Play Therapy Strategies to Help Preschoolers Overcome Traumatic Events

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Abstract

There are many variables that can impact a child's development. One example of this is when children are exposed to different levels of traumatic events. Play therapy is one intervention that is proven to help children work through traumatic experiences. Children do not have the verbal skills that enable them to express their emotions. Play therapy is a technique where play used as a therapeutic method to assist children in coping with emotional stress or trauma. During play therapy, the child is given the freedom to determine the type of play but the therapist can have some control in selecting the type of play materials the child can choose.

This study sought to identify how play therapists define trauma, identify the selection of tools, materials, resources and approaches each therapist selected and implemented based on the services needed for the child. Through two experts with a range of experiences in play therapy were asked to discuss and describe the specific approaches, strategies and tools they utilize to help preschoolers overcome, or to work through a traumatic event.

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Chapter 1: Conceptual Framework

Early childhood is a time when children are developing rapidly. In early childhood development, children learn how to communicate verbally and non-verbally, use their bodies, all while building cognitive skills important for future success.

The key to this process of growth is for children to have access to developmentally appropriate practices that will impact learning. Access to play is considered essential in early childhood education, and is a medium for children to acquire necessary cognitive, physical, social and emotional skills. Play is vital for childhood development. Through play, children are able to explore the world and learn. Children are able to develop an identity, sense of self, learn about who they are, their relationships to others, and their culture and language. Play provides opportunities for expression, giving children the language needed to share feelings through the use of role-play.

There are many variables that can impact a child's development and growth, in which individualized services and/or support may be needed. Children with special needs or children exposed to different levels of traumatic events may benefit from developmentally appropriate therapeutic approaches and services often found in schools or through private services. When focusing specifically on challenges related to traumatic events, healthy attachments to others, and the impact of cognitive, physical, social and emotional development must be considered (Ogawa, 2004).

Play therapy interventions are often utilized to help children overcome or work through a variety of challenges that may be impacting development. Play therapy, similar to psychotherapy, can often help children express what they are feeling when they cannot with words. Through the use of toys and developmentally appropriate practices, children

can work through emotions and find ways to share and discuss circumstances impacting their lives. Children may not have the language to express emotions to overcome and discuss traumatic events; this is where the language of play is utilized. Often, children cannot communicate with words what they have experienced or what they are feeling but through play therapy, children have the opportunity to express what they are feeling or experiencing. Children communicate through play. Toys are the child's words and play is their language. Children are able to make sense of complicated or confusing emotions through play (G. L. Landreth, Ray, & Bratton, 2009). Facilitated often by special education teachers under the supervision of a play therapist, a social worker, or a psychologist, play therapy is most often used with children between the ages of three and ten (Kottman, 2004).

Early Childhood

Early childhood is a stage in human development that begins when the child is two years old and lasts until the child is six years old. Children are in a rapid state of growth and start to develop a sense of their bodies and the space surrounding them (Hansen & Zambo, 2005). Children form new types of social interactions that are made possible by the child's increased cognitive and language skills. Social interactions between children and adults and other children become more complex and more reciprocal through the development of the child's language (Keenan, 2009).

There are five main components of early childhood development: social, physical, cognitive, emotional, and language. Social development refers to the growth of a child's ability to relate to others appropriately, including the development of social skills and skills of independence (Neaum, 2010). Social development involves the children's

relationships to other people and their ability to empathize, cooperate, and share with other people. Physical development refers to the child's progress to control their body (Neaum, 2010). "Progress is characterized by an increase in skill and complexity of performance" (Neaum, 2010, p. 44). Physical development refers to developing gross and fine motor skills. Cognitive development provides the "means of knowledge and understanding" (Neaum, 2010, p. 28). Cognitive development "emerges through the senses- listening, touching, watching, smelling, moving, and experiencing things for oneself- and this, in turn, develops memory, reasoning and problem-solving abilities" (Moyles, 2012 p. 28). Emotional development is the growth of a child's ability to feel and express a range of different emotions properly (Neaum, 2010). "It includes the development of emotional responses to oneself, to other people and to what we say and do" (Neaum, 2010, p. 54). Language development begins with a baby's first playful moves with the parents or caregiver talking to the baby. "Playing with the language-cooing, babbling, squealing-is the beginning of speech, language and communication, which will grow rapidly in the first five years" (Moyles, 2012, p. 88). There are two main language skills: receptive language and expressive language. Receptive language is what the child receives and understands. Expressive language is the words the child speaks. (Moyles, 2012)

Play in early childhood development is important because children at that age spend a significant amount of their day playing (Lillemyr, 2009). Through play, children develop social, emotional, and language skills (Lillemyr, 2009). Play is very important in a child's life; it is a way for the child to communicate (G. L. Landreth et al., 2009). Through observing children playing, we are able to gain valuable information about their

emotions. Children are unable to express in words what they themselves cannot understand. They make sense of complicated or confusing emotions through playing (G. L. Landreth et al., 2009).

Through play, children are able to develop cognitive skills, social skills, and build on their language development. Children not only learn academic skills through play but they learn about themselves. Children learn how to make choices. They are able to explore their environment and be adventurous (Lillemyr, 2009). There are some situations that can cause delays in a child's development and limit a child's sense of security and attachment impacting the ability to explore and learn. One cause that could often impact growth is when the child experiences a traumatic event.

Impact of Trauma in Early Childhood

Children who experience a trauma are often deprived of a sense of security, and control that is crucial for healthy emotional development (Ogawa, 2004). Children are extremely vulnerable in the face of traumatic events because they are completely dependent on their caregivers for security, both physically and psychologically (DeVoe, Klein, Bannon, & Miranda-Julian, 2011). Friedrich (2008), defined childhood trauma as:

> "The mental result of one sudden, external blow or series of blows, rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations… all childhood traumas… originate from the outside. None is generated solely within the child's own mind. Childhood trauma may be accompanied by as a yet unknown biological change that is stimulated by external events. The trauma begins with events outside the child. Once the events take place, a number of internal changes occur in the child. These

changes last…often to the detriment of young victim." (p.204)

Traumatic events include powerful isolated incidents (e.g. airplane or car accident), natural disasters (e.g. fire, hurricanes), crimes (e.g. kidnappings), and surgeries (e.g. experienced by the individual and/or the individual's loved one) (Friedrich, 2008). Traumas also include abuse (e.g. physical, sexual or emotional), domestic violence (e.g. rape, shooting), and/or enduring deficiency of essential human needs (e.g. lack of water) (Friedrich, 2008).

According to Terr (1991), childhood traumas can be categorized into Type I, Type II or Crossover-type traumas. Type I trauma refers to a single incident (Young, Kenardy, & Cobham, 2011). Type I, involves a single, sudden, unexpected, and public event such as a natural disaster or school shooting (Ogawa, 2004). Type II trauma refers to multiple and repeated traumas (e.g. sexual or physical abuse) (Young et al., 2011). This type of a trauma can be a result of a long-term trauma, such as repeating abuse (Ogawa, 2004). Cross-type traumas describe a single-incident where there are ongoing consequences (Young et al., 2011).

