

Table 5
The course of play therapy
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I. Relationship formation: Secure base

Therapist's Initial Stance: To soothe, validate, and confirm

Goal: Establishment of therapeutic relationship

Child's progression of stances:

Early presentation of issues

Testing the therapist (therapist helps contain child's affect and behavior)

Increasing trust in therapist

Sharing of basic issues

II. Therapeutic work

Therapist's stance: To stimulate, challenge, and encourage

Goal: To modify the child internal working model of self, other, and self in relationship with other

Child's progression of presentations (may progress through this cycle several times with different issues or move through several presentations)

Presentation of current pain

Reworking internal working model

Practicing and elaboration of new working model

III. Termination

Therapist's stance: To affirm, remain constant, recall

Goals: To promote object constancy and extension of new working model in the child's world

Child's interwoven stances (child experiences all in varying order and strength)

Continued practicing and elaboration of new models

Recapitulation: Re-enact major themes of therapy with the new solutions

Grieving the potential loss of the relationship with the therapist

Expression of anger at therapist

Mastery activities

Constancy work: memories and future memories

Table 6
**HEALING CHILDREN THROUGH PLAY THERAPY:
THERAPEUTIC RESPONSES AVAILABLE TO THE CLINICIAN**
Benedict and Narcavage

I. FEELING RESPONSES

This category describes responses made by the therapist that focus on the child's feelings and help the child to process these feelings in a safe environment.

Any of the feeling responses can be made directly to the child (e.g., "You look mad") or to/about a character that the child is using to project his feelings on to (e.g., "That tiger gets sad when his mommy yells at him like that").

Labeling or reflecting the child's feelings serves several purposes including: a) helping the child to identify her internal experience; b) increasing the child's affective vocabulary; c) helping the child to process her experience more readily (experiences are processed more easily if they are paired with language); d) helping the child to begin to attend to her affective process more during therapy; and e) giving the therapist the opportunity to validate her impressions of the child's feeling states (O'Connor, 1991).

A. IDENTIFY FEELINGS

1. Label Overt Feelings-- The therapist verbally describes/labels the feelings the child expresses openly and directly. Example: 1) The child uses a monkey to beat up a tiger; "That monkey is sure mad at that tiger."

2. Label Covert Feelings-- The therapist verbally describes/labels feelings that either the child is not fully aware of or that are not overtly expressed in the play. These feelings may be unconscious or preconscious for the child or conscious for the child but not directly expressed. Example: The therapist is aware that the child has consistently displayed jealous behavior toward a new born sibling. In the session, the child plays out a scenario in which a big sister starts mimicking a baby sister's infantile behavior. "I think big sister is mad that baby sister is getting all of Mommy and Daddy's attention. She wishes she was a baby too so Mommy would hold her and rock her like the baby."

3. Label Complex Feelings

a. Label Multiple Feelings-- The therapist verbally describes/labels multiple, noncontradictory feelings that the child is experiencing simultaneously or that the child vacillates back and forth between. Example: The child plays that a little rabbit runs away and hides and then starts crying after the daddy rabbit yells at him. "You feel scared and sad when daddy yells, huh, little rabbit?"

b. Label Mixed Feelings-- The therapist verbally describes/labels ambivalent feelings that the child is experiencing. These are feelings that appear to be contradictory or mutually exclusive but that are experienced at the same time or that the child vacillates back and forth between.

4. Attribute The Child's Feelings To A Toy-- The therapist chooses a toy and introduces it to the child, telling her about the toy's feelings. Example: The child has been in therapy only a short time. She appears frightened and sits frozen in the middle of the room. 1) The therapist introduces a turtle puppet, "Hi, my name is Mr. Turtle. Sometimes I feel shy and scared when I go to a new place and I don't want to talk to anybody."

5. Express Feelings That You As a Character In the Play Scenario Might Be Experiencing-- The therapist expresses feelings that her character might be experiencing during play scenarios. Example: 1) The child plays a mean daddy who yells and throws things at the therapist who is playing the little child. The therapist says, "Daddy is trying to hurt me and I am so scared! I wish someone would protect me!"

