



***Developmentally Appropriate  
Treatment of Childhood  
Trauma: The Evidenced-Base  
Use of Play Therapy***

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***Disclosure***

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Dr. Sweeney has no relevant  
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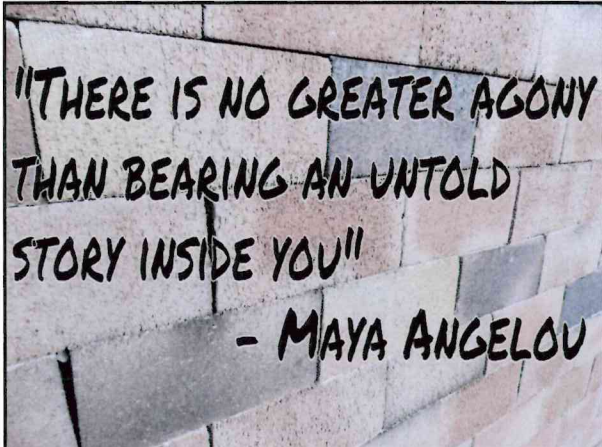
***Learning Objectives***

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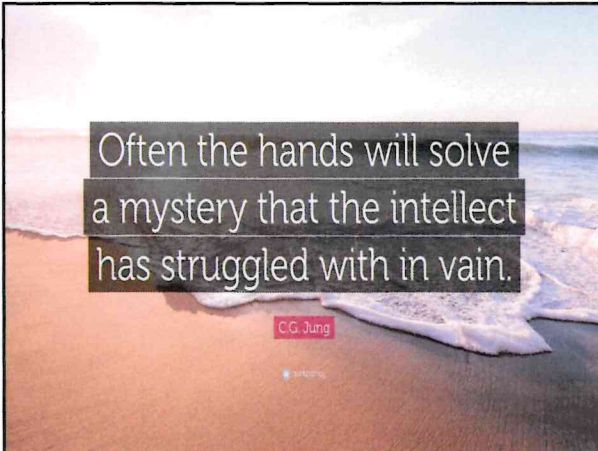
1. Be able to describe the fundamental psychological and neurobiological effects of trauma on children.
2. Be able to identify the rationale for using the developmentally appropriate approach of play therapy when working with traumatized children.
3. Be able to discuss the empirical basis for and efficacy of play therapy.

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Often the hands will solve  
a mystery that the intellect  
has struggled with in vain.

C.G. Jung

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***My primary goals in  
trauma treatment***



***Recognizing that trauma:***

- ❑ Forever changes children.
- ❑ Significantly alters their ability to cope
- ❑ Limits (or arrests) their development, & therefore hampers potential.

***My primary goals are to:***

1. Give **hope** to children/parents.
2. Provide children with a **safe, reparative** and **relational** experience so that development and potential may be realized.

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## Neurobiology of trauma and trauma treatment?



Simply stated, traumatic & neglectful experiences ... cause abnormal organization & function of important neural systems in the brain, compromising the functional capacities mediated by these systems ... Matching the correct therapeutic activities to the specific developmental stage and physiological needs of a maltreated or traumatized child is the key to success.

(Perry, 2006)

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## Trauma & Expressive Therapy?

(Malchiodi, 2020)

"Trauma's impact often requires approaches that address the sensory-based experiences many survivors report. Expressive arts therapy – the purposeful application of art, music, dance/movement, dramatic enactment, creative writing, and imaginative play – are largely nonverbal ways of self-expression of feelings and perceptions. More importantly, they are action-oriented and tap implicit, embodied experiences of trauma that can defy expression through verbal therapy or logic."

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## Trauma . . .

"Trauma by definition involves *speechless terror*: patients often are simply unable to put what they feel into words and are left with intense emotions simply without being able to articulate what is going on"

(Bessel van der Kolk)

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## Some Fundamental Principles in Treating Child Trauma

- Trauma is by nature intrusive. Therefore, interventions should be *facilitative* & not be a recapitulation of this intrusion. This means promoting of child *self-expression*, providing freedom to explore and grow.
- The focus of treatment should never be the trauma, the child's symptomatic response to the trauma, or the diagnosis. The focus of treatment should always be the child.

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## Some Fundamental Principles in Treating Child Trauma

- Clinical work with trauma involves direct encounters with horrible & horrifying circumstances. The professional & personal impact of this on the therapist should never be underestimated.
- Trauma treatment takes *time*. It is unrealistic & unreasonable – to expect that years of trauma, neglect, & terror – will resolve itself through an hour a week, limited to 8 sessions by managed care.

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## Prescriptive/Directive vs. Non-directive Interventions?

My preference is for the *child to lead*

- ❑ Children can grow & heal when a growth-producing *climate* is provided for children, free from agenda & constriction
- ❑ It is a *journey* with the child to engage is self-discovery and self-exploration
- ❑ Thus, children gain *mastery* over the trauma.

(Sweeney & Landreth, 2011)

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## Neurobiology of trauma and trauma treatment?



