

(WORKSHOP)

PLAY THERAPY: A TOOL FOR COUNSELING CHILDREN

16th Biennial Conference-Workshop (30th Anniversary)
Association Of Psychological And Educational Counselors Of Asia-Pacific (APECA)
Cebu City, Philippines
26-28 July, 2006

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Play Therapy is based upon the fact that play is the child's natural medium of self expression. It is an opportunity which is given to the child to "play out" his thoughts, feelings and problems, just as in adult counseling where an individual "talks out". Research has found that play therapy is an effective therapeutic approach to help children. Play therapy provides an interaction between a professional and a child who seeks to relieve his/her emotional distress through the symbolic communication of play. Through play therapy, the therapist/counselor not only help bring about relief of clinical symptoms, but also works toward healing and growth in the child. In this workshop, the participants will explore and understand the overview of play therapy, and will acquire knowledge and skills in using play therapy to counsel children.

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I. INTRODUCTION

Play is a social experience for all children. They do it so easily and spontaneously that we, as adults, refer to tasks that come easily to us as "child's play"; that is, something that we can accomplish easily with a minimum of thought. For children, play is essential to healthy development - physical, cognitive, emotional and social - and offers a means of understanding the world around them. Free play, has long been recognized as the most beneficial. The wide variety of play settings and activities provide an environment that's most conducive for children.

According to Landreth and Bratton (2000), there is an increasing number of United States elementary school counselors and therapists in private practice and agencies who are incorporating play therapy into their work with children. There is a trend in family therapy to address social and emotional issues that arise from the development of children. Thus, more parents are trained to use play therapy procedures with their children.

II. THE HISTORY OF PLAY THERAPY

In 1873, Spencer declared that play is directed towards activities which have a prominent role in a person's life. He emphasized a close relationship between art and play saying that "...art is but one kind of play." Around the same time, however, Schiller (1875) said, "play is the aimless expenditure of exuberant energy...children

and young animals, not concerned with self preservation, have surplus energy which they expended through play.”

Since then, people have recognized the importance of play. Freud, Piaget and Vygotsky developed theories which relate play to the world of children and many others have restated the significance of play within a child's life.

Virginia Axline has been instrumental in the development of this approach. She emphasized the use of play therapy to allow a child to reach independence. The non-directive therapy allows for the acceptance of the child without judgment or pressure to change. Play is the child's natural medium for expression and in play therapy, the child can play out feelings of tension, frustration, insecurity, aggression, fear, bewilderment, and confusion(<http://www.geocities.com/Wellesley/9158/play.htm>).

There are eight guidelines for practice, such as:

- i. The therapist must develop a warm friendly relationship with the child, in which good rapport is established as soon as possible.
- ii. The therapist accepts the child exactly as he/she is.
- iii. The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express feelings completely.
- iv. The therapist is alert to recognize the feelings the child is expressing, and reflects those feelings back in a manner that gives the child an insight into his/her behavior.
- v. The therapist maintains a deep respect for the child's ability to solve problems if given the opportunity. The responsibility to make changes and institute change is the child's.
- vi. The therapist does not attempt to direct the child's actions or conversations in any manner. The child led the way and the therapist follows.

- vii. The therapist does not attempt to hurry the therapy along. It is a gradual process, recognized as such by the therapist.
- viii. The therapist establishes only those limitations necessary to anchor the therapy to the world of reality and to make the child aware of her responsibility in the relationship.

Clark Moustakas discussed child-centred play therapy and defined the relationship needed for a growth experience. The therapist respects and accepts the child as he/she is (<http://www.geocities.com/Wellesley/9158/play.htm>). He identified four stages in the therapeutic process:

- i. The child enters the therapy with feelings that are generally negative.
- ii. The relationship develops and attitudes of hostility become more specific and anger is expressed against particular people/experiences. As the negative feelings are expressed and accepted by the therapist, the feelings become less intense.
- iii. The child becomes less negative. He/she still has anger but is no longer ambivalent towards the people in her/his life.
- iv. Positive feelings emerge. The child sees himself/herself, and the relationship with others in a more balanced way.

Play therapy started to emerge as a new and differing tradition after the 1980's. In the United States, the Association for Play Therapy was formed in 1982 to foster contact among psychologists, psychiatrists, social workers, counselors, marriage and family therapists, and other mental health professionals interested in exploring and, when developmentally appropriate, applying the therapeutic power of play to communicate with and treat clients, particularly children.