B. INVITE AFFECTIVE EXPRESSION

C. PROVIDE A CORRECTIVE EMOTIONAL EXPERIENCE

1. Provide Empathy And Validation-- The therapist expresses understanding and acceptance of the child's feelings and helps the child to accept her own feelings by "normalizing" them. Example: 1) "I see why you were sad. I would be sad if that happened to me." 2) "It is really scary to remember what happened to you. That's OK. We can just talk about it a little at a time so that the scared feelings won't get too big."

2. Make Connection Between The Affective Themes In The Child's Play And The Child's Feelings In Real Life-- The therapist draws a parallel between the child's play and her

real life or inquires about whether something that the child is playing applies to her real life.

3. Match The Child's Affect And Activity Level-- The therapist smiles and laughs when the child does (and laughter is appropriate), whispers when the child whispers, convey seriousness and concern when the child is sad, sits calmly and quietly when the child does, etc.

4. Invite The Child To Engage In A "Structured" Feeling Activity-- The therapist can introduce the child to a structured activity that focuses on the expression of feeling.

II. RELATIONSHIP RESPONSES

These are therapist responses that help foster a positive, warm, trusting relationship with the child.

A. ESTABLISH TRUST WITHIN THE RELATIONSHIP

1. Build Initial Rapport-- During the first session with a child, the therapist begins to build trust by helping the child understand who the therapist is and what therapy is about.

2. Enhance The Child's Sense Of Security

a. Promise To Keep The Child Safe While Playing Together-- The therapist verbalizes her commitment to keeping the child safe while they are in the play room together. This commitment is stated in general terms and also in specific situations when the child puts herself in a potentially dangerous situation. Example: 1) "I need to hold you if you stand on that chair because I need to keep you safe."

b. Provide Physical Safety During Play-- The therapist prevents the child from experiencing harm during the session. With young children, this includes, "shadowing" and "spotting" them as they climb on things so that they will not fall.

3. Enhance The Child's Sense Of Constancy

a. Express Memories Of The Child And His Play-- The therapist reassures the child about the constancy of the relationship by expressing memories she holds about the child. Many children in therapy have not had the security of knowing that they are continually held in their caretaker's memory. For example, some have parents who leave for stretches of time to engage in addictive, self-destructive behaviors. During these periods of time, the child does not hear from the parent and wonders if she has been forgotten by the parent forever. These children need to know that separation doesn't mean emotional abandonment (out of sight doesn't mean out of mind when it comes to the therapist/child relationship). Examples: 1) "Remember when we played legos together? I remember you really liked playing that." 2) "I was thinking this week about how much fun we had playing checkers last time. Do you want to play that again?"

b. Preserve Traces Of The Child's Play That He Requests to Have Remain Constant-- If possible, the therapist honors the child's request to have materials preserved in the manner she leaves them at the end of the session. This intervention provides a sense of stability to the child and conveys that her thoughts, feelings, and creations are valuable to the therapist. Finally, preserving play material in the way the child arranged it allows the child to have a conflict that she is working through "put on hold" in the safety of the play room until next time he comes to therapy. This is a symbolic "containing function" that may allow the child to function better during the week in between sessions. Examples: 1) If the child asks to have the doll house or a lego creation preserved the way he arranged it, the therapist might make some notes or a drawing after the child leaves so that she can set up the materials in the same manner before the child arrives for the next session. 2) The therapist can also take photographs of special things the child creates, allow the child to have his own folder for art work, and/or display art work if child requests this.

c. Reassure The Child That Therapy Will Remain Constant-- The therapist reassures the child that therapy will occur each week and that things will remain constant in the play room. Many children in therapy come from such chaotic existences, that they have no sense of consistency or continuity within relationships. These children need to be reassured that therapy will not be chaotic like other areas in their lives. Examples: 1) "We have to stop for today. But we will play again next week on Monday after school just like we always do." 2) "Next week when you come, all of the same toys will be here for you to play with."

