

CHILD-CENTERED PLAY THERAPY

A Practical Guide to Therapeutic
Relationships with Children

SECOND EDITION



NANCY H. COCHRAN, WILLIAM J. NORDLING
AND JEFF L. COCHRAN

Foreword by Louise F. Guerney



“This is a fully comprehensive manual on child-centered play therapy (CCPT) for trainers, students, and practitioners! The authors provide not only a treasure of information on the CCPT approach but also myriad case examples, learning activities, and practical exercises within each chapter. For trainers, this expands and solidifies the essential CCPT skills for their students, ensuring this approach is practical and fully applicable. The structure of the book matches the developmental nature of training, enabling the pace of personal development and self-understanding to scaffold and consolidate learning. The second edition provides a new chapter covering updated research outcomes, cultural competence, and intersections with neuroscience. This timely addition makes this book a top choice for CCPT trainers, their students, and for practitioners both novice and experienced.”

Judi Jacobsen, MNZAC, founding director of ChildPlayWorks

“*Child-Centered Play Therapy* is a theory- and research-based practical guide for learning fundamental play therapy skills such as tracking and responding to questions. It includes chapters that address alternative play therapy skills, such as filial therapy, and essential accountability skills for working in organizations, such as evaluating and reporting progress, goal setting, and treatment planning. Ethical issues in play therapy are woven throughout the text and in a dedicated chapter on the topic. The text is a well-balanced integration of theory, research and practice on play therapy.”

Joanne Cohen, Ph.D., professor of counseling education and student affairs, Kutztown University

“I have used various textbooks over the years to teach students the core skills of child-centered play therapy. This has been in both face-to-face settings and online courses. While many texts do a fine job of presenting the basic skills of child-centered play therapy, *Child-Centered Play Therapy* meets every item on my checklist, reducing the supplemental readings that I used to provide. The clear, understandable writing, the firm foundation of the core skills and ideal qualities of the therapist, and the helpful advice from seasoned play therapists has made this book a delight to use in teaching students child-centered play therapy. From suggested reading material in the waiting room for parents, to toy selection, to clear examples of how to respond to the child, to getting at the heart of the matter, this book has it all.”

Harvey Payne, PsyD, associate professor, dean, and vice president for academic affairs for digital learning at the Institute for the Psychological Sciences, Divine Mercy University



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Child-Centered Play Therapy

Designed for professionals adding play therapy to their practices as well as for graduate students, the second edition of *Child-Centered Play Therapy* is comprehensive, engaging, and practical.

The authors provide a strong theoretical base from which to understand the whys and hows of child-centered play therapy and guide readers through all necessary skills for successful practice. From playroom setup, tracking and empathy, limit-setting, and role-play to treatment planning, recognizing stages, measuring progress, and working with parents and teachers, each chapter anticipates readers' questions and covers key concepts in diverse ways to meet different learning styles.

On the book's website, readers will find a test bank, sample slides and syllabi, treatment planning forms, as well as additional activities and worksheets for students and trainees.

Key Features:

- Everything needed for best practices in child-centered play therapy in one book.
- Plain-spoken, practical writing.
- Vivid case stories and vignettes.
- New neuroscience findings linked to long-held wisdoms of child-centered play therapists.
- Outcome research reviewed across problem areas of externalizing and internalizing behaviors, school problems, applications with children with disabilities, adverse childhood experiences, and trauma.

Endorsed by Louise Guerney, a founding child-centered play therapy figure who developed the skills-based methods covered in this book, *Child-Centered Play Therapy* comprehensively and realistically introduces practitioners to the child-centered approach to play therapy and addresses how to incorporate the approach into schools, agencies, or private practice.

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Child-Centered Play Therapy

A Practical Guide to Therapeutic Relationships
with Children

Second Edition

Nancy H. Cochran, William J. Nordling
and Jeff L. Cochran

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Foreword

In 1947, Virginia Axline authored the seminal book, *Play Therapy; the Inner Dynamics of Childhood*. Since then, the label “child-centered play therapy” (CCPT) has become commonly used to describe her method. Axline was one of the earliest play therapists in this country, basing her method on Carl Rogers’ “nondirective” therapy employed for adults (1942). Axline translated Rogers’ three major therapeutic concepts – empathy, unconditional positive regard, and genuineness – into suitable applications for children.

Historically, the notion of modifying adult methods to provide play therapy for children was attractive to therapists of different persuasions. For example, psychoanalysts Hermine Hug-Hellmuth (1921), and Melanie Klein (1932), observed and analyzed children at play for therapeutic purposes. Like Axline, Clark Moustakas (1959) and Haim Ginott (1961) later adapted adult Rogerian principles to children for therapeutic play.

The basis of all the Rogerian-derived play therapies has been the Eight Basic Principles developed by Axline. Together, these brilliant principles comprise a complete, coherent system of therapy. However, the principles are stated in general terms, and, as Axline herself noted, they are “overlapping and interdependent.” Thus, in practice, the application of her principles has made her method susceptible to variation and misuse. In fact, it is sometimes said that Axline’s is the approach to child therapy that is most used and most misused.

The most relevant and unique principle of CCPT is that “the child leads the way” in the therapeutic process. The child is not told what to work on or how to work on it. The idea that children can direct themselves to constructive outcomes is far-removed from the directive approaches of the psychoanalyst and current play behaviorists. Axline’s principles help the therapist create the conditions needed for the child to progress along their own therapeutic path.

The authors offer sophisticated and enlightening explanations of all of Axline’s principles, how they are employed, and the contribution of each principle to positive therapeutic outcomes.

The new edition of this book provides extensive additional research on the effectiveness of CCPT. The chapter on research is helpfully divided into three parts: Outcome-Research Evidencing the Effectiveness of CCPT, Child-Centered Play Therapy and Cultural Sensitivity, and The Intersections of Neuroscience and CCPT. The neuroscience section is especially useful because it covers research supporting the value of play and CCPT in early brain development. This knowledge should be very helpful to play therapists in explaining to stakeholders and clients the value of CCPT for children.