Children who have experienced a traumatic event are at a "greater risk of adverse psychological outcomes as they are undergoing a rapid period of emotional and psychological development, have limited coping skills, and are strongly dependent on their primary caregiver to protect them physically and emotionally" (Young et al., 2011 p. 232). Children who suffer from a traumatic event in their lives need to seek help while they are young or it can cause long-term damage to the child. "The long term psychological consequences of unresolved early childhood trauma could cause significant

impairment in children's social, emotional, academic development" (Green, Crenshaw, & Kolos, 2010 p. 95).

Children who experience a traumatic event often have feelings of helplessness and an inability to understand and express what they are feeling. These feelings of confusion and helplessness can carry over to other parts of the child's development. The child can regress developmentally and have trouble participating in familiar activities the child once enjoyed. Children can even lose speech and toilet-training skills after a traumatic event (Friedrich, 2008).

A traumatic event can also cause a physical developmental delay. Children who experience a repeated trauma can become hypersensitive to physical contact and can develop sensory issues (Friedrich, 2008). Experiencing a traumatic event can also effect the child's cognitive development. The child can have difficulty focusing or have processing problems. Children can also have learning difficulties and have speech or language delays (Friedrich, 2008). Children can have a difficult time in school because they lack concentration (Cattanach, 2008).

Trauma can also interfere with a child's ability to develop a healthy attachment to the caregivers (Cattanach, 2008). Children can become frightened of separating from the caregiver. Children can also have difficulty developing attachments to their caregivers and isolate themselves. According to Cattanach (2008), children who have experienced a traumatic event have trouble enjoying life. The child can feel preoccupied and listless.

Children who have experienced a traumatic event can have low self-esteem. Children who have been abused can often feel like they are unworthy (Cattanach, 2008). If a child has been sexually abused, the child can feel abandoned. The child does not

understand what adults want from them. Children can have difficulties making connections with others because the only way they might know how to act is by making sexual signals with other adults (Cattanach, 2008). The only relationship with an adult the child may have experienced is through sexual stimulation instead of parental affection and attention (Cattanach, 2008).

There are many types of therapies for children who have experienced a traumatic event. One technique that has been proven as an effective treatment to help children work through difficult situations is play therapy.

Play and Play Therapy

Play is a natural and powerful way for children to experience and make sense of their world, communicate their feelings, work through stressful situations, relieve tension and learn new skills (G. Landreth, 1982). Children feel powerful and in control during their play (McMahon, 1992). Play is very important in a child's life; it is a way for the child to communicate; toys are their words and play is their language (G. L. Landreth et al., 2009). Through observing the children playing, play therapists are able to gain valuable information about their emotions. Children are unable to express in words what they themselves cannot understand. They make sense of complicated or confusing emotions through playing (G. L. Landreth et al., 2009). Play is a way for children to express themselves. Children might not be able to express themselves verbally but through play, they are able to work through their emotions.

Children have control of play, which allows them to feel safe and secure (Landreth, 1982). Therapeutic play enables children to act out confusing or scary circumstances. Adults are able to communicate verbally, whereas a child's way of

communicating is through play. Children are not developmentally ready to communicate verbally and this makes it difficult to talk to a therapist (Jordan, Perryman, & Anderson, 2013). Play fosters the child's expressive language, communication skills, emotional development, decision-making skills and cognitive development (Lillemyr, 2009).

Play therapy is a technique where play is used as a therapeutic method to assist children in coping with emotional stress or trauma. During play therapy, the child is given the freedom to determine the type of play but the therapist can have some control in selecting the type of play materials that the child can choose from (G. Landreth, 1982). Therapists take events and emotions from the child's play and make meaning out them so that the conflicts can be resolved (O'Connor, 2002). Play therapy is most beneficial for children ages three to eleven years old but it can be useful for some students who are older as well. Play therapy can also be used equally with both boys and girls (Phillips & Landreth, 1998). An important reason why play therapy works is because it feels natural to the children and not something that the children have to learn (Kottman, 2004).

According to Landreth (2002), children do not have the verbal skills that enable them to express their emotions in ways that adults are able to comprehend. This has an effect on how children participate in therapy or counseling. When adults suffer through a traumatic event, they will attend therapy or counseling. Children on the other hand do not have the verbal ability to be able to express their emotions through words but through play therapy they are able to express themselves.

The toys used in play therapy are important in helping children. Toys in play therapy are used to help children "express emotions, learn new coping skills, increase self-esteem, develop responsibility, improve decision-making skills and increase self

control in a safe, nurturing and non-threatening environment" (Ray et al., 2013, p. 44). Toys should be selected for their therapeutic value to allow the child to express themselves freely (Ray et al., 2013). By playing with specially selected materials, and with the guidance of a person, the child is able to play out his/her feelings, bringing these hidden emotions to the surface where she/he can face them and cope with them (G. Landreth, 1982). Toys should be simplistic to help the child use the toys in many different situations. Toys can help the child work through a variety of different experiences and situations that they would have trouble expressing though words (G. Landreth, 1982).

According to Ray (2013), when selecting toys for play therapy, the therapist should ask three questions:

1. What therapeutic purpose will this serve for children?
2. How will this help children express themselves?
3. How will this help the therapist build a relationship with the child?

Sometimes children need time to process what they have experienced and through play, they are able to recreate the situation and work through it. Children can learn different techniques and tools to help them. "Play bridges the gap between concrete experiences and abstract thought. Through play, children can express, in a safe and natural way, their experiences, thoughts, feelings, and desires. Play therapy empowers children to organize their experience, gain a sense of self-control and learn coping skills" (Kot, Landreth, & Giordano, 1998, p. 20). Preschool children who suffer from a traumatic event feel helpless, powerless, insecure and/or fearful (Friedrich, 2008). Play therapy is shown to help children become more responsible for their behaviors and

develop more successful strategies to deal with their emotions. Play is important in helping children overcome traumatic events because it is a way for children to have "control in fantasy what is unmanageable in reality" (Kot et al., 1998, p. 21). Play therapy also helps children develop respect and acceptance of self and others, learn to experience and express emotion, and develop new and creative solutions to their problems (Smith–Adcock et al., 2012). Within the safety of the play therapy room the child can express his/her pain, anger, confusion and often reenact the trauma that he or she dare not discuss at home for fear of losing the only caretaker he or she knows (Mills & Allan, 1992). "When trauma occurs between birth and age 2, children convey their experience of trauma through behaviors, rather than verbalizations, and may reenact aspects of a traumatic event through play" (Green et al., 2010, p. 97). This explains why play therapy is extremely beneficial for children who experienced a traumatic event. Play therapy enables the child to express what happened to them and what they are feeling. "Play therapy has been shown to help students in the development of positive sense of self, understanding of emotions, problem-solving and positive relationships with other" (Smith–Adcock et al., 2012, p. 102).

According to Piaget (1962), children under the age of ten do not have the language skills and abstract reasoning to verbally express themselves. Play therapy is a way to obtain information from a child that may not be developmentally available or, because of a traumatic experience be repressed.

Due to the strong impact traumatic events can have in a child's learning experience, this study is specifically looking at different play therapy strategies and techniques play therapists utilize in preschool settings to assess how they may impact

overall learning and socialization. The research questions associated with this study are:

1. How are traumas identified?
2. Does the degree of trauma impact the strategy selected?
3. What other variables impact the selection of specific play therapy strategies and tools?
4. How do play therapists collaborate with classroom teachers to utilize play therapy techniques in the classroom setting?

