research will inform the practice of training play therapists in a way that ensures access and rigor.

How advocates of play therapy address these issues is critical to its future development. This

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chapter outlines these concerns and offers a vision for the online clinical training of play therapists to ensure the development of the field.

BACKGROUND

Play therapy as an expressive therapy for children is relatively new, with the majority of its development occurring since World War II. The Association for Play Therapy (APT) (2010a) defines play therapy as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (para 2). APT is the American professional organization for play therapists, representing more than 5,000 members. Founded in 1982, APT registers play therapists and play therapy supervisors based on standards for training, practice, and continuing education since 1993, with more than 1,600 registered play therapists and play therapy supervisors (APT, 2010b).

Play therapy has a rich history. Schaefer and O'Conner (1982) saw the early history of play therapy as the diversification of psychoanalytic approaches into a variety of clinical approaches. Significant developments in the history of play therapy begin with the use of play in therapy with children by Hug-Hellmuth in 1919; 10 years later Anna Freud and Melanie Klein incorporated play into their sessions (Schaefer & O'Conner, 1982). Melanie Klein and Anna Freud proposed that play was the child's way of free associating (Gil, 1991). In 1947, Virginia Axline published *Play Therapy* which brought to the forefront developments in the treatment of children that centered around play.

Play techniques had been mentioned as early as 1909 when Freud used play to uncover unconscious fears and concerns (Gil, 1991). Gil (1991) noted the development of play therapy evolved with the structured play therapies in which the therapist took an active role in determining the course and focus of therapy and the belief in the cathartic value of play followed by the emergence of the relationship therapies by such therapists as Rank, Rogers, and Moustakas. This approach promotes the full acceptance of the child and stresses the importance of the therapeutic relationship with the genuineness of the relationship as critical to success in therapy. Axline (1947) said that play therapy "was an opportunity that is offered to the child to experience growth under the most favorable conditions.... play is the natural medium for self expression...." (p. 16).

Axline (1947) modified Roger's client-centered approach into a play therapy technique. Her eight basic rules have become known as the credo of the approach (Schaefer & O'Conner, 1982). Schaefer and O'Conner noted that in 1949 Bixler presented the concept of the therapeutic limit as the primary vehicle of change in therapy. Ginott added to that perspective on the importance of limit setting as part of the therapeutic process (Schaefer & O'Conner, 1982).

Following these developments in the first half of the 20th century, there has been a proliferation of different theoretical orientations to the approach to play therapy and the development of applications of play therapy. For the most part, these were based on theory without the close examination of the efficacy of the models, with a few notable exceptions.

One of these was the development of filial therapy by Bernard and Louise Gueney in the 1960s under the premise that parents were the best people to be the therapeutic agent for the child. Their center at Penn State University became the center of research on filial therapy with a number of dissertations and subsequent publications of the data. With the development of the 10-week model by Gary Landreth at the University of North Texas and the retirement of the Guerneys, North Texas became a major site for training and research on play therapy and filial therapy. At the same time other research centers developed, and a number of educators and therapists developed