B. AFFIRM CLOSENESS AND WARM REGARD FOR THE CHILD

1. Express Care For The Child-- The therapist directly expresses the importance of her relationship with the child or otherwise affirms the therapist's warm regard for the child. Examples: 1) "I am glad we are friends and can talk and play about so many important things." 2) "I don't want you to get hurt because you are my friend and I care about you."

2. Reinforce Team-Work-- The therapist affirms the relationship by pointing out

effect relationship rather than to a pattern of cause and effect.

1. Label The Child's Motive-- The therapist reflects the child's underlying motive, wish, or intention. This fosters self-awareness in the child and helps him to feel understood and validated.

2. Connect The Child's Affect And Motive-- The therapist links the child's feeling to his motive, wish, or intention. This fosters self-awareness in the child and helps him to feel understood and validated. Example: 1) "I think that big dog is mad so she wanted to make that other doggie cry."

3. Connect The Child's Affect And Behavior-- The therapist links the child's feeling to her current behavior. This fosters the child's ability to identify the internal states that cause her to behave in certain ways. As the child becomes increasingly able to identify her internal states, she is able to take preventative actions to avoid acting out in self-defeating ways. For instance, as she becomes better able to identify when she is starting to feel angry, she can choose to talk to a concerned person about her feelings before they build up and explode in aggressive behavior. Example: 1) "You are hitting that bobo doll, and you look mad. I bet you are hitting him because you have some mad feelings inside."

4. Connect The Child's Motive And Behavior-- The therapist links the child's motive, wish, or intention with his current behavior. This fosters self-awareness and allows the child to begin putting words to his desires. Examples: 1) "I see you are locking everything up today--all the doors and windows and toy boxes. I think you want to make sure everything is safe today." 3) "You are putting on all the police stuff. I bet you don't want any one to mess with you."

B. SECOND LEVEL CAUSAL INTERPRETATIONS

The therapist verbally identifies patterns in the child's behavior. Identifying these patterns helps the child to understand that behavior is not random but is often consistent over time. With such an awareness, the child can participate more fully in therapy because he is sensitized to the meaning and repetition of behavior (O'Connor, 1991).

1. Identify Behavioral Patterns The Child Displays Within A Single Session--
2. Identify Behavioral Patterns The Child Displays Across Sessions--

C. THIRD LEVEL CAUSAL INTERPRETATIONS

The therapist identifies a connection between the child's affect or motives and her patterns of behavior. These responses help the child to become sensitized to the internal processes, motivations, and feelings that give rise to her behavior.

1. Identify A Connection Between The Child's Affect And His Patterns Of Behavior Within A Single Session--
2. Identify A Connection Between The Child's Affect And His Patterns Of Behavior Across Sessions--

3. Connect The Child's Behavior To Resulting Feelings In Others-- The therapist identifies how the child's recurrent behaviors impact others emotionally. This can be used to promote empathy in the child and to help the child develop more adaptive social skills. Examples: 1) "When you hold the baby like that, it makes her feel special, safe, loved, etc."

4. Inquire About Cause And Effect Patterns In The Child's Life--

D. FOURTH LEVEL CAUSAL INTERPRETATIONS

The therapist makes a connection between the child's affective and behavioral patterns in therapy sessions and similar patterns in his family, peer, or academic life. These are, in essence, statements about the child's transference reactions in therapy (intense reactions in which the child responds to the therapist as he would to one of the significant people in her life).

E. FULL CAUSAL INTERPRETATIONS

The therapist identifies a connection between the child's current behavior and her history.

IV. EMPOWERMENT RESPONSES

A. ENHANCE THE CHILD'S SENSE OF MASTERY AND SELF-ESTEEM

1. Affirm The Child's Abilities And Attributes-- The therapist praises the child's abilities or admirable qualities when the child does something well, tries hard, or clearly is attempting to demonstrate mastery in some area. These responses help the child to develop a sense of accomplishment and increased feelings of self-esteem.