Another outstanding feature of this book is the authors’ exceptionally clear and thorough explanations of the core skills required by therapists to effectively employ CCPT. The authors’ experience in skills training, and especially in teaching and supervising play therapists, enables them to clearly explain the subject matter and to suggest useful devices

for reinforcing the material covered in the skills chapters. Their extensive experience is also evident in the delicacy with which they address the developing self-awareness and personal feelings that therapists might experience while conducting play sessions.

A skill that is not always mentioned in other play therapy books is role-playing. I am especially pleased that the authors have emphasized this skill, which I greatly value. I believe that role-playing is a very productive way to help children to express themselves in a manner that helps them gain insight into their behavior. I have always found that, when skillfully used, therapist involvement in child-directed role-play allows children to give life to unexpressed conflicts they are experiencing and to play out positive attitudes and behaviors to which they aspire in real life.

The authors highlight common pitfalls in taking part in interactive role-play, such as overplaying and underplaying roles that children assign to the therapist and failure to empathically set limits when necessary to maintain the comfort of the child and therapist during the role-play. This is but one example of the authors' professionalism when writing on skills such as the use of CCPT in schools and in other nonclinical settings, which requires special sensitivity on the part of the therapist.

Another especially useful topic – and one not frequently addressed in other play therapy books – is the explanation of stages commonly observed in CCPT. These four stages, in the order in which they generally occur throughout a series of play sessions, are warm-up, aggression, regression/nurturance, and mastery. The characteristics of these stages are well-described, thus making it possible for a therapist to identify where a child is in the progression of the play therapy process. Exercises are provided to assist therapists in discriminating among the stages and recognizing variations within them.

The authors cover ancillary topics such as working with parents and teachers, setting goals and evaluating for progress, ethics, diversity issues, and Filial therapy (an extension of Child-Centered Play therapy for parent-child interventions) and so the book should also appeal to those who have an introductory knowledge of Child-Centered Play therapy. Filial therapy (FT), developed by Bernard Guerney, Jr. in 1964, moved a step beyond the traditional CCPT approach by employing children's parents or caregivers as child-centered play therapists. FT training is often provided in a group format, allowing parents to benefit from seeing other parents and children playing therapeutically (Guerney, L. & Ryan, V., 2013).

Filial therapy has always made a point of providing continued, detailed supervision of parents and other non-professionals using CCPT. As a result of the COVID pandemic, many play therapists have adopted and chosen to become trained and certified in FT. Because parent trainings can take place online, parents can play at home with their children, and the FT certified therapist can observe and supervise the home play sessions remotely.

The breadth of coverage provided in this book will help the beginner learn the basic concepts, principles, and skills of CCPT. At the same time, the book's depth of insightful detail will enrich experienced CCPT practitioners. Of course, no book can take the place of workshop or classroom instruction, supervision, and feedback, but this book provides the next best thing by including a great number of exercises for learning to use each therapeutic skill. Therefore, it will serve as a valuable textbook for a course in play therapy.

I am happy to be linked again to this book, in its second edition, by being invited to write this foreword. It is gratifying to be involved with a book of this caliber, written by authors with such conviction and insight.

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Preface

We find child-centered play therapy (CCPT) to be a most powerful, versatile, and practical approach to helping children, families, schools, and communities, and this is well supported in the research (for literature reviews, see Chapter 3 of this book; Baggerly et al., 2010; Landreth, 2012). It is an approach applicable across the helping professions and settings and with widely ranging child difficulties, from depression, conduct disorder, attachment problems, physical and sexual abuse, and other trauma to grief and other more normally occurring concerns. It can be extraordinarily helpful when applied singularly or within sets of services at schools, agencies, and private practices. It works well in clinics as well as residential and hospital settings, and it has been extensively and effectively applied in schools. CCPT empowers clinicians to help children, families, schools, and communities when clinicians have access to ideal sets of system interventions and limited access and can simply devote an hour or less per week to the child for a period of weeks.

This being said, we don't believe CCPT is being used as frequently, extensively, or effectively as it could be. The purpose of this book is to help change that – to make clear the practicality, power, and efficiency of CCPT and to help ensure that practitioners apply CCPT with optimal effectiveness.

A Deficit of Perception

One reason for a deficit in application may be a deficit in perception. It may be that for many, on first impression, CCPT does not *sound* very practical. For example, Virginia Axline (1947, 1969), the “mother of play therapy,” described a *permissive* atmosphere as a key to the intervention. *Permissive* is not what many parents, teachers, and administrators want to hear about an intervention for children in dire need of help, often for children whose behavior is seemingly “out of control!”

The use of *play* in the title may not be entirely supportive to the credibility of the approach either, as many parents will report, “My child already knows how to play,” and some teachers may complain, “All he does in class is play!” In a way, at least politically, the approach is misnamed; for example, a speech therapist helps children *learn to speak well*, but a play therapist helps children heal emotionally and master the behavioral problems hindering growth and well-being. While children may increase their playfulness and creativity during the CCPT process, the goal is not to *learn to play well*. In play therapy, play is the medium of the therapy, not the object. Another way of saying this is that “play” is the language that children often most readily express themselves. It is an age-appropriate way that children work therapeutically, much the same way that adults use “talk” therapy to work through problems.

In addition, the term *nondirective*, as used in Axline's original works, is often misinterpreted to the impression that CCPT is a vague, unstructured method that is both passive and easily employed with little expertise. In fact, although children are allowed to take the

lead in therapy and permitted to make many choices surrounding self-expression, there are very clear skill sets that the therapist employs, and the child-centered play therapist, though *not directing*, is very active in sessions. *Facilitating open self-expression, helping the child to self-direct and grow in self-responsibility* are key curative factors in CCPT and are tasks requiring delicate balance and well thought out skill application by the therapist. In short, although children are given the widest range of opportunities ways to express themselves (e.g., role-play, art, and talking), the therapist has very clear guidelines on when and how to respond to what children choose to do. In CCPT, what children choose to do is not predictable (with the exception of some common stages of therapy that many children go through); however, what the therapist is doing in response to the child's chosen activities is actually fairly predictable.