In Britain, Children's Hour Trust started to train professionals with the basic techniques of Axline's play therapy that was used in a multitude of settings in 1980's. In 1990, the Institute of Drama Therapy also started to offer a Certificate and Diploma in Play Therapy.

The British Association of Play Therapists (BAPT) was founded in 1992 to nurture, develop, and advance the profession and application of play therapy. BAPT raises public and professional awareness of the value of play therapy to enhance mental health and emotional well-being of children and young people. BAPT advocates for safe, ethical, effective practice of play therapy through high quality regulated training, monitored continuing professional development and evidence-based research to meet the needs of a diverse population, and maintenance of a strong professional of play therapy (BAPT, 2005).

According to the BAPT, theories and practice surrounding play differ within each child psychotherapy tradition. However, each tradition is connected by the central proposition that play transmits and communicates the child's unconscious experiences, desires, thoughts, and emotions (BAPT, 2005).

III. WHAT IS PLAY THERAPY?

Play therapy is currently defined as the dynamic process between child and therapist in which the child explores his or her own space and with his or her own agenda, past and current issues, conscious and unconscious thinking that is affecting the child's life in the present. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change. This therapy is child-centred, in which play is the primary medium and speech is the secondary medium (BAPT, 2004).

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." A lay definition might be "a form of counseling that uses play to communicate with and render assistance, especially to children whose natural language is play" (Wikipedia, 2006).

Play therapy is a tool used in the counseling or psychotherapy of children. It helps children work through emotional, psychosocial and behavioral difficulties, and

address family problems. In this therapy, a relationship develops between the child and the therapist. The therapist enters the child's world, following the child's lead, developing a safe place and a relationship of trust. The child selects the toys and activities to play with. The therapist may join in the play on the child's direction or invitation. Limits are set as and when needed. This is done in a way that helps the child makes choices and develops self responsibility.

The therapists then used any approach to guide the client to change, either systematically or in less formal social settings. There are several approaches of play therapy that have evolved over the years and they are:

- Psychoanalytic Play Therapy
- Jungian Analytical Play Therapy
- Adlerian Play Therapy
- Child-Centered Play Therapy
- Filial Play Therapy
- Gestalt Play Therapy
- Attachment-Enhancing Play Therapy
- Cognitive Behavioral Play Therapy
- Group Play Therapy
- Ecosytemic Play Therapy
- Phenomenological Play Therapy
- Object Relation/Thematic Play Therapy
- Prescriptive Eclectic Play Therapy

Play therapy sessions are usually held in a playroom. In special circumstances, the sessions can also be offered in other settings such as home and in hospital. In the playroom, the child can express feelings, thoughts, experiences, and behaviors through play. Toys are used like words and become the child's natural language.

Who Can Play Therapy Help?

According to Alison (1999), play therapy is suitable for children from the age of four and upwards. Josephine (2005) highlighted that children need play therapy and they are those who have loss a loved one (human and/or animal); experience parental separation and/or divorce; adjustment problems such as family moving house/state or changing schools or have a new sibling; issues of special needs (child and/or sibling with disability, illness etc); experience abuse (neglect, emotional, physical, trauma and sexual); and medical concerns such as chronic illnesses, cancer, etc.

Extensive research strongly supports the effectiveness of play therapy on most social, emotional, behavioral and educational problems. Some of these problems include (Counseling Corner Inc., 2002):

- Depression
- Anger
- ADHD
- Anxiety and/or fears
- Conduct disorders
- Abuse issues
- Aggression
- Post-traumatic stress disorders
- Low self-esteem
- Poor social skills
- Impulsivity
- Learning difficulties
- Divorce issues
- Coping skills issues
- Handling trauma
- Grief
- Divorce

An other research has found that play therapy is an effective therapeutic approach for a variety of children's difficulties (Play Therapy Australia, 2006) such as:

- Making friends
- Excessive anger, fear, sadness, worry and shyness
- Aggression and acting out
- School difficulties
- Abuse and neglect
- Sleeping and eating difficulties
- Self concept and self esteem
- Trauma
- Autism
- ADD/ADHD
- Selective mutism
- Grief and loss
- Chronic illness/hospitalization
- Physical symptoms without medical cause
- Bonding and attachment issues
- Adjusting to family changes such as separation and divorce
- Social adjustment issues
- Foster, adoption and identity issues
- Prenatal and birth trauma

Effectiveness Of Play Therapy

Researches have shown the usefulness and effectiveness of play therapy. Springer et al., (1992) investigated the effectiveness of play therapy and art therapy with children identified as having one parent suffering from alcohol or drug dependency. A total of 132 subjects from ages ranging seven years to 17 years participated. The results indicated that the subjects within the treatment group experienced significant improvements in depression, hyperactivity, and disruptive behavior.