Chapter 2: Literature Review

Importance of Play for Early Childhood Development

Play is essential to early childhood development. According to Ginsberg (2007), "play is so important to early childhood development that the United Nations Commission for Human Rights recognized play as a right of every child" (p. 182). Research has shown that recess and play are becoming a thing of the past even for children in kindergarten (Ginsberg, 2007). Currently child psychologists are trying to change the minds of parents and educators to realize that play is vital in childhood development (Ginsberg, 2007).

Landreth, a well known child-centered play therapist, defines play as a "child's natural medium of expression" (Landreth, 1982, p. 281). Studies have shown the need for play to promote a child's healthy development. Play helps develop a child's cognitive skills, social skills, and build on their language development. Children not only learn academic skills through play but they learn about themselves. Children also learn how to make choices. They are able to explore their environment and be adventurous (Lillemyr, 2009)

Play is a way for a child to develop socially, emotionally, physically and linguistically. Children learn language through play and playing with other children who have different experiences. Also through play, children learn language by playing with adults. "Adults support play deliberately or inadvertently. For example describing the play activities" (Moyles, 2012 p. 88). Through play, children gain an understanding of others' thoughts and feelings and learn to see others' points of view. When children are playing with other children they are learning to "deal with the complexities of life and

relationships" (Moyles, 2012 p. 132). Through play, children observe their reactions and the reactions of others and learn the social skills needed to play nicely. "Children's overall success in making friends settling into new situations is dependent on their maturity is social development and their ability to play co-operatively." (Moyles, 2012 p. 133). There have been many theorists that have studied early childhood development such as Friedrich Frobel, Maria Montessori, Jean Piaget, Lev Vygotsky and Erik Erikson. These theorists all believed that play is most important to early childhood development.

Froebel believed that children learn through active play. Also he believed learning is most effective when children are engaged in imaginative and pretend play (Neaum, 2010). Issacs was influenced by the work of Froebel. She saw play as a means for children to express their feelings. She also believed that more formal learning should wait until the age of seven (Neaum, 2010).

Montessori concentrated on learning through structured play rather than spontaneous play. Based on the idea that children are active learners, she developed a theory that they are more receptive to different types of learning at different stages in their early development (Neaum, 2010).

Piaget is regarded as one of the major theorists in child development. His work on how children's thinking develops is based on the idea of a sequence of five stages (Neaum, 2010). The first stage is sensorimotor. This stage is from the moment of birth through two years old. In this stage, the child is focused on creating a relationship with their caregiver. The child is starting to develop reflexes (Beckley, Hendry, & Elvidge, 2009). The second stage is the pre-operational. This stage is from two years old through four years old. The child is learning to use language. In this stage, the child is unable to

understand logic, and other people's point of view (egocentrism). Through play, the child is able to organize and represent experiences (Beckley et al., 2009). The third stage of development is intuitive. This stage is from four through seven years old. "The child's perceptions dominate thinking, which shows a lack of reversibility as a result" (Beckley et al., 2009, p. 13). The fourth stage is concrete operational. This stage is from seven years old until eleven years old. Children are learning to think logically and still have difficulty thinking abstractly. (Beckley et al., 2009) The last stage of development is the formal operational stage. This stage is lasts from eleven years old through sixteen years old. The child is able to think abstractly and make conclusions based on hypotheses. (Beckley et al., 2009)

Vygotsky believed that children benefit from play because it allows them to engage in activities from which they are excluded in reality, such as flying an airplane. His work also places great emphasis on the importance of the adult's role in enhancing the child's ideas and thinking (Neaum, 2010).

Erikson further developed Freud's theories about personality and the mind. He was interested in the link between imaginative play and the emotions (Neaum, 2010). According to Erikson, play is a way for a child to cope with their experiences and a way to heal and escape the realities of their life. Erikson noticed children sometimes need to recreate situations to make sense of them and understand how and why they happened (Beckley et al., 2009).

History of Play Therapy

Play therapy has recently become a popular treatment for children, however the idea is not new. The first person to study play and how it benefited children was Jean-

Jacques Rousseau. Rousseau was able to acknowledge that children were not small ladies and gentlemen and that childhood was a period of growth (G. Landreth, 1982). Rousseau studied the importance of observing play to learn about and understand children.

In 1919 Hug-Hellmuth was the first to formalize play therapy. He provided children with materials to express themselves. Hug-Hellmuth emphasized the use of play to help therapists analyze children. "Play was essential in child analysis when treating children seven years of age and younger" (Landreth, 1982, p. 68). Hellmuth laid the groundwork for future therapists Melanie Klein and Anna Freud.

Anna Freud utilized play as way to gain the cooperation of a child. Freud realized parents were bringing their children to therapy, but the children did not like or want to attend therapy sessions. She realized that play enabled the children to work through a difficult trauma (Landreth, 1982). Play provides children with a safe environment to experience emotional and social interactions. According to Freud, through play, the child is removed from reality and has the freedom and opportunities to express their feelings and emotions (Cattanach, 2008).

Melanie Klein believed therapeutic play was the same as free-association therapy used with adults. She implemented techniques of using play as a way to analyze children. Klein believed a child's play was "essentially the same as free association used with adults, and that as such, it provided access to the child's unconscious" (Landreth, 1982, p. 68). Carl Rogers, another play therapist, developed the client-centered play therapy approach. This approach emphasized the relationship between therapist and the client, based upon genuineness, acceptance and trust (Landreth, 1982).

Virginia Axline modified Roger's approach and geared it towards children. According to Landreth, Axline's approach became the basis of nondirective play therapy. The principles of Axline's therapy focuses on the development of a warm and friendly relationship with the child, taking the time during the session and following the child's pace, respecting the child's ability to solve their own problem, making choices instituting change, and not directing the child during the sessions, but rather letting them lead.

Another major development in the field of play therapy was in 1982 with the creation of Association for Play Therapy by Charles Schaefer and Kevin O'Connor. Association for Play Therapy membership has grown from 450 in 1988 to 4,440 members in 2002 (Landreth, 2002). According to the Association for Play Therapy, play therapy is defined as, "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (Association for Play Therapy, 2002).

Play Therapy and Childhood Trauma

There are various traumatic experiences children go through during their lifetime. There are different play therapy theories, and techniques that are able to help children with different types of traumas. Play therapy has a big impact on helping children work through difficult situations. "Children living in the post-September 11, 2001 world need humanistic counselors who value them as rational beings and who provide them developmentally appropriate interventions to help build their resiliency to trauma" (Baggerly, 2005, p. 117). As children play out their traumatic experience in play therapy, they begin to "choose between approaching or disengaging from difficult

emotional materials in the play room, seize the opportunity of the narrative of the trauma to change and engage in the gratifying and rewarding experience that comes from a therapeutic relationship with a trusted adult" (Green et al., 2010, p. 98).

There are five play therapy approaches. Each approach focuses on a different aspect of children's development or well-being. "In considering the most optimal play therapy approach to use, the therapist should consider the contextual factors of the case (e.g. who will be involved, and where will the therapy take place) and the expected outcome (e.g. reduce anxiety, and improve parent–child relationship)' (Porter, 2009).