2. Encourage Initiative In the Child-- The therapist notices when the child has come to an impasse or appears helpless in her attempts to solve a problem. The therapist then conveys confidence that the child is resourceful enough to solve the problem and encourages the child to

find a way to solve it. Examples: 1) "I bet you could think of a way to trick that evil witch! You are much smarter than her!" 2) "That monster keeps scaring you but you've got some tricks up your sleeve! I bet you can figure out a way to lock him up so that he can't scare you anymore!"

3. Engage The Child In Problem-Solving-- The therapist guides the child in thinking through problematic situations, considering possible responses by the child to the situation, and evaluating the likely outcome of each of these responses.

4. Encourage The Use Of Positive Self-Statements-- The therapist models the use of positive self-statements in the face of a dilemma and/or directly encourages the child to use such statements. Example: 1) The therapist plays that a monkey is lost in the forest. The therapist then demonstrates how the monkey uses positive self-talk to help her reach a solution. "OK, I can do this! I know I can get through this! I am smart and brave and I will find my way home!"

5. Reflect The Progress The Child Makes In Therapy Or Other Areas Of Life-- The therapist might point out achievements the child has made in handling negative affect, problem-solving, verbalizing feelings, etc. The therapist recalls how the child formerly handled these issues and highlights the ways in which she is now more adaptively handling them. This intervention helps the child to recognize and derive a sense of pride from her efforts at psychological growth. Example: "Do you remember when you first started coming to this play room? I remember that you had a hard time talking about hard feelings. You had lots of hard feelings locked up inside you and it was scary to think about letting them out. But you worked really hard and started letting those feelings out a little at a time so they wouldn't be so scary. You kept doing that until most of the feelings were out. Now you are really good at talking about your feelings. You have really learned how to take care of yourself."

6. Give The Child The Experience Of Being "In Charge"

a. Ask For Guidance Regarding Your Own Behavior-- The therapist should frequently look to the child for guidance during play. The therapist can ask the child questions about what the child wants the therapist's behavior to be by using "asides" during play. Asking the child for guidance ensures that the play scenario will go in the direction the child intended. Examples: 1) The child brings two little kittens over to the therapist's big cat and says, "Mommy, where is daddy?" The therapist responds in an aside, "What should the mommy say?" 2) The therapist can ask for guidance during less thematic play as well. The therapist might ask questions throughout the session such as, "Can we put this away to make room for our drawings?" "Can I use this knife you gave me to cut my clay?" "Do you want me to get a weapon and help you? Which weapon should I use?"

b. Obey The Child's Commands-- When the child begins spontaneously ordering the therapist around, the therapist recognizes the child's need to play out these power themes and follows the child's orders. Examples: 1) The child pretends to be a prison guard and orders the "therapist-prisoner" around. The therapist follows all of the orders without resistance.

c. Imitate The Child's Behavior-- The therapist imitates the child at times when she is demonstrating her mastery in some area. Many children who come to therapy are neglected at home and/or are unpopular with peers. These children have not had many esteem-building experiences with being imitated in an admiring sense. Examples: 1) "Wow, you are making a really neat tower. Can I watch you and try to build one just like yours?"

d. Invite The Child To "Teach You"-- The therapist admires and affirms the child's skill in some area by asking him to teach her this skill. Examples: 1) "Boy! You are good at doing the walking the dog trick! I never learned how to work a Yo-yo like that. Can you teach me?"

B. ENHANCE THE CHILD'S SENSE OF SAFETY

1. Invite The Child to Practice A Safe Behavior Demonstrated By the Therapist-- The therapist demonstrates a behavior that promotes safety and then encourages the child to perform this behavior either using his own body or a character. Examples: 1) The child plays that a monster keeps attacking a family that appears helpless and defenseless. The next time the monster comes, the therapist makes one of her characters say, "You bad monster! You stop scaring me and my family! We are not going to let you do that any more!" The therapist's character then says to one of the child's characters, "Now you try telling him to stop scaring us."