The term “nondirective” also may inaccurately conjure images that the therapist is very inactive. In actuality, the therapist is nearly always empathically attuned to the child's experience during the session and, in many cases, will be actively using the skill sets taught in this book. Far from being inactive, on average in a typical session, the therapist will likely be making between 4–8 responses per minute. In a 45-minute session, this adds up to between 180 to 360 identifiable responses to the child's experiences and activities – hardly inactive!

Another possible reason for the deficit in utilizing CCPT is that this therapy is often incorrectly represented as a long-term, open-ended approach that does not work “fast enough” or cannot be used in the short-term or brief therapy context. When a child is struggling with behavioral problems and hurting emotionally, we all feel pressured by parents and schools to hurry to fix the problem or out of compassion to “make it feel better.” So, for many, the intuitive response is to take responsibility for the child, to teach or guide, or to actively try to solve the problem. When a child is grief-stricken and painfully withdrawn, rarely is the intuitive response to provide a therapy for the child that allows for *more time* to find a way for opening up and relating – for self-expression in her own way and in her own time. When a child is full of defiance and acting out, rarely is the intuitive response to provide a therapy that allows for *more freedom to be* – to refuse, vent, and test limits – in his own way and in his own time. Yet our experience and clinical research have taught us that when a child has significant behavioral and emotional difficulties, a child-centered approach *facilitating* change vs. an approach or intervention *directing* change is the most effective method to provide for significant, enduring change – change that *comes from within, and therefore belongs to* the child as she moves forward in life. In short, although CCPT is effective in addressing the symptoms or behaviors of the child, it ultimately seeks to build up the personality and capacities of the child (e.g., emotional intelligence, emotional self-regulation, positive view of self and others, confidence) that not only result in symptom reduction, but enduring individual and interpersonal change and growth which allows for flourishing within the family and at school.

Additionally, because CCPT is focused on *therapeutic relationships with children* rather than *techniques to use with children*, there is the possibility that some potential learners and practitioners misunderstand the potential in the approach – viewing it as only theory and an abstract conceptualization rather than a therapeutic approach with clear, skill-based guidance for application. For this and other reasons, our book is highly skill-based, making the potentially abstract child-centered approach highly accessible, concrete, teachable, and learner-ready for students and practicing clinicians. Ultimately, this book seeks to provide the reader with the knowledge, skills, and attitudes that are essential for building successful therapeutic relationships with children (and parents). It follows in the footsteps of the 50-year-old history of training methodologies originally developed by Louise and Bernard Guerney, and further developed by Bill Nordling, at the National Institute for Relationship Enhancement (NIRE).

Our Goals in Skill Development

To address the possible misconceptions of the CCPT model above, we set as our primary goal to make the approach cogent, practical, and applicable. The greater each reader and practitioner's mastery of CCPT skills, the more children, families, schools, and communities are helped. Therefore, the essential skill sets of the CCPT model are well defined in our book, and our goal is to systematically teach them in a way accessible to the practitioner new to the model and to bring new insights into the method for those who already know it. In doing so, we do not ignore the richness of the theory underlying CCPT since it serves as the foundation from which the core therapist skills and attitudes spring forth.

Our secondary goal is to clarify for the reader the broader implications of the CCPT approach in their work. CCPT is not merely a series of techniques, but a wide-ranging philosophy that has implications for building relationships with parents and other caregivers to bring about a climate of change and growth. We intend to guide practitioners not only to do exceptional work counseling children, but also to carefully evaluate their work and their clients' progress, and to build the strong parent, teacher, administrator, and other community relationships that will support CCPT as powerful, curative, and essential in helping children in need of counseling.

Our final goal and hope for this book is to prepare practitioners to articulate the power and expediency of the CCPT approach to their communities and stakeholders so that more children can be helped and their agencies, clinics, and practices will thrive.

Key Themes of this Book

A theme or subtext of this book is to help graduate students and current practitioners learn to slow down, have faith in a child's ability to lead the way, and realize that *haste* really does *make waste*. Expert child therapists and child-development specialists, from Virginia Axline to Jean Jacques Rousseau to Jean Piaget, have warned against the temptation to hurry children's change processes, that doing so may prolong rather than shorten children's process and progress in development. This can be particularly true when a therapeutic intervention is needed; and, ironically, at just the time that we feel the most pressure to hurry. Our aim is for readers to see that the careful, patient, and respectful child-centered approach is not only highly practical, but is often optimally efficient.

Further, we want readers to learn to *articulate* CCPT as an efficient, practical approach. While helping readers and students learn the skills of CCPT, we also strive to help them see how it fits into practical, needed contexts. A theme throughout the book is helping readers understand not only *what* they are doing, but also *why*. Our aim is to empower readers and students to make understandable the practicality of CCPT – to explain what they do and why as a therapist/counselor who uses CCPT to help children in need.

While preparing readers to employ the skills of CCPT, we also maintain a strong focus on the development of the person of the therapist. Therefore, another of our objectives is to have each reader see that she is “the best toy” in the playroom. It is the therapeutic relationship with her that matters more than any toy or technique, and if she is “broken” and unable to relate with the core conditions of deep empathy, genuineness, and unconditional positive regard, then therapy will not happen. To this aim, we strive to illustrate the truth of this and guide readers to self-reflect and strive for self-development.

We have attempted to provide our goals and objectives in a form that is as highly practical and skill-based as possible in book form. Each chapter begins with a scenario illustrating an application focus issue (AFI) to draw the reader into the core application issue of that chapter. Each AFI is followed by primary skill objectives to orient readers and establish the goals of that chapter in skill-based terms. Each chapter is filled with case

examples, vignettes, and real-world illustrations. Each chapter includes opportunities for readers and students to practice and apply the skills as they study.