Dogra and Veeraraghavan (1994) found that children diagnosed with aggressive conduct disorder who received 16 sessions of non-directive play therapy sessions and parental counseling sessions showed significant differences in their behaviors. Children in the treatment group showed a significant positive change to self, home, school, social, physical, and personality on adjustment. Aggression in the form of fighting, bullying, violence against adults, and temper tantrums were reduced.

Kot (1995) investigated the effectiveness of non-directive play therapy with child witnesses of domestic violence. This study used a total of 20 subjects with ages ranging from 3 years to 10 years. The children were found to have significantly reduced externalizing behavior problems and significant reduction in their total behavior problems after the play therapy.

Ray et al., (2001) conducted a research study to investigate the clinical effectiveness of play therapy. A total of 20 clients were investigated, including children with difficulties such as conduct disorder, anxiety/fear, speech and language difficulties, depression, sexual abuse, and post traumatic stress disorder. The results showed that play therapy is an effective intervention for a broad range of children's difficulties.

Bratton and Ray (2000) conducted a comprehensive literature review summarizing the results of 82 play therapy research studies. As a result of their study, they concluded that play therapy is an effective therapeutic intervention, particularly with children who have difficulty in the area of self-concept, behavioral change, cognitive ability, social skills, and anxiety.

LeBlanc and Ritchie (2001) conducted a meta-analysis of play therapy outcomes and they concluded that play therapy is an effective therapeutic tool used with children. Kottman (2001) reviewed several studies and also concluded that play therapy is an effective intervention for children struggling with issues such as, abuse, neglect, divorce, family violence, grief, and severe trauma.

The Actuality Of Play Therapy

Play therapy fulfills sensory, projective and/or symbolic purposes.

i. Sensory/Embodiment Play

Different mediums of play have a different place with each child. Tactile materials such as gloop, soft cushions, and bean bags are used by children to represent a number of things, such as the world falling in on top of them, small creatures being buried under a mound of slime, or it can be used to regress to babyhood. The child explores and experiences the world through the senses, then begins to explore objects, materials, and toys outside himself/herself.

ii. Projective Play

The child begins to discover the external world through the exploration of toys and objects. It can take a narrative form, making up stories around the objects, but sometimes takes the form of embodiment play where the objects are used as a form of sensory experience. So a child may make a monster out of play dough and structure a story about it, or take pleasure in playing with the material, smelling touching, hitting, poking and enjoying a bodily reaction to the material.

iii. Symbolic Play

Children often represent their social world through symbolic play. Children signal that they are about to start, or change playing, by various methods such as saying "Do you want to play with me?", "Now I am a monster" and close the playing by negating the roles "The boy is not sick anymore" marking boundaries of when children enter and leave the play. Symbolic play enables the experience of subjective realities in alternative environments, whilst also sharing this experience with others.

Abused children find symbols or metaphors to describe their pain, thus allowing them to explore past relationships in a multi-dimensional way, and make some meaning and resolution of their past.

Actual techniques of play therapy vary between schools of thought, and also between therapists within these schools. What is clear though is that play is crucial to the development of children, and given that, it can be utilized to identify and resolve trauma that the child may have experienced in their lives.

The Setting Of Play Therapy

The atmosphere in the play room is important because that is what impacts the child first. Creating an environment friendly to children requires planning, efforts, and a sensitive understanding of how it feels to be a child. Great effort and creativity are required to transform a room into comfortable play room that invites the child's interaction.

Location

Children are sometimes quite noisy, therefore the play room should be located in an area of the school, or suite of office least likely to distract other children and staffs. If other parents or children hear what is going on in the play room, the child may feel that his/her privacy has been violated and the relationship will suffer.