2. Enlist The Child's Help In Achieving Safety-- The therapist reflects the dangerous situation and actively engages the child (or the child's character) in working with the therapist (therapist's character) to find a safe solution. Example: 1) "Uh-oh, people keep falling and getting hurt. We better figure out a way to keep them from falling. Do you have any ideas? Should we put a safety net down?"

3. Reinforce Child-Initiated Safe Behavior-- The therapist praises the child's ability to

keep himself safe whenever he initiates safe behavior. Examples: 1) The child grabs a witch puppet that is trying to kidnap him and throws it across the room. The therapist says, "Wow. You threw the witch far away! You're not going to let her get you!"

4. Offer An External Source of Safety-- Often children in therapy feel so disempowered initially that they cannot rely on their own "resources" to get safe during a scary play scenario. In other words, these children feel too disempowered to yell at a scary monster or to beat it up. In these situations, the therapist can offer an external source of safety for the child to rely on until he has internalized a greater sense of potency.

a. Rescue The Child-- The therapist rescues the child from a dangerous situation during play. Examples: 1) The child plays that a baby whale is being eaten by a shark. The therapist brings in a big whale and saves the baby by beating up the shark.

b. Offer "Magic"-- The therapist reflects the dangerous situation and suggest the use of magic to achieve a safe outcome. Examples: 1) The child plays that a little girl doll has recurrent nightmares. "That little girl keeps having scary dreams. Here's a special magic wand that can help. Should we give her some magic to make the scary dreams go away?"

c. Invite The Child To Consult A Powerful, Imaginary Helping Figure-- The therapist suggests that the child contact/consult a wise and powerful character that could tell the child what to do or how to get safe. The therapist does not play this character, but instead, let's the child imagine what this character would say or do. This allows the child to feel like she is receiving external help when actually, she is drawing upon her own unconscious resources. Example: 1) The child plays that someone keeps breaking into her house. The therapist reflects the dangerousness of the situation, dials the phone, and hands it to the child, saying, "It's wise owl. She can help you figure out what to do to get safe."

5. Provide Routines To Reduce The Child's Anxiety-- The therapist can assist the child in handling transitions by developing anxiety-reducing rituals with the child and by enacting these rituals consistently every week. This intervention is important because many children have difficulty with transitions, such as leaving the parent(s) and going to the play room, being separated from the parent(s) for an hour, stopping play at the end of the hour, and/or leaving the play room at the end of the session. Routines might include racing the child to the office at the beginning of the session, giving a piggy back ride to the office, checking in with the parent in the waiting room 1-2 times during the session, giving the child 10 minute and 5 minute warnings before the end of the session, playing a specific game (such as hide and seek) during the last 5 minutes of every session, etc. (O'Connor, 1991).

C. ENHANCE THE CHILD'S SENSE OF SELF-CONTROL

Limit-setting is an important therapeutic component because it helps the child develop interpersonal responsibility, demonstrates the therapist's commitment to keeping the child safe, and teaches the child the boundaries of acceptable behavior. The following responses are best presented in the following order, based upon the child's ability to comply.

1. Give Choices That Help Set Limits-- The therapist gives the child the option of doing one of two things when the child is having difficulty with a limit-- Example: The child expresses anger when the therapist tells him there is only 5 minutes left to play. The child lists off all of the things he still wants to play. "We only have 5 more minutes to play. I know you still want to do lots of things. Which one do you choose for our last few minutes today--working with the clay or making something with legos?" (Knell, 1993).

2. Verbalize The Limits-- The therapist reminds the child of rules and limits when she breaks one of these limitations. At the same time that the therapist expresses the limit, she gives the child alternatives. Examples: 1) "It is not OK to throw those hard toys in here. You can throw the soft toys, like the soft block, but not the hard things."