Filial or family play therapy is also known as child relationship enhancement therapy, and is based on the concept of parents playing the role of therapists. This approach focuses on teaching parents' strategies and skills to work towards building a healthier relationship with the children (Porter, 2009). After a traumatic event, parents were reported to be unsure of how to act or help their child (Hill, 2006). Parents are relying on the experts for advice and techniques to help their children. Parents might not have the understanding of how to help their child: what do they say or how do they react? Filial play therapy can be used in all kinds of cases, if the relationship between the parents and the child is secure and strong or at least the parents desire an intimate bond (Ryan & Madsen, 2007). According to Hill (2006), some therapists are against the idea of involving parents in cases like sexual abuse because it may be difficult for the parent to emotionally handle the situation or in some cases the parents are the perpetrators of abuse. The only thing parents need to learn is how to respond appropriately to the verbal expressions and immediate behaviors of their children during play therapy sessions, and this can be accomplished through training with a professional therapist (Hill, 2006).

Filial play therapy can be beneficial for children who were sexually abused because parents already know the detailed history of their own children. In addition, many parents are very skilled at detecting symptoms of maladjustment or unusual distress in their child. However, in certain instances, involving parents in therapeutic play sessions of sexual abuse victims can be a positive move. Advantages of such an approach include creating a heightened sense of safety and security in the child, a stronger sense of attachment between the parent(s) and the child, and a counter against the societal expectation of secrecy in sexual abuse (Hill, 2006).

Child-centered play therapy is based on the belief that the child can be self-directing; the child is the leader and the therapist is the follower (Porter, 2009). Child-centered play provides children a therapeutic environment to have the freedom to grow and heal from their traumatic experiences. "Child-centered play therapy aims to have the therapist see the child's point of view, value and accept the child, not inflict beliefs or solutions on the child, and work within the child's cultural family values in order to promote a better chance of cooperation and positive outcomes "(Porter, 2009, p. 1027). In child-centered play therapy "the child chooses the materials and the direction of the play, and the play therapist trusts the child to take the relationship to where the child needs to be" (G. L. Landreth et al., 2009). "In considering the most optimal play therapy approach to use, the therapist should consider the contextual factors of the case (e.g. who will be involved, and where will the therapy take place) and the expected outcome (e.g. reduce anxiety, and improve parent-child relationships)" (Porter, 2009).

Rogers and Axline developed child-centered play therapy. According to Porter (2007) Axline's eight principles of child-centered play therapy are:

1. Develop a friendly relationship with the child.
2. Accept the child without question.
3. Establish a permissive relationship so that the child feels he/she may express his/her feelings freely.
4. Recognize and reflect the feelings that the child is expressing.
5. Maintain respect for the child's problem-solving skills.
6. Let the child lead the activities.
7. Let the session's progress naturally, without an agenda.
8. Make limitations that are only necessary to make the child aware of his/her responsibilities in the patient-therapist relations.

When Axline's eight basic principles are applied, the elements of acceptance, trust and empathy are established in the relationship between therapist and child. The role of the therapist is to be present, which includes interacting with the child by observing, listening, and making reflective statements of recognition. This process allows the therapist to understand the child's needs, and feelings. The play therapist recognizes that the child's actions are a message expressed through his/her play. Each toy selected by the child is a representation of what he/she is trying to communicate (Landreth, 2002).

Alderian play therapy helps repair relationships through learning how to interact with adults through play (Porter, 2009). Alderian therapy focuses on the child's unique abilities to help the children through difficult situations. The sessions are flexible and children are encouraged to maintain feelings of autonomy and independence. Alderian play therapy is appropriate for helping children who have experienced abuse or trauma because their relationships with adults will change. "Alderian play therapy has been

enhanced with the additions of the 'Crucial C's that children must master to develop healthy relations. The 'Crucial C's include: connecting with others, feeling capable, counting and have courage" (Porter, 2009).

According to Landreth (1982) Alderian play therapy involves the use of four different phases:

1. Building a relationship with the child.
2. Exploring the way the child lives.
3. Helping the child understand what is going on in his/her life.
4. Teaching the child how to develop problem-solving skills.

Non-directive play therapy is used to enhance speech and language skills and to promote verbal language. During non-directive play therapy sessions, the therapist will play besides the child, modeling and providing verbal language suitable for different situations (Porter, 2009). When working with children, the therapist starts at the child's developmental level rather than aiming to improve their skills right away (Robinson, 2011). According to Porter (2009) there are five recommended steps for non-directive play therapy:

1. Establish "joint attention" by having the therapist follow the child's lead during play.
2. Demonstrate to the child how the behaviors and actions the child is using could be altered or extended.
3. React to the child's behavior consistently and adaptively.
4. Develop and assist different opportunity for play routines (to develop play routines).

5. Start a verbal commentary with the child, to keep the child talking and create conversations.

Non-directive play therapy can be used with different children, either individually or in group sessions. This approach can help children gain confidence and supports positive interactions.

Cognitive-behavioral play therapy is effective for helping treat children with separation anxiety. This form of therapy is most beneficial for students between the ages of two-and-a-half and six-years-old. The use of puppets and stuffed animals are used to express feeling about separating from the parent (Porter, 2009). Through re-enacting, the child is able to discuss the puppet's fears and create positive coping strategies.

According to some theorists, there are three different categories of toys that play therapists should use to help in selecting the toys. The first category of toys is real-life toys, for example "real-life toys allow for the direct expression of feelings" (Ray et al., 2013 p. 45). The second category of toys is acting out aggressive-release toys. Acting out aggressive-release toys allows the child to express their emotions; it is a way to express their anger or frustration (Ray et al., 2013). These toys include soldiers, weapons, and bop bags. The third category of toys includes creativity expression and emotional release toys. Toys for creative expression and emotional release allow the child to be spontaneous and expressive (Ray et al., 2013). These toys include sand, water, paint etc.

Other theorists believe there are five different categories of toys used in play therapy. The categories of toys are a definitive list of the most necessary toys. The first category of toys is family/nurturing toys. These toys include baby dolls, doll accessories, kitchen and home accessories, and several different families of dolls. The second

category of toys is scary toys. Scary toys include dinosaurs, snakes, and insects. Scary toys enable the child to work through "feelings of fear or work through traumatic experiences" (Ray et al., 2013 p. 46). Aggressive toys are the third category. These toys include guns, knives, swords, and foam bats. Aggressive toys help the child express their feelings of aggression and anger, explore control issues and learn techniques to protect themselves (Ray et al., 2013). The fourth category of toys is expressive toys. These toys include art supplies and crafts. Expressive toys help the child express their feelings, creativity, and practice problem-solving skills (Ray et al., 2013). The fifth category of toys is pretend/ fantasy. These toys include dress up clothes, masks, magic wands, doctor kits, and puppets. Pretend/ fantasy toys help the child express their feelings, role-play, act out different scenes and experience different behaviors and attitudes (Ray et al., 2013)

The use of puppets is an effective tool play therapists can utilize while working with children to build a relationship (Landreth, 1982). Therapists use different puppets to represent different scenarios while working with the child: a puppet family, puppets representing the child's age, and animal puppets. Puppets are able to facilitate the conversations between the child and the therapist (Landreth, 1982).

Ray (2013) conducted a study to assess which toys were used the most by children during child-centered play therapy sessions, the frequency of when the toys were used among defined toy categories, and whether age and gender predict the choice of toys used in child-centered play therapy sessions. The outcome of this study found that the most used toys were four categories including family/ nurturing, expressive, pretend/fantasy, and scary/aggressive.

