

Child-Centered Play Therapy and Telehealth

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With a substantial number of play therapists moving to online services, considerations of intervention are critical. The foremost concerns are regarding ethical and competent delivery of services. All play therapists engaging in telehealth should be well-trained in the medium of providing mental health services online and should approach delivery with the highest level of ethical regard for confidentiality and ensuring client safety. In addition to these considerations, the best fit of medium to intervention is a significant concern especially specific to the facilitation of Child-Centered Play Therapy (CCPT). The following statement is specific to the delivery of CCPT intervention through an online medium.

Child-centered play therapy (CCPT) is a theoretically-grounded and evidence-based intervention that recognizes the relationship between therapist and child as the primary healing factor for children who are experiencing emotional and behavioral challenges. CCPT practice is particularly concerned with providing an environment of safety in order to facilitate the child's exploration of self and letting go of rigid behaviors resultant from a threatened self-concept. Consequently, the child-directed nature of sessions is one unique and essential feature. The child decides session content by taking the lead in play and interaction. The therapist facilitates the child's exploration and attempts to empathically respond to the child's worldview by not guiding goals or therapeutic content (Ray & Landreth, 2015).

Because CCPT encourages the child to lead and the therapist to follow, it may appear as if CCPT is good fit for telehealth sessions. While it is certainly true that a therapist may be able to continue to build and maintain a relationship through an online medium, there are fundamental dynamics worthy of consideration. In a review of historical and current literature, Ray (2011) identified six functions of play in CCPT including 1) fun; 2) symbolic expression; 3) catharsis; 4) social development; 5) mastery; and 6) release of energy. When CCPT is working effectively, the child may be using play for any of the six functions. Fun, social development, and mastery functions may work well in an online medium whereas symbolic expression, catharsis, and release of energy are less of a fit. CCPT is heavily structured through the provision of the playroom (a contained environment of safety), the physical presence of the trained play therapist, and the child's ability to lead the play. When the function of play for the child is symbolic expression, catharsis, and release, the potential for dysregulation within the child is likely. A child may become highly dysregulated in the context of working through their internal confusion, playing out their reactions to their perceived environment, or trying out various coping skills. During these times, the physical presence of the play therapist is necessary to send the message of physical and emotional safety. A real person who is there to walk with the child through this scary place of exploration. A play therapist who is breathing next to child. A play therapist who is connecting with the child through full body movement and facial expressions. A play therapist who can move closer to the child if needed. A play therapist that the child can touch if they need to feel grounded in reality and care. If done effectively, a child's participation

in CCPT evokes strong feelings and behaviors because the child is working on the edges of development, health, relationship, and regulation. Hence, the facilitation of CCPT sessions is rarely a good fit for an online medium.

However, there are ways in which a CCPT therapist can continue to provide services to children and families during a crisis when physical proximity is not possible. The primary focus should be providing support and relationship to the parent/caretaker so that they may provide those same gifts to the child.

1. Conduct parent consultations in which the therapist engages in support and problem-solving with the parent to address immediate issues.
2. Engage in skill-building with parents in which you use the opportunity to teach relationship and communication skills.
3. Conduct Child-Parent Relationship Therapy/Filial Therapy with parents in individual or group online format. Caution: You should engage in CPRT/Filial only if you have been trained to do so.
4. Move to more directive techniques related to skill-building with the child. From a CCPT perspective, directive techniques are driven by the therapist's agenda, and hence, would not be the optimal intervention for children who are struggling emotionally and behaviorally. However, directive techniques are likely to keep a child temporarily regulated which is a worthy treatment goal when helping children maneuver through a crisis period when emotional support systems are limited.