3. Anticipate The Consequences Of Dangerous Or Inappropriate Behavior-- The therapist warns the child about the negative consequences of dangerous or inappropriate behavior so that she can learn to anticipate the consequences and begin to restrain her own behavior on the basis of this information. Examples: 1) "That chair will tip over if you climb on it without me holding it steady."

4. Invite The Child To Restrain His Own Behavior-- The therapist verbally encourages the child to display self-control before the therapist externally enforces the rule. Example: "You need to stop yourself from throwing the hard toys."

5. Provide External Enforcement Of The Limit If The Child Fails To Display Self-Control-- The therapist enforces the limit for the child by either removing the object used

inappropriately by the child or by holding the child until she is able to follow the rule. (The therapist only holds the child if she is calm and not angry at the child and if the child is young/small enough for such an intervention). Before intervening in one of these two ways, the therapist tells the child what she is about to do, the reasons behind this action, and the duration of the consequence. Example: "I have asked you to stop throwing the hard toys and you weren't able to stop yourself so I am going to hold you until you can promise to do that. As soon as you promise to throw only the soft toys, I will stop holding you."

D. ADDRESS THE CHILD'S COGNITIVE DISTORTIONS

1. Explore The Child's Understanding Of Negative Or Traumatic Events-- The therapist inquires about the child's beliefs about why a traumatic event occurred, who was responsible, etc. Examples: 1) The child tells the therapist about a babysitter touching her inappropriately. The therapist might ask, "When that happened, what did you tell yourself about why he was doing that to you?"
2. Correct The Child's Inaccurate Beliefs About Negative Life Events-- The therapist helps the child to begin making more healthy and accurate attributions for why something negative happened in the child's life. Example: The child plays about a boy who's parents get divorced. During the play, he says that the boy made the parents get a divorce because he was naughty. The therapist says, "Lots of kids think that they cause their parents divorces, but really parents get divorced because they don't get along anymore, not because of anything the child did. This little boy may feel sad that his parents got a divorce, but he doesn't have to feel like he did anything wrong. It wasn't his fault."
3. Correct The Child's Distorted Self-Image-- The therapist provides a more positive appraisal of the child when the child expresses a view of himself as worthless, bad, or inferior in some way. Example: 1) The child pretends to be a mommy and begins mistreating her baby (a doll), calling it bad and ugly. The therapist brings in a little mouse that comforts the baby and tells her that mommy gets so mad sometimes that she says things that aren't true. The mouse tells the baby that she is a good and pretty baby.
4. Provide The Child With Healthy Normative Information-- The therapist provides the child with information about what is "normal" and "acceptable" for a child to feel, need, and do. This is information that the child may not be receiving at home. However, it is vital information for the child to have because it reduces the sense of inhibition, anxiety, and guilt that the child may associate with certain needs and feelings. Examples: 1) "All babies make messes. It's OK." 2) "Don't worry, baby, you are not in trouble for wetting your diaper. That doesn't mean you are bad. That is just something that all babies do."