This was the first study of the use of toys in play therapy to find children used different toys based on gender. Female children played with the family/nurturing toys the most, while male children played with the scary/ aggressive toys the most. These findings indicate that boys and girls might need different types of toys during play therapy sessions to express themselves (Ray et al., 2013).

On the other hand, there are also some limitations to this study. Some of the toys that were used the least could be based on the cultural differences of where the study was took place. For example, the use of Gumby in this study was among the toys rarely used by children during sessions. This could mean that the toy has outlived its cultural relevance (Ray et al., 2013).

LeBlanc and Ritchie (2001) collected twenty-three journal articles, sixteen dissertations, and three unpublished documents conducting a meta-analysis of play therapy outcomes. Overall, the results of the study were "on average, children who receive play therapy performed 25 percentile units higher on the given outcome measures when compared to children who did not receive treatment" (LeBlanc & Ritchie, 2001 p. 194).

Bratton and Ray (2000) conducted a comprehensive "literature review of eighty-two play therapy research studies." As a result of their study, play therapy is an effective method for treating anxiety and improving social skills, cognitive ability, behavioral change, and self-concept. According to Bratton and Ray (2000), "play therapy research lacks credibility in a few areas of what is considered hard research" (p. 81). Most of play therapy studies are evaluated by the benefits of play therapy against no intervention at all

(Bratton & Ray, 2000). Researchers need to study the benefits of play therapy against another type of intervention.

Hill (2006) conducted a study to find the benefits of Filial play therapy with sexually abused children. The limitations of this study included that some children may need privacy, parents may be too distressed, parents may need preparation, and some parents may resist becoming involved. Hill suggests that parents should first be trained by a professional before conducting Filial play therapy to help their children overcome sexual abuse (2006). Parents may feel that the therapist has the expertise to help their child alone.

A study conducted by Scott (2003) sought to find the effects of play therapy on children who were sexually abused. The purpose of this study was to see if play therapy made improvements to the child's self-esteem, self-concept, social competence and adjustment during therapy. The overall findings provided mixed reviews. Children who were abused by a close relative or a friend showed no treatment outcome. Another limitation of the study is the small sample size. This study was conducted with twenty-six children: nineteen girls and seven boys.

White and Allers (1994) reviewed and critiqued play therapy literature related to abused and neglected children. This paper discusses seven characteristics of abused children's play behaviors. These behaviors include developmental immaturity, opposition and aggression, withdrawal and passivity, self-deprecation and self-destruction, hypervigilance, sexuality and dissociation (White & Allers, 1994).

Developmental immaturity occurred in some children who were sexually abused. According to White and Allers (1994), Howard conducted a study on twelve physically

abused children and twelve non-abused children between the ages of one and five years old. The results of this study were that the children who were abused were significantly more developmentally delayed in play (White & Allers, 1994). This study found that children who were physically abused between the ages of eight and twenty-five months had cognitive and language delays. There have also been studies conducted on children who were physically abused who exhibit opposition and aggression. Martin and Beezley interviewed fifty physically abused children between the ages of twenty-two months and thirteen years. The study reported that twelve out of fifty children exhibited aggressive or passive-aggressive behavior during play.

Another behavior that was common among children who were physically abused during play was self-deprecating and self-destructive behavior. Studies have suggested that abused and neglected children frequently had low self-esteem and made comments about themselves as bad or incapable (White & Allers, 1994). Oats, Forest and Peacock compared thirty-seven physically abused children with thirty-seven non-abused children. Using interviews, the results of this study indicated that the abused children had significantly lower self-concepts and had fewer friends (White & Allers, 1994).

Children who have been physically abused also are withdrawn and passive. McFadden described one behavior that some children who are more withdrawn as a result of physical abuse as "the hider" (White & Allers, 1994). After the abuse the child learns how to withdraw from stressful situations, using isolation as a mean of self-defense. Fagot observed fifteen sexually abused children, eleven physically abused children and ten non-abused children during play. Fagot reported "sexually abused children were more

passive but not more negative or antisocial" (White & Allers, 1994 p. 391). The children will always play alone unless an adult approaches them.

Another behavior children who were abused displayed hyper vigilance during play. Eleven out of fifty children who were physically abused were reported to be hyper vigilant towards their surroundings in scanning for social cues and reading the moods of people (White & Allers, 1994).

Children also exhibit sexual behavior after an abuse. Gale, Thompson, Moran and Sack studied thirty-seven sexually abused children, thirty-five physically abused children, and one hundred and thirty non-abused children who were younger than seven years of age. The results of this study indicated that inappropriate sexual behavior was clearly distinguished by the group of sexual abused children as compared to the other children (White & Allers, 1994). Sexually abused children may assume that all adult relationships include sexual relationships (White & Allers, 1994).

Chapter 3: Methods

Participants

The participants of this study consisted of two play therapists from New York City currently working at The Bloomingdale Family Program Operation Head Start. The Bloomingdale Family Program is located in Morningside Heights and serves preschool children and families from low-income households. The therapists were selected based on their years of experience in the field, their willingness to share information, and because the researcher had access to their expertise after taking a class at Wagner College. Combined, the therapists had more than twenty years of experience providing play therapy services to preschool children. A review of demographic information revealed the following: Play Therapist A was over 50 years old, a Caucasian woman and had more than twenty years of experience in the field of play therapy. Play Therapist B was under 40 years old, a Hispanic woman and had more than six years of experience working in the field of play therapy.

The participants all worked in the same preschool located in Manhattan. The participants were all females. Play Therapist A had a Masters degree in special education and social work and had worked at The Bloomingdale Family Program for twenty years. Play Therapist B had a Masters degree in special education and had worked at The Bloomingdale Family Program for six years. Prior to working as play therapists, both participants worked as teachers in the special education field.

The Bloomingdale Family Program is different from other Head Start preschools. Most Head Start preschools do not offer the services that The Bloomingdale School offers. Through a grant provided by the Robin Hood Foundation, The Bloomingdale

Family Program is able to offer a variety of therapeutic services including play therapy, speech, occupational therapy, and social work. Most other Head Start preschools have to refer their children to the Department of Education for services and it can take up to at least four months for the child to receive the services. Services at The Bloomingdale Family Program are confidential. When children leave the school, their information does not go to the Department of Education or anywhere else. The families are secure; parents do not want to share what services their children are receiving when entering kindergarten. All the participants work with different children but have the opportunity to collaborate with each other and the staff. The school places a strong focus on collaboration as well as a strong community where everyone works together to benefit each and every student.

Design

Utilizing a qualitative approach to collect and analyze data, this study sought to identify the selection of tools, materials, resources and approaches each therapist selected and implemented based on services children needed. The researcher analyzed the interviews for overall themes and for individual patterns. The data for this study was collected by having each participant answer interview questions.

Materials

The materials used for this study were the informed consent form, and interview questions. The letter of consent introduced the researcher and the topic of study. (See Appendix A for the informed consent) There were twenty-three interview questions created for this study. Interview questions were based on an extensive literature review. Fellow peers then reviewed the interview questions for validity. (See Appendix B for

questions utilized during the small group interviews.)