As a result, this book should serve equally well for graduate students who are studying with teachers and peers, as it should for current practitioners working on their own to understand and develop skills in CCPT. Although the text teaches the basics, it is also comprehensive in nature. So it can simultaneously serve as both introductory and as an advanced skill level text. So while it can be used effectively by a beginner in a mental health field, that reader would likely need to return to it again in his continued education, training, and supervision as a child therapist. In short, one reading will help the beginning CCPT therapist to get started in a competent way, but a second reading once the counselor has some experience with the method will provide valuable guidance toward mastery.

We believe each practitioner's work needs to be well-grounded in theory. Therefore, while teaching skills, we help readers understand the theory base of Axline's and Rogers's work. Our explanations and backgrounds for understanding CCPT and change are also well-informed by cognitive, behavioral, existential, psychoanalytic/psychodynamic, and other approaches – yet our point of view always values the therapeutic relationship as the primary healing element and thus constantly returns to that value and theme.

Context for this Book

Virginia Axline, the developer of CCPT, never really developed comprehensive, systematic training materials (i.e., a “how-to-manual”) or a comprehensive, systematic training process for forming CCPT therapists. Two pioneers in the field of CCPT, Garry Landreth (at the University of North Texas, Denton) and Louise Guerney (at Penn State University and at IDEALS/NIRE), working independently, have made immense contributions to CCPT by creating such comprehensive, systematic training materials and processes.

Both Landreth's and Guerney's work are central to a mature understanding of CCPT, and both are faithful to Virginia Axline's original method. However, as would be expected, any independently conducted attempts to translate Axline's theoretical writings and recounts of therapy sessions into comprehensive training materials and processes have resulted in some differences or variations across Landreth and Guerney's implementation of the method. Again, both variants are CCPT and both are highly effective. They share much more in common compared to any differences seen in their implementation of therapist skills. However, at a practical level, the differences are not completely minor, given that the therapist ultimately has to make a choice at times around how to best implement the method (e.g., give alternatives or don't give alternatives while setting limits, participate as an assigned character by the child or don't participate in interactive role-plays).

This book seeks to promote a solid, comprehensive understanding of CCPT and, in doing so, emphasizes Louise Guerney's and IDEAL/NIRE's approach or variation of CCPT in instances where there are differences with Landreth's approach.

Conclusion

We hope that this book will make a useful contribution to the training and education of mental health professionals as they work to become more aware of CCPT as a powerful, efficient, and skill-based approach to child counseling and therapy. We hope for each reader to become maximally effective in and empowered by CCPT in the care they provide for children, families, schools, and communities. We invite readers to study with us through our text, and then perhaps to join the family of child-centered play therapists worldwide who provide healing opportunities for the many children in need. Welcome. Please read on.

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We feel grateful to have careers that have enabled us to pursue our calling to serve children and train mental health professionals who work with them. CCPT and Filial therapy have been an important part of our lives. However, our success has been made possible in the context of community. First, we want to acknowledge the important role that the Association for Play Therapy (APT) and its many state branches have played in promoting play therapy and helping it to become a more widely used child intervention. Through the International Journal of Play Therapy, APT has also published much of the best theoretical and outcome literature on CCPT.

Second, we want to thank the National Institute for Relationship Enhancement (and its parent organization, IDEALS). These organizations have been providing high-quality training and certification in CCPT and Filial therapy for over 50 years. Our professional and personal lives have been greatly enriched by our over 30 years of serving on their training and supervision faculty. We also want to express our gratitude to other pioneers who have promoted high-quality training in CCPT and Filial therapy in other countries. We are especially appreciative of our affiliation with training and certification programs in Australia established by Jewel Janan, and in New Zealand by Judi Jacobsen and Megan Longman (ChildPlayWorks).

Finally, all three authors work in university settings (Jeff and Nancy at the University of Tennessee, Knoxville and Bill at the Institute for the Psychological Sciences at Divine Mercy University), where we have had the privilege of forming the next generation of play therapists to work with children using CCPT and Filial therapy. We want to thank our students who inspire us with their excitement as they begin their compassionate work with children and families. You have taught us much about what support is needed to learn

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Section 1

Background to Understanding the “What and Why” of CCPT



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Introduction

What CCPT Is, Brief Notes of Who We Are, and How to Use this Book

Overview: The Core Application Focus Issues

Perhaps you are a student in the helping professions. You want to help children, and you've heard of play therapy, but you don't know how and why it works, or how to do it. While you will additionally need supervision and instruction, this book is designed to take you as far as possible toward being ready to apply the skills needed to be a deeply healing therapeutic agent for the children you serve. When you complete your study, you should be well on your way to being able to do the work, as well as to acquiring a deep understanding of the "how and why" behind the skills. As you come to understand the work through your study, we encourage you to think of how you can explain what you are learning to others with interests in helping children, but who do not yet have the background and education to know how. Honing your skills in explaining to others the benefits of child-centered play therapy (CCPT) – what you do and why – will be an important addition to your overall proficiency as a play therapist.

Perhaps you are a practicing counselor or therapist, but learning play therapy and the child-centered approach is quite different from the work that you have been doing. This book is well designed for active learning and will provide you guidance in applying what you learn as you study. It is comprehensive in the skills you will need in addition to your graduate education in your particular discipline. Most of our chapters, especially the core or "essential skill sets" chapters, have "Common Problems Encountered" sections near the end. You may use these to prevent or troubleshoot common errors as you begin to apply your CCPT skills.