The Waiting Room

It is recommended that the following items can be displayed and provided:

- Announcements and signs (verbal and pictorial)
- Children magazines and books
- Name of the therapist
- Child-sized wooden chairs and table along with wall decorations
- Television with children's programs or videotapes

The Indoor Playroom

Kranz et al. (2005) recommend that the playroom size should be approximately 150 to 200 square feet for individual play therapy, and approximately 300 to 400 square feet for group play therapy. Sturdy child-sized wooden tables, chairs, and shelves are also recommended.

Play Room Characteristics

According to Landreth (1991), there are few characteristics of a good play room:

- The room should be provided privacy from view with no windows on inside walls or in the door.
- The walls of the play room should be painted with washable enamel. An off-white color is preferable because it contributes to a bright, cheerful atmosphere.
- A chalkboard with a tray, an eraser, and white and colored chalk should be available.
- Few shelves to display toys and materials. These shelves should not be too high so small children will be able to reach the toys.
- Child size furniture should be prepared.

Setting Limits In Play Therapy

Limit setting is a necessity and vital part of the play therapy therapeutic process. Although the procedures for setting limits may vary, the setting of therapeutic limits is part of all theoretical approaches to play therapy. The structure of therapeutic limits is what helps to make the experience a real-life relationship. Limits in play therapy have both therapeutic and practical benefits in that they preserve the therapeutic relationship, facilitate the child's opportunities to learn self-responsibility and self-control, among many other dimensions, and provide the child and the therapist with a feeling of emotional security and physical safety. This feeling of emotional security enables a child to explore and express inner emotional dimensions that perhaps have remained hidden in other relationships.

Sometimes there is a need to have boundaries during play therapy. Boundaries provide predictability. Therefore, children are directed to certain activity but the therapy relationship has minimal limits. Messiness is accepted, exploration is encouraged, neatness or doing something in a prescribed way is not required, and persistent patience is the guiding principle.

Because play therapy is a learning experience for children, limits are not set until they are needed. The child cannot learn self-control until an opportunity to exercise self-control arises. Therefore, placing a limitation on a child pouring paint on the floor is unnecessary unless the child attempts such an activity. Limits are worded in a way that allows the child to bring himself or herself under control. The objective is to respond in such a way that the child is allowed to say "No" to self. "You would like to pour paint on the floor, but the floor is not for pouring paint on; the pan on the table is for pouring paint into" recognizes the child's feeling, communicates what the floor is not for, and provides an acceptable alternative. The child thereby is allowed to stop himself or herself.

VI. SAND PLAY

What Is Sand Play?

Sand play is a form of play therapy. It gives children an opportunity to develop mind and body in a relaxing and enjoyable way. Sand play is a wonderful way of exploring the inner world. A lot of transformations can happen as the figures are arranged in relation to each other. Sand play is a tool, which not only facilitates therapy but help the healing and growth process (Klaff, 1980). According to Pearson and Wilson (2001), the physical dimensions of a sand play which are limited and containing, has the effect of helping the children focus and then reflect their inner vision, thoughts, feelings, and unfinished business.

Why Use Sand Play?

Sand play translates personal experience into a concrete, three-dimensional form. As a picture can say more than a thousand words, a figure or scene can express feelings, emotions, and conflicts that previously had no verbal language. Hence, the sand-worlds that are created offer a rich and highly personalized vocabulary for pre-verbal or non-verbal experience. Without having to depend on words, children can increase their capacity for expression through the tray. Self-awareness and communication are enhanced by this process.

Once some aspect of the self has been made tangible in the sand play, the ability to experience it, share it with another, experiment with it, play with it, change it, revise it, and learn from it, is all possible.

Benefits of Sand Play

There are few client populations especially children who will benefit from the therapeutic modality of sand play and they are (Weinrib, 1983):

- Children who are introverted and tense.
- Children who are hyperactive and/or have hysterical tendencies.
- Children who over-verbalize.
- Children who have trouble verbalizing.
- Children who are rationale and/or intellectualize.

According to the Alliance for Technology Access (2006), children from ages one to seven, including children with sensory, developmental or physical challenges will benefit from sand play.

Sand play delights the senses, but sand play is far more than simply pleasurable for children. This type of sensory play is very important for the development in children.