Procedure

At the start of this study the researcher created an informed consent form, which was given to the play therapists that were going to participate in this study. The researcher chose two play therapists from Head Start school located in New York City to participate in this study. The play therapists all signed the informed consent form and returned it to the researcher. The researcher met with the play therapists together then conducted a forty-five minute interview. Once the information from the interviews was collected, the researcher transcribed and analyzed the data. The data collected was used to find how traumas are identified, examined the strategies and materials play therapists utilize during sessions, and how play therapists collaborated with classroom teachers.

Chapter 4: Findings

The purpose of this study was to identify therapeutic approaches commonly utilized by play therapists working with prekindergarten children experiencing trauma. For this study, trauma was identified as "the mental result of one sudden, external blow or a series of blows rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations" (Ogawa, 2004 p.20). Information considered essential were the specific approaches, strategies and tools utilized to help children overcome or work to overcome some of these challenges impacting development. Data collected from a small group interview is presented with implications discussed in Chapter 5. This chapter begins with background information on the experiences of participants followed by an analysis of the questions utilized during the small group interview and a summary of the main results.

Demographic Information

Two experts with a range of experiences in the area of play therapy in early childhood were selected to participate in this study. The term "play therapist" was used to classify experts who worked closely with classroom teachers, families, and other therapists to help children work through suppressed feelings that may be causing a variety of challenges that could impact their growth at home or in school.

A review of experiences of both play therapists indicated that they each had a wide range of experience in the field of play therapy. Prior to becoming play therapists, both therapists worked as educators in the special education field. They are experienced in the field of play therapy, working with children in a Head Start program and working with children who need extra attention. In addition, Play Therapist #1 serves as the

disabilities service coordinator at the preschool and works closely with families, teachers and schools. The disabilities coordinator also supervises all the other play therapists at The Bloomingdale Family Program. A summary of demographic information is provided in Table 1.

Table 1: *Summary of participants' demographic information and levels of experience*

	Age	Gender	Ethnicity	Educational Level	Professional Experience	Years as a play therapist
Play Therapist #1	Over 50	Female	Caucasian	Masters in Special Education Masters in Social Work	Early intervention Specialist Disabilities Service Coordinator Supervisor of Play Therapy	20 years
Play Therapist #2	Under 40	Female	Hispanic	Masters in Special Education	Head Start Special Education Teacher	6 years

Trauma

Both play therapists agreed that the traumatic events children might experience that play therapy could help them deal with included domestic violence, incarceration of parent, witnessing a violent death, parent abuse of drugs or alcohol, in foster care and/or switching homes frequently, inconsistent parenting, or lack of resilience to something that happened in their life. There might not have been something detrimental happen to the child but the child is not resilient. The child is inconsolable and has a difficult time overcoming the event. According to Play Therapist #1, "the traumatic event doesn't have

to be something unusual. It could be something normal like the child's grandmother passed away, but the child is not resilient and does not recover. If the child is resilient then everyone is expecting this big behavior or change and nothing happens. If the child is not resilient, the child will be inconsolable" (personal interview, March 2014).

When identifying if a child has been through a traumatic event, both therapists believe that through observations you are able to find the behaviors that are associated with traumatic events. Observations of the children happen throughout the year. There is the observation of every child during September. This process lasts until October. Then all the play therapists, teachers, and other therapists have a meeting to discuss what services they feel the children should have. Also whenever a new child comes to the Bloomingdale Family Program, there is an intake observation to assess the child to see if the child will need any services.

According the Play Therapist #2, "we observe to see what is triggering the behaviors. We come in at different times during the day. We want to see how the child is acting at different times. After the observations, we have meetings with the other play therapists and teachers to discuss the children. What did you see? What did you think? Maybe this child needs something more then we can give him." According to Play Therapist #1, when observing, "you want to observe the child who is behaving different from the other children. That is the child you want to spend more time observing. If the child is doing something repetitive like hitting their head, there is something bothering them. If the child is playing with another child and the child is being dominant you want to observe that child to find out why he is showing those dominant signs" (personal interview, March 2014). There may be certain triggering behaviors that will occur during

different times of the day. Depending on the time of day or the activity that is going on in the classroom the child's behavior can be triggered. This needs to be done with making assumptions regarding the child. A summary of the therapist's definition of trauma is provided in Table 2.

Table 2: *Summary of participants' definition of trauma and/ ways of identifying trauma*

	Definition of Trauma	**How Traumas are Identified**
Play Therapist #1	- Domestic violence - Incarceration of parent - Witness a violent death - The child is not resilient to something that happened in their life - Someone passing in the family - Moving from different shelters frequently - Parent abuses drugs or alcohol - Foster care	Behavioral Triggers 1. Observations a. Intake observations b. Classroom observations i. Observations take a month to complete. Work with teachers and other therapists. 2. Children behaving differently than other children
Play Therapist #2	- Domestic violence - Incarceration of parent - Witness a violent death - The child is not resilient to something that happened in their life - Someone passing in the family - Moving from different shelters frequently - Parent abuses drugs or alcohol - Foster care	Behavioral Triggers 1. Observations a. Intake observations b. Classroom observations i. Observations take a month to complete. Work with teachers and other therapists.

Strategy Selection

According to both play therapists, the strategies selected should be chosen as a way to get children talking more. Providing children with the opportunity to express their feelings is essential and toys became the medium to be able to do so. Both play therapists

utilize the strategy of art and journal writing. Children use toys to express what they are feeling that they may be afraid to talk about or do not have the language development to talk about. According to Play Therapist #1 "through play, children will reveal what they have experienced, reactions to what was experienced, and how they are feeling about that experience" (personal interview, March 2014).

Art and journaling is a medium to help children start to open up and express themselves. For example, according to Play Therapist #1, "when a child had a lot of anxiety, I had her draw a picture. Then when we talked about the picture. Through drawing the girl was able to express how she had rats in her aunt's house and how scared she was. Children will focus on one thing but that isn't what is causing them to be most anxious. Just having the child to start talking about what is bothering them, they will eventually start to talk about the big problem" (personal interview, March 2014).

The child might not want to talk about what is really bothering him/her or the traumatic event that occurred but the child will eventually start opening up about what is really affecting them. Both therapists provided a list of sensory materials and books located in Appendix C. A summary of the typical traumatic experiences treated and strategies selected in Table 3.