Perhaps you are a therapist or counselor who has long served adults and adolescents but has limited experience providing direct counseling to children. Perhaps you have become discouraged by watching children continue to suffer, and dysfunction continues to cross generations as some of your adult clients resist change. As Virginia Axline (1947) pointed out in the time-honored work *Play Therapy*, "while therapy (for children) might move ahead faster if the adults were also receiving therapy or counseling, it is not necessary for the adults to be helped in order to ensure successful play therapy results (p. 66)." We look forward to introducing you to the world of children and the child-centered approach to play therapy. In that world, change can come very quickly – if you are patient, almost anything is possible – and if you are open to it, the work can renew hope for children and parents and be very gratifying.

In the coming pages, we strive to provide you with an initial understanding of what CCPT is. We work to develop your initial understanding through definitions, comparisons to adult counseling and to non-counseling, exploring mechanisms of change, and the background of CCPT in theories of counseling/psychotherapy. At the end of the chapter, we briefly introduce ourselves and offer initial thoughts on your development and use of this book. In Chapter 2, we explain foundational concepts supporting CCPT from child

development and human change. In Chapter 3, we review CCPT outcome-research, multicultural applicability, and intersections with neuroscience. In Chapter 4, we discuss ideal therapist qualities, the underlying principles of play therapy, and the functions of play. Then with Chapter 6 and beyond, we guide you through each essential skill set from setting up your playroom, tracking, structuring, participating in role-play, recognizing stages in the therapy process, helping parents and teachers buy-in, setting goals and treatment planning, and more.

Whatever your circumstances, theoretical base, or point of view in beginning your study, we encourage you to be an active learner. You may notice that each chapter begins with an application focus issue intended to draw you into practical issues in helping children therapeutically that the chapter addresses. Following this, each chapter continues with primary skill objectives that orient you to the goals of the chapter in skill-based terms. We encourage you to picture yourself in each of the case studies and illustrations. We encourage you to complete as many of the activities for further study as possible in order to deepen your contemplation of CCPT and skill development.

While CCPT is a comprehensive skill set and we lay out a logical sequence of chapters and sections, as an engaged learner, you may choose to jump to the chapters that seem to answer your most pressing questions first, coming to others as you follow the questions that come to your mind next. The book is designed to use as a reference, as well as an initial text. Our hope is that it will serve you in this time of your development and also as a reference in your work in service to children for many years to come.

In concluding this introduction, may we say,

Welcome. Read on. We are optimistic for what you will learn. We are hopeful that our book will support you in the work you will do. There are many children in need of counseling who are hurting and can use the help of a great new (or rejuvenated and renewed) child therapist or counselor. The better your skill development from this study of CCPT, the better our world will be.

Primary Skill Objectives

The following Primary Skill Objectives are provided to guide you through this chapter and for reflection and review after the completion of the chapter. After reading, it is our hope that you will:

1. Develop an initial understanding of CCPT.
2. Enhance your initial understanding through considerations of mechanisms of change in CCPT, the background of CCPT and links to major counseling/psychotherapy theories, and through our answers to frequently asked questions.
3. Meet the authors and gain some perspective of our backgrounds, especially how we came to be passionate about this work.
4. Consider the importance of establishing goals for your personal development related to CCPT.

What Is Child-Centered Play Therapy?

Child-centered play therapy is evolved from and true to the approach that Virginia Axline simply called *Play Therapy* (Axline, 1947). Virginia described it this way,

Play therapy is based upon the fact that play is the child’s natural medium of self-expression. It is an opportunity which is given to the child to “play out” his

feelings and problems just as, in certain types of adult therapy, an individual “talks out” his difficulties.

p. 9

As can be seen from Virginia’s description, play in therapy is the child’s mode of communication, for sharing his world, his inner thoughts and feelings, the meanings that he makes of his experience of his world. It is the child’s opportunity to communicate what he could not put into words. Play in therapy is also child-to-self communication. This is quite similar to the way that many adults go over and over a topic that has been bothering them when working with their counselor – in ways that they will not when thinking about it alone, even if they are thinking about it “all the time.” When troubled, many humans will think about a matter or topic to a point of anxiety. This anxiety causes interruption in the thought, and they will then stop thinking about it – most times without reaching a resolution or new meaning from the experience. In adult therapy, the counselor’s listening and empathic responses help the adult client work through this anxiety and gain insight. In CCPT, with the counselor’s attentive tracking and empathic responses, children work all the way through such repetitive, unproductive loops to reach new understandings of their experience and new decisions of who they want to be and how they want to behave. A skilled child-centered play therapist can facilitate this process for a child without the child having to do what may not be developmentally possible – articulate in words such a complex and abstract process.

Please don’t think that because the child need not articulate this process in words, and because it is child-centered (i.e., adult-facilitated but child-led), that you cannot set practical goals, measure progress, and gain indications of a child’s internal process from her play. Certainly, you can, and as a rule, you should. We address these topics throughout the book, especially in Chapters 11–13.

Also, you may know that Virginia Axline and others referred to the approach in the early years as *nondirective*. We find this to be a misnomer. Being nondirective, attentive, and loving with a child is a very valuable and beautiful thing, but it does not approach the power and efficiency of a skilled child-centered approach when therapy or a significant counseling intervention is needed. We don’t see child-centered play therapy as nondirective, even though it is child-centered. As playroom toys are carefully selected for child self-expression, it could be said that the playroom directs a child to self-express. However, it is important to also understand that children do not have to be directed to self-express. To facilitate a child’s therapeutic self-expression, one only has to remove the impediments to self-expression. How to do this is addressed throughout the book and through detailed descriptions and examples of the core skills of CCPT.

As the therapist attends to the child client’s experience with empathic acceptance, the child is freed up and, in a sense, “directed” to attend to his inner experience, his thoughts, feelings, reactions to his outer world, and his choices. As we explain in terms of child and human change theory in chapter three, a child does not need to be directed by his therapist to better behavior; this direction can come from the child’s inner desire and drive to mature once the child is open to it as opposed to defended against what he does not want to admit about himself or his experience. As the counselor attends to the child client’s attempts at self-direction, facilitated through the structure and skills of CCPT, the child is directed to attend to his attempts at self-direction, self-responsibility, internal locus of control, and internal locus of evaluation.