Traumatic & neglectful experiences – cause abnormal organization & function of important neural systems, compromising the functional capacities mediated by these systems – Matching therapeutic activities to the specific developmental stage & physiological needs of a maltreated/traumatized child is key to success.

(Perry, 2006)

No matter how much you talk to someone, the words will not easily get translated into changes in the midbrain or the brain stem.

(Perry & Pate, 1994)

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## Neurobiology of trauma and trauma treatment?



- ❑ "A challenge in treating PTSD is to help people process and integrate their traumatic experiences without feeling retraumatized – to process trauma so that it is quenched, not kindled."

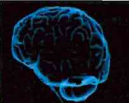
(van der Kolk, 2009)

- ❑ I would argue this is best facilitated by the nondemanding route of using expressive therapy – which does not rely exclusively on verbal expression

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## Therapy in light of Neurobiological Response

(van der Kolk, 2009; 2014)



- ✓ Neuroimaging study with PTSD clients showed:
  - Deactivation of the prefrontal cortex (*executive functioning*) – interfering with the ability to formulate a measured response to a threat
  - Increased activation of the limbic system
  - Decreased activation in the Broca's area in the brain (related to verbalization)
- ✓ When PTSD clients are reliving their trauma, they have substantial difficulty putting their experiences into words
- ✓ Traumatized people suffer **speechless terror**.

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## Treatment of Trauma

- If therapy focuses directly on the emotionally charged content of the trauma, a child's basic physiological state may shift
- This shift may lead to the client essentially being what Perry (2006) calls "brainstem-driven"
- The resultant anxiety – along with the possible diminished functioning of the Broca's area – leads clients to act in a primitive manner
- This renders the language of therapy less accessible, or perhaps useless

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## Play Therapy

... a dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the child's natural medium of communication, play.

(Landreth, 2023)

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## Why Play Therapy?

1. *Adult* therapy presupposes the ability to engage verbally, cognitively, and process abstract concepts.
2. Children are developmentally different than adults, and do not communicate the same way adults do.
3. Creative expression & play are the child's natural medium of communication.
4. Play therapy is uniquely kinesthetic.

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### Why Play Therapy?

5. Empathy (*entering the client's world*) with children involves entering their world of communication – expressive play.
6. Play therapy provides a place for the child [who *feels or is viewed as* out of control] to experience control.
7. Play therapy serve to create a therapeutic distance for children, creating a safe place for abreaction to occur.

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### Why Play Therapy?

8. Empathy (*entering the client's world*) with children involves entering their world of communication – expressive play.
9. The challenge of transference may be effectively addressed through play therapy.
10. Trauma can neurobiologically inhibit verbal expression, thus necessitating the use of an expressive intervention.

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### Play Therapy, Empathy, & "Christian Counseling"

- ❑ Empathy, the most fundamental of counseling skills, might simply be described as entering into the life of the client
- ❑ Empathy was a very lifestyle for Jesus Christ
- ❑ In fact, the greatest act of empathy ever, in the history of mankind — was the Incarnation — the God of the universe entering our world
- ❑ Since the child's world is the world of play, the greatest empathy with children involves entering into that world

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### Play Therapy, Empathy, & "Christian Counseling"

- ❑ 1 Corinthians 13:11 (NLT) — "It's like this: When I was a child, I spoke and thought and reasoned as a child does. But when I grew up, I put away childish things."
- ❑ Although we as adult therapists may have "put away childish things" — our child clients have not
- ❑ Our child clients still speak, think and reason as children
- ❑ The therapist who insist on approaching child clients with adult therapy is saying: "I won't recognize you as the child you are. I won't leave my world, and I won't come into yours. For us to work, you must leave your world and enter mine" — this is neither Christian nor therapeutic

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### Techniques in Play Therapy?

Children are healed through relationship, not techniques.

- ❑ Concerning *techniques*, we should ask:
  - 1) Is this technique *developmentally appropriate*?
  - 2) Does this technique have a *theoretical basis*?
  - 3) Does my use of this technique have specific *therapeutic intent*?

(Sweeney, 2011)

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### Techniques in Play Therapy?

- ❖ We need to acknowledge that theory alone is inadequate, and that in fact, *theory without technique* is mere philosophy
- ❖ At the same time, we need to recognize that techniques alone are inadequate, and that in fact, *techniques without theory* is potentially reckless and dangerous

(Sweeney, 2011)

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### Process of Play Therapy with Traumatized Children

- ❑ Mere re-enactment of trauma/neglect in the expressive therapy process – without movement towards resolution is not helpful, and may be dangerous.
- ❑ The play therapy process needs to be both facilitated and monitored. Could there be a need for interruption?
- ❑ If so – any interruption, *if necessary*, should work towards the child maintaining power and control.
  - Child's need or therapist's?

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### Process of Play Therapy with Traumatized Children

- ❑ For me – the goal of play therapy is to help the child process the trauma/neglect – verbally or nonverbally.
- ❑ The *meaning* of the trauma/neglect to the child is not as important as processing it so that it can become tolerable and manageable.
- ❑ As previously noted, it is my goal to provide children with safe, reparative & relational experience.