Table 3: *Summary of typical traumatic events treated and strategies selected*

	Degree of trauma impact strategy/tool selection							
	Domestic Violence	**Incarceration of parent**	**Witness a violent death**	**Parents abuse drugs or alcohol**	**Someone passing away in the family**	**Child is in foster care**	**Inconsistent parenting**	**The child is not resilient**
Play Therapist #1	-Art -Journals -Books -Symbolic toys - Cooking *list of books and symbolic toys in Appendix C	-Art -Journals -Books -Symbolic toys -Cooking	-Art -Journals -Books -Symbolic toys -Cooking	-Art -Journals -Books -Symbolic toys -Cooking	-Art -Journals -Books -Symbolic toys -Cooking	-Art -Journals -Books -Symbolic toys -Cooking	-Art -Journals -Books -Symbolic toys -Cooking	-Art -Journals -Books -Symbolic toys -Cooking
Play Therapist #2	-Art -Journals -Books -Symbolic toys -Cooking -Something calming	-Art -Journals -Books -Symbolic toys -Something calming -Cooking	-Art -Journals -Books -Symbolic toys -Cooking -Something calming	-Art -Journals -Books -Symbolic toys -Cooking -Something calming	-Art -Journals -Books -Symbolic toys -Cooking -Something calming	-Art -Journals -Books -Symbolic toys -Cooking -Something calming	-Art -Journals -Books -Symbolic toys -Something calming -Cooking	-Art -Journals -Books -Symbolic toys -Cooking -Something calming

Variables impacting strategy/tool selection

Both play therapists agreed that a child's personality is key to the strategy, materials and tools that are selected for each session. According to Play Therapist #1, some children are hyperactive, angry, depressed or withdrawn. All of these children will want different play therapy materials and require different techniques to help them overcome their traumatic experiences. According to Play Therapist #2, "not every child is going to like the same materials. There are some strategies that may be similar but it all depends on what the child likes. You have to be part of the child's play. The child will shut down if they are pushed" (personal interview, March 2014)

Both play therapists also agreed, families might not be ready to participate in therapy. According to Play Therapist #1, "We can help the child in school but the child can't go home and express their feelings" (personal interview, March 2014). The child is not able to go home and work on the strategies and techniques they learn during the play therapy sessions at home. Play Therapist #2 believed that parents are afraid. "Parents look at the play therapist and see it as counseling or working with a social worker or a psychiatrist, and that means something is wrong with my child." Parents are afraid and it can take a long time and a lot of explaining to the families to help the feel comfortable to sign the paperwork.

Play Therapist #2 also believes culture is important when working with families. There are many different cultures between all the different families they work with. As a play therapist, you have to know what is acceptable in one family might not be acceptable in another family. When working with the families, you have to ask them questions and start to build a relationship. "Some things we aren't sure about. We have a lot of families where the father is the figurehead and the mother has no say. That has to do a lot with the culture. It doesn't mean that the father is having domestic violence with the mother it has to do with the culture. You have to be considerate with the families." A summary of the strategies and tools and other concerns is provided in Table 4.

Table 4. *Summary of participants' variables for strategies/tools selection and other concerns*

	Variables impacting selection of strategies and tools	**Other areas of concern**
Play Therapist #1	Child's personality Depends on the therapist	Families are resistant Families are not ready Building a relationship with the child
Play Therapist #2	Child's personality Be a part of the child's play Not every child is going to like the same materials	Family is unwilling to consent to therapy Family is afraid. Culture Families are not ready

Collaboration

Collaboration plays an important role for the play therapists at The Bloomingdale Family Program. Whether it is working with other therapists, classroom teachers or families. The play therapists provide tools and strategies to both the families and the teachers to help the child throughout the day in school or at home.

When working with teachers, both play therapists said they have a team meeting after the month long observation process. "After the observations, we meet with the other therapists and the teachers to assess the children. We work together to figure out which children need which services the most" (personal interview, March 2014). According to Play Therapist #2, one major role of the play therapist is to provide strategies and help teachers with the curriculum. Play therapists also provide the classroom teacher with sensory items in the classroom or more therapeutic lessons. Part of the time is helping the teacher see the children as individuals; providing certain strategies for the children in the classroom.

When working the families, both play therapists believe there needs to be a

relationship between the play therapists and the families. The play therapists also provide materials and strategies for the families to use at home. According to Play Therapist #2, "I have a lot of children that need a lot of calming activities. I suggest they play with Play-Doh at home with the families. They probably aren't having the relationship with the mom. If the child is hyperactive, this will calm them. Another time a child will have a hard time separating; we can work on a routine book. A lot of the times, the parents are having a hard time following a routine at home" (personal interview, March 2014). Together the play therapists and families will set up a routine book, for what the families do after school. Some families do not understand how important quality time is between the parent and the child.

Both play therapists also involve the families in play therapy sessions. One case that Play Therapist #1 involved a family member was when the child's father passed away. Both the child and the mother were traumatized by the death. The child wanted to talk about the father consistently with the mother but the mother did not want to. By bringing in both the child and the mother, Play Therapist #1 was able to use the play therapy room as a safe place to talk about the father's death. A summary of collaboration with educators, other play therapists and families is provided in Table 5.

Table 5. *Summary of participants' collaboration approaches*

	Collaborative approach between educators	**Collaborative approach between play therapists**	**Collaborative approach between families**
Play Therapist #1 (Wendy)	Observations Team Meetings	Team Meetings	Building a relationship Participation in sessions Meetings Providing strategies and tools to help at home
Play Therapist #2 (Emily)	Observations Team Meetings - Give support to teachers in the classroom.	Team Meetings	Building a relationship Participation in sessions Meetings Providing strategies and tools to help at home

Dispositions and Expertise

Both play therapists have an in-depth knowledge and expertise of developmentally appropriate practices. The therapists both have a special education background and have worked in the classroom for many years. Play therapists need to have the knowledge of appropriate child development and learning. According to both play therapists, knowing and understanding what is typical at each age and stage of development is crucial because while the therapists are observing the children there needs to be an understanding of what is atypical behavior and development.

The play therapists agreed collaboration is extremely important. Play therapists have to have the qualities to work as a team. At the Bloomingdale Family Program, all of the therapists and teachers have meetings and collaborate with one another.

There is also a need for ongoing professional development and research. According to Play Therapist #1, there are always new approaches and techniques that are being researched and introduced. The therapists need to have an interest in researching and learning new strategies and techniques that will help their children.

Table 6. *Dispositions and Expertise of play therapists*

	Dispositions and Expertise
Play Therapist #1	In-depth knowledge and expertise of Developmentally Appropriate Practices Ability to collaborate with one another Interest in ongoing professional development and research approaches
Play Therapist #2	In-depth knowledge and expertise of Developmentally Appropriate Practices Ability to collaborate with one another Interest in ongoing professional development and research approaches

Chapter 5: Discussion

Children do not go to therapy thinking about what they are they going to work on today. When children attend play therapy sessions it is in a safe and non-judgmental atmosphere. Non-directive play therapy allows children to work through scary or troubling behaviors. According to Bowers (2009), non-directive play therapists "use specific techniques, such as interactions with child by observing, listening and making reflective statements" to help children work through challenges (p. 177). Two experts with a range of experiences in play therapy were asked to discuss and describe the specific approaches, strategies and tools they utilize to help children overcome, or work to overcome, a traumatic experience. Non-directive play therapy approach was utilized by the play therapist at The Bloomingdale Family Program. Through this study, the researcher discovered during play therapy sessions, the play therapists would non-judgmentally reflect back to the child what they observe. Through reflecting the child's feelings, the therapist is able to provide the child with voice and vocabulary for their feelings. Also the therapists are able to help the child feel understood and validated (Porter, 2009).

Play therapists also utilize the same materials and tools to get the children talking. Results of this study indicated that the facilitation and introduction of the right techniques, strategies and tools is fundamental when helping children express needs in order to start the healing process. Even though the strategies, techniques and tools are the same for both therapists, it is their expertise that plays an essential role. The therapists need to be able to use materials in a way to get the child to open up and talk.