CCPT is a different experience than everyday play for the child. In CCPT, the therapist utilizes a well-defined set of skills in a consistent, predictable manner, which creates a context that promotes children’s self-expression and self-direction; so, the therapist in CCPT is active, disciplined, and predictable. Paradoxically, this allows the child to engage in

self-expression that is not structured or predictable, in which the child communicates to self and therapist through play, much the way an adult may discuss his concerns in a counseling session, leading to new awareness, new life decisions, and more mature choices.

CCPT has applications for common childhood problems and normally occurring concerns as well as anxiety, depression, oppositional defiance, sexual and physical abuse trauma, grief, sets of adverse childhood experiences, and adjustments to life events. CCPT cannot “cure” problems of a more organic or biological nature such as attention deficit/hyperactivity disorder (ADHD), obsessive-compulsive disorder, or biochemical depression, but nonetheless, it can successfully be utilized as a highly effective intervention before diagnosis, for example, to rule out or determine if the child’s symptoms are transient and due to adjustment problems or developmental delays. And for children with correct diagnoses of neurological, biological, or organic disorders, CCPT is a highly effective adjunctive treatment. It helps children overcome effects that *can be* within their control. Because children with such disorders also tend to have concurrent emotional problems, they benefit greatly from CCPT, which strengthens internal locus of control and self-regulation and promotes a sense of self-worth, self-responsibility, and self-efficacy.

Mechanisms of Change in CCPT

It may help to introduce you to CCPT if we briefly introduce you to some of the many mechanisms of change within CCPT. Examples follow.

Developing the Ability to Self-Express

A child thrives when given the opportunity to discover her own “voice” in CCPT. Becoming aware of one’s beliefs, intentions, and desires can be difficult when constantly faced with the many expectations of others (not to mention the media) and the competitive environments of school and society. When a child is given the opportunity to experience herself as a thinking, feeling, autonomous being, the child discovers that she can tap into internal resources to find a “moral compass” and that her thoughts and feelings can be experienced and expressed in an individual way – like a language of her very own that is listened to and understood by her therapist.

Experiencing Self-Regulation

CCPT provides a structure in which a child can self-express and cannot fail. This does not mean that there are no limits or consequences – certainly there are – as you will see, carefully applied limits and consequences are needed to anchor the child’s work to reality *and to* facilitate self-expression. However, the structure of limits directs a child to realize the mistake made, realize the consequences, and continue the self-expression that they are driven to do in an acceptable way. In this process, a child learns that they can express their deepest, darkest emotions, and they can *manage the monster*, so to speak. The child learns that they can let intense emotions out and still control their actions. The child learns to self-regulate – release the emotions and contain oneself as needed.

Evaluating and Changing Irrational Self-Talk

Many children appear to change their self-talk or expectations for themselves in relation to their world in CCPT. If that self-talk happens to be irrational, it will not stand up to the clear light of examination through experience in the child-centered playroom. This leads to children’s viewing themselves as good and lovable . . . and this leads to viewing others

as good and approachable . . . and this leads to more secure attachment, approachability, and enhanced relationships with others.

Choosing New Life Directions

Very often, a child's choices can be too abstract for the child to discuss in words, but can appear quite obviously in play therapy. Children can often be seen to vacillate between "good" and "bad," alternating from characters that represent the worst of their thoughts and inclinations to those of their best. In such moments, children may be trying on the different personas as if to see how they feel, to see which feels like the person she/he/they wants to be. Fortunately, they always choose the best – not that any of us humans are always at our best, but when a child is stuck in the "bad" or inhibited from choosing to be her/his/their best, CCPT provides the opportunity to get to that better way, that the child *is almost ready* to decide, but often defended and inhibited from this without intervention.

The Background of CCPT in Theories of Counseling and Psychotherapy and Links to Varied Theories

To further enhance your understanding of what CCPT is, consider some of CCPT's links to major theories of counseling and psychotherapy. Virginia Axline was a student, and subsequently, a colleague of Carl Rogers. Child-centered play therapy is the person-centered approach applied to helping children. It carries the clear, person-centered focus on the core conditions of therapeutic relationships, including psychological contact and conveyance of the therapist's empathy, unconditional positive regard, and congruence (Rogers, 1957). It values an individual's self-responsibility, with choices in self-direction facilitated through self-awareness or discovery of previously denied aspects of self. And it values the therapist's being involved with and affected by clients through deep and genuine empathic connections.

In addition to person-centered, we see the mechanisms of change within CCPT resonating with a wide range of approaches to counseling and psychotherapy. For example, in a cognitive-behavioral approach (Beck & Beck, 2011; Ellis & Dryden, 2007), a counselor might readily teach an adult client to think about thinking, to evaluate her thoughts, her "shoulds and musts," in order to change thought patterns that create dysfunction. But *thinking about thinking* is a higher-order process not available to most children. We find that for children to change dysfunctional thoughts, a greater awareness of experience is needed rather than a greater awareness of thought. In CCPT, children gain awareness of previously denied experiences, and dysfunctional thoughts appear to change as evidenced in behavior change.

That process of realizing previously denied experience is also a partial connection with psychoanalytic, psychodynamic, or object relations approaches (Safran et al., 2019). CCPT shares with the approaches a focus on the therapist-client relationship and each client's inner experience. The focus is often on what is going on between the therapist and client. But unlike these approaches, interpretation would not be a part of the work of CCPT for the same reason that a child-centered play therapist would not attempt to direct a child to think about thinking – to make meaning of the therapist's interpretation requires a cognitive function not possible for most children.

