

The Heart of the Science of Play Therapy

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THE HEART OF THE SCIENCE OF PLAY THERAPY

David A. Crenshaw, Ph.D., ABPP, RPT-S

One of the most exciting developments in the field of play therapy is the dedicated efforts of researchers in our field (notably Dee Ray (2015) and Sue Bratton (Bratton et al., 2005; Lin & Bratton, 2015) to demonstrate empirically the efficacy of our work. As the body of research grows, it is clear that science can enhance the credibility of the work that takes place in the playroom. It is also heartening that neurobiological research has validated what play therapists intuitively have known for a long time but we didn't have the knowledge or the language to explain it in terms of brain science. Yet in spite of these wonderful developments in the science of our field, there are some contributing factors that perhaps will never be quantifiable or measurable to the degree needed to meet scientific standards. Those intangibles like the common factors in psychotherapy research may prove to be as vital as the measurable ones. An example of one of those intangibles might be the heartfelt engagement and presence on the part of the therapist as well as the child that can result in transformative experiences what might be considered as "the heart of the science of psychotherapy."

Relationships Heal

Relationships heal but they take time to develop and to gather strength, to build a therapeutic alliance. Data collected over a four-year period at the Children's Home of Poughkeepsie strongly support this assertion. A study in the reduction of high-risk behaviors consisting of AWOLs, suicide attempts, physical assaults, aggressive sexual behaviors, and property damage declined dramatically but only after the youth had been in placement for seven to nine months. Relationships with youth who have suffered multiple traumas from multiple

sources frequently referred to as Complex Trauma take considerable time and effort on the part of adults and tremendous courage on the part of youth who risk trust and closeness when their life experience has taught them to fiercely resist. In another study in the Spring of 2016, it was found that 93% of the youth at the Children’s Home of Poughkeepsie had been exposed to four or more of the ten childhood adverse experiences (ACES), as compared to 12.5% of the adults in the national study of 17,000 persons. The ACES studies have determined that four or more of the childhood adverse experience is what places people for a wide range of poor health and mental health outcomes in adult life including on average ten years less longevity. Thus, the resilience and remarkable courage of these youth to trust, to allow closeness, and give up their high-risk defensive behaviors within seven to nine months of placement is to be celebrated as much as receiving a gold medal in the Olympics.

Technology and Quick Fixes

In an age of quick fixes, and technological advances, even therapists can get hyperfocused on breakthrough techniques that dramatically solve whatever ails the child. As Beverly James (1994) stated more than 20 years ago, however, those “breakthrough techniques” remain elusive. A paper written by Crenshaw and Kenney-Noziska (2014) on Therapeutic Presence in Play Therapy, noted that the number of journal articles in the play therapy literature on techniques (technology) far exceeds the papers on therapy process. Yet 80 years of psychotherapy outcome research reveals that the so-called common factors or process of therapy far exceeds the influence of techniques and specific interventions. Crenshaw reports, “I have yet to have a former client tell me that it was the use of some clever technique that I used with her or him that helped the most. Rather, the comments more often heard are “You were there for me,

when I really needed you.” “You really cared about me.” “You didn’t give up on me.” All of these statements point the impact of the relationship between child and therapist.

Heart to Heart Healing

Perhaps most important is the creation of heart to heart connections that lead to the child experiencing being seen, heard, and “felt”—transformative moments of deep connection and understanding. Are these experiences becoming increasingly rare as humanistic, psychodynamic, and other depth approaches have receded in favor of cognitive behavioral protocols that can be formulized and manualized that make them more easily researched and taught to recent generations of graduate students. The cognitive behavioral model is to admired and commended for the voluminous research it has stimulated and the evidence it has accumulated for its efficacy with a range of anxiety and depressive disorders. What appears to be less emphasized in the CBT model is the focus on the emotional life of the person. The heart is where feelings live. In many cultures, religious and contemplative traditions and dating back to ancient times, the heart symbolizes not only the emotional center of the person, but the life blood, the soul, the spiritual core of the individual. Ironically CBT privileges thoughts/cognitions over feelings/emotions, Albert Ellis one of the early contributors to what is now known as CBT, called his approach Rational Emotive Therapy (RET).

Summary

Those of us in the play therapy community, who have not turned the lights off for the last time in our play therapy rooms, believe that both cognitions and emotions are important, but we assert that the heart is the portal of entry and holds the key for transformative change in therapy with children. Garry Landreth captures this best when he states, “If you don’t listen to children with the heart, you probably are not listening.”

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