Sand play fosters:

- **Physical Development:** It trains fine motor skills, gross motor skills, and promotes eye-hand coordination.
- **Cognitive Development:** It allows children to explore properties of sand (how dry and wet sand differ); discover that the same amount of sand in different containers looks different; explore changes, like how sand is different when it is wet or dry; discover cause and effect (adding water to dry sand); increase vocabulary (gritty, fine, measure, wet, dry, mold, pour, sift); and set a foundation for mathematical thinking (measuring, volume).
- **Socio-Emotional Development:** It allows children to watch others play; work with others to organize a play activity; and imitate adult activities in play.

Toys And Materials

Toys are children's words and play is their language. Therefore, toys and materials should be selected which facilitate children's expression by providing a wide range of play activity. All toys and materials do not automatically encourage children's expression or exploration of their needs, feelings, and experiences. Therefore, toys should be selected, not collected.

The following questions can serve as important evaluative criteria for selecting toys and materials (Landreth, 1991). Do the toys and materials:

- Facilitate a wide range of creative expression?
- Facilitate a wide range of emotional expression?
- Facilitate expressive and exploratory play?
- Engage children's interests?
- Allow exploration and expression without verbalization?

Categories of Toys And Materials

According to Linda and Daniel (1998), appropriate toys and materials for play therapy can be grouped into few categories as below:

- **People:** such as family groups, bride and grooms, occupational, sports, and hobbies.
- **Animals:** such as zoo, farm/domestic, birds, insects, and sea creatures.
- **Buildings:** such as houses, religious, and business/civil.
- **Vehicles:** such as cars, trucks, airplanes, and nautical.
- **Vegetation:** such as trees.
- **Fences and signs:** such as fences, gates, barricades, and signs.
- **Natural items:** such as sea shells and rocks.
- **Fantasy:** such as magical, monster, cartoon, and movie characters.
- **Spiritual-Mystical:** such as western and eastern religious and mystical objects.
- **Landscaping and other accessories:** such as sky, celestial, topographical, and monuments.

- **Household items:** such as furniture and tools.

The Role Of The Sand Play Therapist

According to Mark and Helen (2001), the role of the therapist using sand play is to listen, observe, and participate emphatically. An effective therapist using sand play should:

- Have undertaken deep personal psychological transformation and healing through experiential work.
- Have had adequate clinical training, including familiarity with symbolism.
- Have had meaningful personal experiences as a sand play client.
- Be familiar with the stages of development as they appear in the sand play process.
- Have studied and compared many sand pictures.
- Have a capacity for acceptance of the client.
- Respect the individual nature of the process.
- Not include their own agenda during the process.

How To Conduct A Sand Play Session?

Conducting a sand play session has several steps.

Step 1: Setting Up The Room

Pre-session preparation is needed such as:

- Review the room to be sure the sand trays and miniatures are in place.
- Check to be sure that the sand tray has no buried item from a previous session.
- The sand should be flat and smooth.

Step 2: Introduce The Sand Tray And Miniatures

The introduction to the child should be according to the purpose for which therapist are using this technique. The therapist may use a non-directive or directive approach.

Step 3: The Child Creates The Scene In The Sand Tray

Allow the child time to complete the scene in the sand tray.

Step 4: The Post-Creation Phase

Some therapists prefer to allow the creative process - which activates the child's internal healing process - to stand alone. The therapist will not discuss or process the creation in the sand play.

Step 5: Sand Tray Clean Up

Once the sand tray scene and subsequent discussion have been completed, put the miniatures away.

Step 6: Documenting The Sand Play Session

Photographs of the completed sand tray scene are taken and placed in the child's file.

VII. CASE STUDY

Few case studies will be presented in the workshop to show the outcomes of counseling children using sand play therapy.

VII. CONCLUSION

Play therapy provides children with challenges and opportunities to express themselves in an environment of empathy, warmth, and respect. It helps children to develop creative and independent thinking through their play scenarios; to understand others through the exploration of feelings and roles; and to "come to terms with the self".

The therapist can make a valuable addition to the treatment team by helping the children express their feelings and frustrations in a safe, nonjudgmental

environment. The play therapist can relay to the team the fears and concerns of the children. The amount of contact between the treatment team and the therapist needs to be determined by the individual needs of the child and the overall treatment plan. Parents also need to be included in the treatment plan. Parents need to be provided with opportunities for therapy and parenting skills training. Communication between the therapist and the parents is necessary for effective progress of the child.

Play therapy appears to be dictated by the developmental maturity of the child. Specific adaptations may have to be made, demanding flexibility and creativity from the therapist.

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