In an additional difference with these theories, a child-centered play therapist would also not direct a child to think about thinking or interpret a child's behavior because of the tremendous power differential between adult and child when a child is in counseling. To do so would be disempowering the child when the child-centered play therapist's goal is to empower the child to more self-responsible decisions. Also, to do so would tend to limit

or end the child’s self-expression before the child achieves the new awareness necessary to engage a new path of more self-responsible decisions.

CCPT shares the values of existential (Yalom & Josselson, 2019) and gestalt (Yontif et al., 2019) approaches of awareness of one’s experience in the here and now, including the experience of the “I thou” relationship with the therapist (Friedman, 1995, 2001; based on Buber, 1955). It shares reality therapy’s (Wubbolding & Brickell, 2015) high value of self-responsibility while making much greater use of the child’s own ability to take responsibility for himself and his actions. It shares the solution-focused (Ratner et al., 2012) perspective of seeing persons as capable, seeing little need to focus on the problem or history while providing a structure within which children choose to move in forward directions.

At times it even shares key foci with behaviorism (Skinner, 1953). For example, limits are applied when necessary (see Chapter 8) to anchor the child’s work to reality and to ensure a structure that facilitates self-expression. In such a situation, a child who has great difficulty tolerating limits (a common aspect of reasons for referral) learns the skill of tolerating limits. For such a child, the motivating reward in the CCPT structure is continued time to self-express and the child-centered play therapist’s continued empathy, unconditional positive regard, and genuine relating. For these naturally occurring rewards of the CCPT structure and therapeutic relationship, such a child becomes motivated to increase his tolerance of necessary limits in ways that he was not motivated in the structures of his other relationships.

Examples of Mechanisms of Change in CCPT

- Developing the Ability to Self-Express & Finding the “Moral Compass”
- Experiencing Self-Regulation
- Evaluating and Changing Irrational Self-Talk
- Choosing New Life Directions

Frequently Asked Questions

It may further enhance your initial understanding of what CCPT is if we answer some of the good questions that are often on the minds of persons beginning to learn how to provide CCPT for children in need.

1. **For what populations and what problems does CCPT work best?** The child-centered approach to play therapy works well for children ages 3–12 who are struggling with behavioral/emotional difficulties that affect a sense of well-being and ability to obtain optimum learning, growth, and health.
2. **How long do play sessions need to be, and how long does the therapy process usually last?** While it is true that for each child, the therapy process is a unique journey, making it impossible to predict the number of sessions, in most cases, 15–20 sessions are sufficient.
3. **Do I need to have a state-of-the-art playroom?** Certainly not. Therapeutic toys and art supplies are an important component in CCPT, but more important is the skilled child-centered play therapist who is able to provide the core conditions of empathy, genuineness, and unconditional positive regard in relation to children. The skilled child-centered therapist is able to respond to the child in a way that facilitates

self-generated activity and self-expression. Toys and art supplies do not need to be “over the top” in abundance or sensational – in fact, this can hinder progress. What is most important is that the child has a safe and confidential space to meet with a skilled child-centered play therapist, and the toys and art supplies are sufficient to offer a variety of opportunities to self-express. It is preferable to have enough space in the meeting area for the child to move about (100 square feet at least). For more on providing CCPT with a “traveling play kit” and on how “you are the best toy in the playroom,” see Chapter 6, *Preparing Your Setting for Providing Child-Centered Play Therapy*.

4. **How can I master and perfect the apparently complex skill sets of CCPT before I begin?** You cannot perfectly hone all the skill sets immediately, but, fortunately, CCPT is a very robust model. Although your work may be less efficient in the beginning, most errors will not end therapeutic progress for the child. Supervised experience that involves watching recorded sessions with an experienced and skilled child-centered play therapist trainer/supervisor is invaluable as you begin using CCPT. One of the most wonderful aspects of allowing each child to lead is that you will always be getting to know a unique being who is self-expressing in his/her/their own way. Indeed, much will be learned over a lifetime! That being said, with experience, you will at some point start to notice a comfort and ease in CCPT sessions with all the children you help. You will no longer feel awkward with questions or preoccupied with “doing the right thing” or “making the right response” in limit-setting or role-play situations. You’ll find that your CCPT skill sets are well-honed and seem to come naturally. You’ll find your qualities of empathy, genuineness, and unconditional positive regard working in synchronization with these skills.

Who We Are

It occurs to us that you might want to know about us, some of the backgrounds from which we write this book, and some of how we came to be passionate about CCPT. We will admit that we are “child-centered nerds,” that is to say, that we enjoy talking with others “on end” about our work and life experiences in providing child counseling services and teaching CCPT. Our work on this book together has been gratifying. We contend that a “child-centered nerd” is a great (and fun) kind of nerd to be! In order that you may know the gist of our paths to becoming child-centered nerds, we introduce ourselves next.

Nancy H. Cochran

Nancy’s passion for CCPT seems an obvious outgrowth of her commitment to the care of and respect for children. She has long been a caregiver, observer, counselor, and passionate advocate of children. Nancy opens her CCPT classes and presentations, remembering and sharing the play of her own childhood – and she likes to convey this time of childhood as being a time to be revered. From an early age, she remembers her own free play and many creative opportunities. She also remembers the adults in her life who took the time to provide safety, caring attentiveness, and freedom as she explored the outdoors, painted and created, wrote, directed, and acted in plays she put on in her backyard. She has found that during discussions of “childhood memories,” as her students reveal varied experiences, some have a very difficult time remembering childhood at all, or when they do, it is very painful, and they are unable to share with others for some time. In these cases, most of the students report “always feeling like a little grown-up,” or “lack of time to play,” or “I really don’t remember playing” for a variety of reasons. In further sharing during the class, members soon unsurprisingly develop an understanding of the meaning and value

of play in childhood. As they listen with empathy to the voices of those who remember their childhood play – and those who don’t – it becomes all too apparent that having time to play was especially meaningful and enlivening for those who were so fortunate. Those who remember childhoods of spontaneity, playful games, imaginary fun, and “freedom to be” tell stories that make everyone’s eyes light up with joy, and there is communal laughter in remembering.