E. FACILITATE "ENACTMENT" OR "REWORKING" OF CONFLICT THROUGH PLAY

1. Introduce A Play Scenario Symbolic Of A Major Conflict In The Child's Life-- The therapist invites the child to use play to begin working through a conflictual issue by "setting the stage" for such play. The child is then allowed to choose to either respond or not respond to the play "invitation." Examples: 1) The therapist is aware that a major stressor in the child's life is his father's alcohol dependence. The child is playing with a baby bear. The therapist can set the stage for enacting the conflict at home by bringing in a daddy bear, making him go to the refrigerator, drink something, and then become loud and angry.
2. Tell A Story Representative Of A Trauma Or Major Conflict In The Child's Life-- The therapist might use puppets or toy figures to enact a story that represents a problematic aspect of the child's life. At times, the child might just observe and at other times, the child might participate in constructing the story or coming up with a story resolution. When the child just observes and listens, she experiences the therapist understanding and empathizing with her situation. She also benefits from the exposure to the story. This exposure reduces secrecy and feelings of isolation and begins to desensitize the child to the trauma. When the child participates in the story, she has the opportunity to rework the events, experience a sense of control, and come to a more satisfying resolution.
3. Fill In Missing Information During Reenactment-- The therapist uses the play reenactment to fill in missing information for the child regarding a past trauma. The child will be able to resolve trauma more fully if "forgotten" elements of the trauma are brought to his awareness and processed when he is psychologically ready for this. Example: The child was traumatized by being in a car accident when he was very young. Because he was so young at the time of the trauma, he does not remember it. During therapy, he repeatedly plays out a scenario about a little boy being placed in a hospitalized and being terrified. After weeks of such play, the

therapist might introduce the car crash scenario to fill in the missing information regarding the accident that the child experienced.

4. **Pose Conflict Within The Play--** The therapist responds to the child's play by introducing an element of conflict or frustration. This is not directly representative of a trauma in the child's life but none-the-less challenges the child to deal with frustration, ambivalence, separation, etc. This intervention gives the therapist clinical information about the way the child handles frustration and attempts to solve problems. It also gives the child an opportunity to explore different responses to interpersonal conflict within a safe environment. Examples: 1) The child is pretending to be a prison guard and locks the therapist up in jail. The therapist follows orders for a while and then introduces conflict by breaking out of jail.

V. **TECHNICAL RESPONSES**

A. **NO RESPONSE**

The therapist observes the child's play intently but does not say or do anything yet. The therapist might choose to refrain from making a response in the moment either because she is unsure of the meaning of the child's play or because the child doesn't feel safe with the therapist yet and is needing to create distance..

B. **REASSURE THE CHILD THROUGH DISTRACTIONS**

The therapist reassures the child when he gets "stuck" on the details of the play. By providing this reassurance, the therapist helps the child move on with his play rather than remaining focused and "stuck" on minor details. Example: The child is playing about a family having dinner together. The child wants to put a baby figure into a highchair but there is no highchair. If the child gets stuck on this detail and does not appear able to move on, the therapist can redirect the child's attention by saying, "Let's just pretend this is a highchair. We can just use our imaginations."

C. **RESPECT CHILD-INITIATED DISRUPTIONS**

The therapist allows the child to disrupt a play scenario and suddenly move to some other activity. The therapist recognizes that such a disruption often signals that the child became anxious about something he was playing. The therapist respects this disruption but hypothesizes in her own mind about the cause of it.

D. **POSE INFORMATION-GATHERING QUESTIONS**

The therapist asks questions about the content of the child's play. Clarifying questions intended to help the therapist understand how the child experienced an event are considered to be particularly useful (O'Connor, Lee, & Schaefer, 1983). Although questions are a valuable source of information, excessive use of them can cause the child to stop talking, to feel pressured and infantilized, and to become defensive (Gordon, 1970).

1. **Ask or "Wonder Aloud" About What Will Happen Next In The Play Sequence--**

Examples: 1) "What is she going to say to them?" 2) "I wonder what's going to happen now that daddy crashed the car."

2. **Seek Clarification About Why A Particular Event Is Occurring In The Play--** 1)

"What's he digging that hole for?" 2) "I wonder why the police took mommy away."

3. **Pose Questions Back To The Child--** Examples: 1) [Child] "What are the tigers for?" [Therapist]

"Good question. What do you think the tigers might be for?"

E. **TEST OUT HYPOTHESES REGARDING THE CHILD'S AMBIGUOUS PLAY**

F. **INTERRUPT POSTTRAUMATIC PLAY**

G. **INTERPRET THE CHILD'S DEFENSES**

"Sometimes when we are talking, I get the feeling that you are real careful to make sure that we don't talk about certain things. You have to make sure it is a safe thing to talk about. I don't think body things are a very safe thing for you to talk about."

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