Through this study, the play therapists defined a child's traumatic experience by

experience of a domestic violence, incarceration of a parent, witnessing a violent death, parental abuse of drugs or alcohol, foster care, switching homes frequently, inconsistent parenting, or the child is not resilient. When identifying a traumatic event, the participants believe through observations you are able to find the behaviors that are associated with traumatic events. When selecting strategies and materials, the participants believe they should be chosen in order to get the child talking more. A child's personality is key to strategy selection, materials, and tools. Not all children will like or want to use the same materials. There will be some strategies that may be similar between each child but it depends on what the child likes. The participants of this study also shared that a major part of being a play therapist is collaborating with the classroom teachers. The play therapists provide strategies, materials and tools to the teachers. There are ongoing collaborative approaches between the therapists. Even though the therapy sessions are one to one, the therapists have daily meetings and discuss different strategies, materials and tools. Play therapists need to have the ability to collaborate with one another.

Limitations

One limitation of this study was the small sample size. Even though both play therapists have vast experiences and are experts in the field of play therapy, the researcher was only able get a small sample of research on the different techniques and strategies play therapists utilize to help children overcome a traumatic event.

Another limitation of this study was the selection of the participants. Both experienced play therapists worked at the same school. The researcher was not able to get different opinions and research from play therapists from other schools and areas around New York City.

Benefits to Educators

This study can be beneficial for educators. Although teachers are not privy to particular traumas a child may have experienced, having a toolkit of the therapists' most effective techniques, strategies and materials that teachers might use in their own classrooms to foster healthy interactions will be beneficial for educators regardless of whether any of their children have experienced trauma. The study provided educators with therapeutic tools, strategies and materials educators could use in their own classrooms to help the children. Both play therapists provided educators with a list of sensory materials and books they can utilize in their classrooms to help children express themselves (See Appendix C). Play therapists work closely with teachers to provide strategies and tools for the teachers to utilize in the classroom. The therapists provided books, and sensory materials that teachers can include in their classrooms to help children who have experienced a traumatic even. Through this study, the play therapists emphasized that it does not matter so much the type of traumatic event the child has experienced, but rather the personality of the child that will determine the type of materials or tools to help the child open up.

Future Studies

Research to further understand the different techniques, strategies, approaches, tools and materials play therapists utilize to help children overcome a traumatic experience could benefit from a larger sample size, random selection of participants and expanding the age group from preschool children to children ages two through eight years old.

Conclusion

Children who have a traumatic experience are often deprived of a sense of security and control that are crucial to healthy emotional growth. Their feelings of fear, anger and helplessness are often expressed differently from adults because they have limited developmental areas of cognition and language. Non-directive play therapy is a way for children to express themselves and recover from their traumatic experiences.

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Appendix A

Informed Consent Form for Participation in Research: Adults

As part of my master's degree requirements at Wagner College, I am conducting research on play therapy approaches to help preschoolers overcome trauma in order to learn which approaches work best with different traumatic events children experience.

You are invited to participate in this research project, and this document will provide you with information that will help you decide whether or not you wish to participate. Your participation is solicited, yet strictly voluntary. I will be using recording the interviews. After all the interviews are transcribed, the audiotape will be destroyed. You will be given the opportunity to read all of the transcribed interviews.

For this study, I will be using an "action research" model, where participants are co-learners with me around an issue of practice. During the course of the project, I will interview two play therapist to understand the different traumatic events preschoolers go through and which strategies and approaches worked best with each traumatic event. If you were to participate, I would ask you to part of my study and allow me to interview you to learn different play therapy techniques that you utilize to help preschoolers overcome a traumatic event. All information you provide during the project will remain confidential and will not be associated with your name. My final thesis will also be cleared of any possible identifying information in order to ensure your confidentiality.

The project does not carry any foreseeable risks. If for any reason you felt uncomfortable, you could leave study at any time with no penalty, and any information you may have provided would be destroyed.

If you have any questions concerning this study please feel free to contact me at Melissa.zipf@wagner.edu (917-747-0378) or Dr. Gonzalez at katia.gonzalez@wagner.edu (718-420-4080). Thank you for considering being part of a study related to my research for a master's degree in Education at Wagner College.

Please sign below to indicate your understanding of the project and your consent to participate. I have provided two copies so that you may keep a duplicate for your records.

Signature of Participant Date Melissa Zipf, Investigator

Appendix B

Play Therapists Interview Questions

1. Bloomingdale Family Program is a unique school. What amenities does this school offer that other comparable school programs don't?
2. Please tell me about your educational background and experience.
3. How long have you been a play therapist?
4. What does a play therapist do?
5. Do you work with the same student every year if they need it or do you switch each year?
6. How can preschoolers benefit from play therapy?
7. How do you define trauma?
8. When working with children who have been through a traumatic event, is there a predominant approach you use?
9. If you had someone who experiences a trauma and had special needs would you use the same approach?
10. How much does a specific trauma play a part in the type of methods you utilize as a play therapist?
11. In what ways might a child's personality play a part in your selection of a play therapy approach?

Childhood trauma may arise from family situations, from something external to the family, or from something unknown. Please think about each of these contexts separately.

12. What sorts of tools and activities might you suggest such families use to help the child? Why?
13. Who, if anyone, from the family participates in therapy sessions with the child? Why?
14. What have you found to be the most effective ways to engage such families in children's support processes?
15. How do you work with families whose children experienced trauma from a FAMILY source?
16. What are some difficult/sensitive areas in dealing with such families you might suggest novice therapists be aware of?
17. How do you work with families whose children experienced trauma from an UNKNOWN source?
18. Childhood trauma can be complex, difficult, and even illegal to discuss with teachers. How, if at all, do you work with teachers of your clients, and to what degree does the particular trauma of a child play into your interactions with teachers?
19. What sorts of tools and activities might you suggest teachers use to help the child at school? Why?
20. What have you found to be the most effective ways to engage teachers in children's support processes?
21. Are there any general play therapy activities you suggest to teachers that they might incorporate into their classes? Why or why not?

22. What are some difficult/sensitive areas in dealing with teachers you might suggest novice play therapists are aware of?
23. If you had three pieces of advice for aspiring childhood play therapist, what would they be?

Appendix C

Play Therapists Books and Materials for Classroom

Books	Symbolic Toys
- When Sophie Gets Angry--Really, Really Angry by Molly Bang	- Puppets
- Hands Are Not for Hitting by Martine Agassi	- Dollhouses
- You go Away by Dorothy Corey	- Baby Dolls
- Glad Monster, Sad Monster by Ed Emberley	- Play-Doh
- Go Away, Big Green Monster! By Ed Emberley	- Sand play
- Where's Spot by Eric Hill	- Water play
- Peter's Chair by Ezra Jack Keats	- Paint supplies
- The Way I Feel by Janan Cain	- Doctor's kit
- When I Feel Angry by Nancy Cote	- Hammer
- My Mouth is A Volcano by Julia Cook	- Medical kit
- When My Big Worries Get To Big by Kari Dunn Buron	- Musical instruments
- Angry Arthur by Hiawyn Oram	- Dress up clothes
- Alexander and the Terrible, Horrible, No Good, Very Bad Day by Judith Viorst	- Telephone

Wagner College

Graduate Thesis Copyright Release Form

Student Name: Melissa Zipf

Thesis Title: Play Therapy Strategies to Help Preschoolers Overcome Traumatic Events

Department: Education

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Signed Melissa Zipf Date 5/16/2014