Nancy’s early training and professional practice were as a school psychologist. She grew up with a younger sibling who, due to ADHD and emotional problems, constantly struggled in school and life. This had a profound effect on her. While she always knew she wanted to learn more about evaluation and assessment, her true aspiration was to help children who struggle with learning, behavioral, and emotional difficulties to feel valued as individuals and not to become defined and painfully restricted by their difficulties and labels. She initially learned about and was supervised in CCPT and Filial therapy from her school psychology professor at Appalachian State University, Eric J. Hatch, who was a former Penn State student of Bernard Guernsey, Jr., and Louise Guernsey. In working with families and children as a school psychologist, she naturally evolved to a focus on providing CCPT and Filial therapy (Chapter 14) from a longing to be a more direct positive influence and a passion to help the child in need (and the whole family) when possible. She met and was supervised by coauthor Bill Nordling when she was pulling a rolling duffel bag of toys from school to school as a “traveling play therapist” to provide play therapy to child victims of abuse. She subsequently became a frequent trainer/supervisor in CCPT and Filial therapy for the National Institute for Relationship Enhancement (NIRE). Over the past 30 years, Nancy’s counseling work has encompassed schools, public agencies, and a private practice. Specific areas of work interests have included attachment issues and foster/adoptive care, working with child victims of abuse, and diversity issues in CCPT. She has enjoyed working with many amazing and courageous children, parents, and therapists while focused on CCPT, Filial therapy, CCPT training, and related services in a number of different states and on the island of Guam.

Nancy and coauthor and husband, Jeff, currently teach, write and research about CCPT together, and by 2020 they had taught well over 20 graduate sections of their CCPT course, including over 300 students, many of whom have gone on to do substantial work with CCPT in school settings (including Head Start and urban, rural, and suburban schools) as well as agency, hospital, and private practice settings. Their work has ranged from the direct applications with children to adapted applications, for example, with highly troubled youth (Cochran et al., 2010a, b), the full range of youth concerns in middle and high schools, and adults with developmental disabilities (Demanchick et al., 2003) and most recently with the REACH Program – Relationship Enhancement and Child Harmony, a grant-funded project that provided CCPT, empathic communication for conflict resolution (Cochran et al., 2002), the Parent Skills Training Program (Guernsey, 1995), and Filial therapy (Guernsey, 2000; Chapter 14) at two urban elementary schools and a preschool serving high-risk children and families from high poverty communities (Cochran & Cochran, 2017).

Nancy’s goal for the book is to add to the voices of excellent teachers, trainers, and mental health professionals who are working to value and revere childhood, and to improve through compassionate outreach and counseling the well-being of children, families, and communities in need.

Bill Nordling

Many folks would say that Bill’s interest in play therapy developed from the fact that he sees life in general as a one grand personal therapeutic play experience, with the time

he is most serious being when he is in the playroom with children, since in that special hour it is their turn to enter a grand therapeutic play experience. However, although he was interested in marital and family therapy from the time of his undergraduate days at the University of Dallas and throughout his master's degree training at Duquesne University, his interest in working with children began to develop when he took a job in a residential therapeutic wilderness program for emotionally disturbed children. There, he was able to see the important role that activity and creativity – not just “talking” – had for these children. Following this, Bill worked for 2 years as a staff member at a more traditional residential treatment program for children and adolescents prior to leaving to complete his doctoral studies in clinical psychology at the University of Maryland, College Park.

During his graduate training, Bill was mentored in play therapy by Robert Freeman, who ran Parent Consultation and Child Evaluation Service at the University of Maryland. This experience produced a deep love for child therapy. While at the University of Maryland, Bill experienced two life-changing events when he met Bernard Guerney, Jr., and Louise Guerney, who were professors at Penn State University. The Guerneys generously taught, supervised, and mentored him at a distance in Relationship Enhancement, marital/family therapy, child-centered play therapy, and Filial therapy. Early in his career, Bill often said that 90% of everything that he learned about working with children, parents, and families came from the Guerneys. Although that percentage has decreased (slightly), still many of the most important things were learned from his relationship with them.

After graduation in 1992, Bill cofounded the National Institute of Relationship Enhancement (NIRE) with the Guerneys and served as the Clinical Director of NIRE's Center for Children and Families. He also served as Director of NIRE's Training and Certification Programs in child-centered play therapy and Filial therapy (and continues to serve in a leadership role in this training program). Bill considers among his most treasured experiences the over 30-year professional and personal friendship with the Guerneys, with whom he has co-conducted well over 100 training workshops.

Bill left NIRE in 1999 to become Chair of the Department of Psychology (and later Academic Dean) at the Institute for the Psychological Sciences (IPS), a professional school of psychology, which is now the School of Psychology at Divine Mercy University (DMU) in Sterling, Virginia. He stepped down from administration in 2017 and continues to teach coursework there in play and Filial therapy, as well as supervising students, presenting, and publishing in these areas. He considers it a great privilege to work with his mission-focused colleagues and students at DMU. It is here with members of its faculty that he contributed to the publication of the award-winning book *A Catholic Christian Meta-Model of the person: Integration with psychology and mental health practice*.

Bill is a firm believer in the importance of building strong professional organizations to support mental health professionals. He was a founding board member of the Maryland/DC Association for Play Therapy. Bill also was a founding board member of the Catholic Psychotherapy Association and served as its 3rd president. In addition, Bill served for 6 years on the board of directors of the Association for Play Therapy (APT) and as its president in 2010. Most importantly, he was recently re-elected for his 36th-year term as “husband” by his wife and playmate Claudia – the most important of his elective offices.

Bill considers the formation of mental health professionals a major reason he was put on this earth. He considers it a great privilege to have participated in the education and training of many hundreds of talented mental health professionals – many of whom serve children and who have gone on to become skilled clinicians, educators, and leaders in their communities.