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### Process of Play Therapy with Traumatized Children

- ❑ This takes priority over a focus on insight and/or cognitive restructuring.
- ❑ My role is therapeutic, not investigative – it's to be fellow sojourner on the journey & a witness to the story.
- ❑ The need for safety extends beyond the therapeutic experience. There may be a need to work with family, school, etc.

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### Neurological Benefit in Child Leading the Process?

“When children lead the play & we follow well, they feel valued and powerful, & their brains respond by releasing opioids, which are neurochemicals supporting well-being & connection. When these cascade through the brain, stress chemicals return to normal levels, any tendency towards aggression recedes, & children are free to engage (Sunderland, 2006). On the other other hand, if we take the lead, children may be thwarted as they seek to open the neural nets that need attention.”

[Badenoch, 2008]

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### Why Play Therapy is Appropriate for Children with Symptoms of PTSD:

⑥ Reasons Why Play Therapy is an Effective Treatment Choice for Children with Trauma

BY ASSOCIATION FOR PLAY THERAPY BOARD OF DIRECTORS, APRIL 2020

[https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/publications/Why\\_Play\\_Therapy\\_is\\_Appropri.pdf](https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/publications/Why_Play_Therapy_is_Appropri.pdf)

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**RESEARCH ARTICLE**

**Child-centered play therapy and adverse childhood experiences: A randomized controlled trial**

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**Abstract**  
There is a preponderance of evidence that adverse childhood experiences (ACEs) result in harmful physical, learning, social, emotional, and behavioral health outcomes during childhood, with far reaching effects lasting across the lifespan. The cumulative effect of childhood adversity and its relationship to childhood trauma represent an urgent call to action among stakeholders, yet treatment studies are rare. The purpose of this randomized controlled trial was to explore the impact of child-centered play therapy (CCPT) among children with two or more ACEs on improvement of social and emotional assets and behavioral problems. Results of a repeated measures linear mixed model demonstrated statistically significant increases in social-emotional competencies including empathy, social competence, and self-regulation/responsibility and decreases in total behavior problems among children who participated in CCPT. Results of this study support the effectiveness of CCPT among children who have experienced ACEs and at risk for complex trauma.

**KEYWORDS**  
adverse childhood experiences, trauma, play therapy, children, child-centered play therapy

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**Summary quotes . . .**

“It is the ‘relationship’ which enables access to parts of the brain involved in social affiliation, attachment, arousal, affect, anxiety regulation and physiological hyper-reactivity. Therefore, the elements of therapy which induce positive changes will be the relationship and the ability of the teen to re-experience traumatic events in the context of a safe and supportive relationship.”

(Perry & Pate, 1994)

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**Summary quotes . . .**

“Just as a traumatic experience can alter a life in an instant, so too can a therapeutic encounter”

(Perry & Szalavitz, 2017, p. 308)

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Malchiodi, C. (2020). *Trauma and expressive art therapy: Brain, body, and imagination in the healing process*. Guilford Press.

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Ray, D. C., Burgin, E., Gutierrez, D., Ceballos, P., & Lindo, N. (2022). Child-centered play therapy and adverse childhood experiences: A randomized controlled trial. *Journal of Counseling & Development, 100*, 134-145.

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**Thank you !**

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# Child-Centered Play Therapy

## An Evidence-Based Intervention



### What is Child-Centered Play Therapy?

- A developmentally responsive play-based mental health intervention for social, emotional, behavioral, & relational disorders
- Appropriate for young children ages 3-10
- Nationally recognized evidence-based intervention
- A way to make a difference in a child's life!

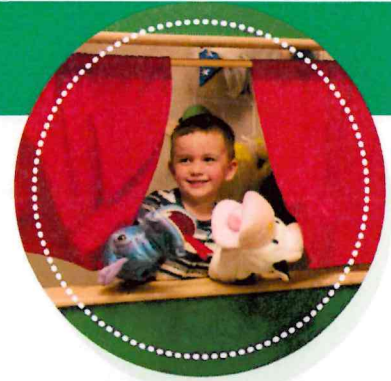
### Treatment Manual and Resources

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\*CCPT Treatment Manual can be found in the appendix. Available in English, Chinese, Japanese, Korean, Turkish.



### Evidence-Base for CCPT

- Rated Promising by The Title IV-E Prevention Services Clearinghouse for child well-being including behavioral, emotional, and social functioning and educational achievement and attainment.
- Rated Promising by the California Evidence-Based Clearinghouse for disruptive behavior treatment, anxiety treatment and domestic violence services.
- Rated Promising by SAMHSA's National Registry of Evidence-Based Programs and Practices for general functioning and well-being, anxiety disorder and symptoms, and disruptive disorders and behaviors.

### Get CCPT Certified!

CCPT Certification is for you if you:

- want to develop expertise in an evidence-based intervention
- believe therapeutic relationships provide conditions for healing
- want to create lasting, positive change
- and trust children can move towards integration and self-enhancing ways of being!

