

Review of
*Child-Centered Play Therapy: A Practical Guide
to Developing Therapeutic Relationships with
Children*

By Nancy H. Cochran, William J. Nording, and Jeff L.
Cochran. John Wiley & Sons. 464 pages, \$65, ISBN:
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Child-Centered Play Therapy sets out to provide a practical yet comprehensive guide to person-centered work with kids. It accomplishes this task while also expansively showing its theoretical and empirical foundations. Furthermore, it provides an interesting nondirective view of person-centered work with children. These two ideas highlight my perceptions of the text.

At perhaps its most basic level, *Child-Centered Play Therapy* is a guidebook for training therapists and others to provide facilitative relationships with children through the principles and practices of person-centered play therapy. The text is rich with vignettes, pictures, advance organizers, outlining, and thought-provoking discussion questions in a vein similar to many polished textbooks. These features will undoubtedly serve readers well. Likewise, an easy critique from a nondirective view is that so much guidance to the reader may obscure the spontaneous, relational, lived phenomenon that is the person-centered approach. However, it is not the benefits or potential obfuscation of the practical aspects that interested me as much as its nuanced and mature view of person-centered play therapy and how it accomplishes the balance between the practical and the philosophical.

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After Axline's (1947) seminal work, many child-centered play therapists emerged. Two in particular have been extremely influential: Gary Landreth (e.g., 1991) and Louise Guerney (e.g., 1983). Both have fostered many students and research projects and have successfully served children and families. In the last two decades, the approach and students of Landreth have arguably had an enormously positive and strong influence within the field of not only person-centered work with kids, but play therapy of all sorts. However, it is the strand of Guerney from which Cochran et al. (2010) use as their stepping-off point. Nevertheless, Cochran and colleagues integrate the work of Landreth and others to provide a well-rounded view of person-centered play therapy.

However, Cochran et al. (2010) do not restrict themselves only to humanistic literature; *Child-Centered Play Therapy* connects the person-centered approach with the great theories of child development. They explain how the ideas of play therapy dovetail with Rousseau, Erikson, Piaget, and Vygotsky. They situate their approach in relation to less similar theories, such as that of Skinner, and link it with more current influential theories, such as self-determination and intrinsic motivation. Cochran et al. make it clear that child-centered play therapy is not just something that connects to Rogers or Axline but is explainable and connected to a broad philosophical and theoretical foundation.

While showing a broad theoretical foundation, *Child-Centered Play Therapy* clearly shows that person-centered play therapy is not ethereal or idealistic, but proven effective. It provides the reader with a quick, understandable review of the research, focusing on the Bratton, Ray, Rhine, and Jones (2005) meta-analysis of play therapy, which showed that humanistic approaches are statistically superior to behavioral or other approaches, particularly the filial therapies of Guerney and Landreth. Therefore, *Child-Centered Play Therapy* makes clear connections between influences and provides a solid foundation. However, it also highlights some nuances to how the nondirective attitude may be experienced and influence actions with kids.

Child-Centered Play Therapy reveals a way of being nondirective that is somewhat unique within the literature. It walks well the paradoxical tightrope between the practical and the theoretical, the descriptive and the prescriptive. I will explore two ways in particular in

which Cochran et al. articulate a practical method that aims to respect as much as possible the organismic valuing process and actualization tendencies of children—guidance for participation in role plays and limit-setting.

B. T. Brodley (1995/2011) described her understanding of how to respond to requests in a person-centered way. After outlining 10 considerations, she concludes:

Answering questions and being responsive to clients' requests in client-centered therapy are significant elements in our communication to clients of the therapist's respect and trust, communication of a deeply held nondirective attitude, and communication of the therapeutic attitudes. At our best, the interactions about clients' questions and requests come from as deep a source in ourselves as pure empathic interactions. (p. 240)

In a similar vein, Cochran et al. (2010) believe that when invited, participation in children's role play comes from a deep source of empathy. Role play is "a rich, rich way of deeply shared experience—empathy. And we find role play so common within children's work—to participate is somewhat complicated, but to not participate loses rich opportunities" (J. Cochran, personal communication, April 14, 2011). The emphasis on role play within *Child-Centered Play Therapy* is consistent with the Louise Guerney foundation on which Cochran et al.'s approach rests. However, it is unique compared to the most popular approach to child-centered play therapy, that of Gary Landreth. Landreth (1991) highlights the importance of being invited into a child's play but does not often provide guidance on how to take a role in children's role plays.

Another important distinction from the approach of Landreth is Cochran et al.'s (2010) approach to limit-setting. Limit-setting is a popular topic in work with children, and Landreth's method is a clear improvement over the norm, providing respect and empathy without shame for the child, yet assuring safety. It is also highly practical, teachable, and effective as evidenced by the statistical success of his child-parent relationship therapy (CPRT), a variant on his method of play therapy that is taught to parents. CPRT is actually more effective than services provided by therapists themselves, according to empirical

research on the subject (Bratton, Ray, Rhine, & Jones, 2005). However, it is also arguably more directive than the approach that Cochran et al. take. Landreth suggests a ACT method while Cochran suggest an “empathy sandwich” method.

Landreth suggests the therapist *A*cknowledge the feelings or intent of the child, *C*ommunicate the limit, and *T*arget an acceptable alternative. In contrast, Cochran et al. (2010) suggest acknowledging the experience or intent and communicating the limit but not suggesting an alternative. They instead emphasize careful empathic attunement to the child’s reaction to the limit. In this way, Cochran et al. preserve more respect for the self-direction of the child, maximizing (theoretically anyway) unconditional positive regard. In practice, I believe either approach is likely to work. In an open-ended, spontaneous relationship, it is always unclear in advance just what a client or child will appreciate or find facilitative—therefore, a systemized “method” is not appropriate. Communication of unconditional positive regard is of course different than perception of unconditional positive regard. So one child might feel less accepted without a targeted alternative where another might lose self-direction when given an alternative.

To me, neither approach is “right” nor “wrong,” as the practice of the person-centered approach is necessarily spontaneous because it is the attitudes not skills that are crucial to practice. That being said, I am grateful for the simplicity and purity of Cochran et al.’s approach. It will undoubtedly help many therapists, parents, and other practitioners of child-centered play therapy find their way toward being together with the kids with which they work.

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