

# COGNITIVE BEHAVIORAL

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## Play Therapy

**C**ognitive behavioral therapy (CBT) is the most researched, evidence-based, empirically-validated treatment approach that incorporates cognitive and behavioral interventions in a systematic and goal-oriented manner. When paired with play and play-based activities, cognitive behavioral play therapy (CBPT) provides a therapeutic model for how to view children's problems and provide a structure for sessions that has been shown to be effective in treating many different disorders. Children under eight do not have abstract thinking or language abilities necessary for CBT. Consequently, CBPT was developed to be developmentally appropriate by integrating play (Knell, 2011). However, CBPT has not been extensively researched, although it has been extensively utilized and written about.

### Basic Tenets

CBT theory underlies CBPT practice (Knell, 2011). Based on behavioral concepts of classical and operant conditioning and social learning, the goal is to help change negative behavior. CBPT is predominantly a structured, directive and goal-oriented treatment modality that systematically incorporates empirically demonstrated techniques. It includes cognitive and behavioral interventions within a play paradigm allowing the child mastery and control over his/her environment while being an active participant in change (Knell, 2011).

CBPT focuses on the child's thoughts, perceptions, feelings, and environment, while providing a strategy for the development of more adaptive thoughts and behaviors. Traditional play therapy materials are used, especially puppets for role playing and gradual exposure, and books using a bibliotherapy approach. Play is used to teach skills, alter cognitions, create alternative behaviors, generalize positive functioning across various environments, and reduce symptoms.

Operant conditioning (Skinner, 1938) is most commonly employed through positive reinforcement of behaviors. Systematic desensitization (Wolpe, 1982), based on classical conditioning, is utilized for exposure. CBPT typically provides positive reinforcement in the form of praise or tangible

rewards; psychoeducation, affect education and regulation; cognitive coping and problem-solving skills; calming skills, including relaxation and mindfulness; narratives; and exposure therapy interventions (Cavett, 2015). Caregivers are involved in treatment and taught CBPT concepts, positive reinforcement and time out, for increasing their child's expected behaviors.

### Psychopathology and Client Dysfunction

In CBPT, "there is no personality theory, per se, that underlies this theory" (Knell, 2009, p. 203), rather, psychopathology is caused by unhelpful thoughts. Beck (1976) posited that irrational thoughts are the underlying reason for psychopathology, and subsequently impact feelings and behaviors (cognitive triangle). Irrational thoughts resulting from trauma, abuse, negative life events, etc., lead to negative affect (e.g., depression, anxiety) or behavior (e.g., defiance, aggression, avoidance). If thoughts are changed, then both feelings and behaviors can change.

“ **Once the child has acquired adequate coping strategies, problem-solving skills and trauma narratives are explored through play, art, or drawing...** ”

### Treatment Description

Psychoeducation is integrated throughout all phases of treatment. A three-headed dragon puppet (Drewes & Cavett, 2012) helps children learn the cognitive triangle, with each head separately representing thoughts, feelings, and behaviors. Children learn how to identify and quantify intensity of feelings and understand associated physiological sensations through directive play therapy interventions (i.e., gingerbread person feelings map; Drewes, 2001) or bibliotherapy.

Once the child has acquired adequate coping strategies, problem-solving skills and trauma narratives are explored through play, art, or drawing (Cavett, 2018). Coping skills, such as relaxation, mindfulness meditations, guided imagery, and sensory experiences are taught to reduce physiological arousal and affect dysregulation. CBPT utilizes exposure therapy through systematic desensitization for excessive fear combined with coping skills to decrease anxiety. Homework is given at each stage of therapy, so the child will practice skills in multiple settings, aiming for generalization of behaviors.

Classes of problems typically treated include internalizing behaviors (e.g., anxiety, depression, shyness) and externalizing behaviors (e.g., impulsiveness, aggressiveness, opposition).

“ **The child is praised for successful skill acquisition and positive behavioral changes are reinforced. As skills develop, negative affect or problem behaviors decrease and goals are met, child, caregiver, and play therapist work towards termination, which is framed as a graduation.** ”

### Therapy Goals and Progress Measurement

The goal of treatment is to change behavior by changing underlying thinking and perceptions and altering reinforcers that maintain problematic behaviors. Goal setting is a critical first step, using measurable objectives for mastery. It addresses what factors are maintaining negative behavior, strengths and weaknesses in coping, and other factors influencing the problem (e.g., peers, caregivers, school). Treatment progress and effectiveness are regularly assessed, and goals revised with the caregiver, child, and teacher.

CBPT takes into account development, in particular cognitive-developmental factors, in assessment and treatment planning. Play-based activities, such as the “caterpillar to butterfly treatment plan” (Drewes & Cavett, 2012), allow the child to collaborate and participate actively in goal setting, thereby fostering cooperation and involvement in treatment.

Treatment follows a component approach, which has no fixed length of implementation. All sessions start with an agenda and homework review, threading multiple components together. CBPT incorporates the following CBT components: psychoeducation, somatic management, cognitive restructuring, time out procedures, contingency contracts, homework, problem solving, didactic instruction, behavioral shaping, modeling and

guided participation, role plays, skill training, and rehearsal. In addition, child, therapist, and caregiver may co-create a specific behavioral contract, a written agreement for preventing behavioral problems. It clearly delineates expectations and rewards to avoid confusion. The child is praised for successful skill acquisition and positive behavioral changes are reinforced. As skills develop, negative affect or problem behaviors decrease and goals are met, child, caregiver, and play therapist work towards termination, which is framed as a graduation.

### Therapeutic Powers of Play

CBPT employs the majority of therapeutic powers of play (Schaefer & Drewes, 2014), allowing children to express themselves, modify cognitions, and achieve mastery. It facilitates communication using directive components to facilitate *self-expression*, and actively utilizes *direct* and *indirect teaching*. It fosters emotional wellness by promoting *catharsis* and *abreaction*. *Positive emotions* are released through non-directive play and directive play-based techniques. *Counterconditioning fears*, *stress inoculation*, and *stress management* are addressed through play-based directive work and therapist modeling. CBPT enhances social relationships by creating a positive *therapeutic relationship* prior to start of treatment, with goals of *social competence* and *empathy* addressed through modeling and directive techniques.

It increases personal strengths through use of play-based techniques and play materials that target *creative problem-solving*, behavioral rehearsal, *resiliency*, *accelerated psychological development*, *self-regulation*, and *self-esteem*.

### Case Example

Jasmine (pseudonym), age 5, witnessed domestic violence and developed symptoms of defiance, mild aggression, anxiety, and depression. During the initial stage, affective psychoeducation, using dolls with feeling faces and a three-headed dragon in role play, along with a doll house, allowed Jasmine to play out scenarios from her family life while identifying and expressing feelings through her doll characters. Jasmine’s mother assisted in identifying thoughts and feelings that preceded her negative behaviors, and helped her use relaxation techniques (i.e., otter breathing: breathing in and out with the waves as the “baby” otter puppet rode the waves on its mother’s tummy). As treatment evolved, Jasmine used play therapy materials to reenact scenarios and verbalize witnessing domestic violence. She explored affect and beliefs that she will become like her parents, either the “hurter” or “hurt” in relationships. During the working phase of therapy, play-based techniques helped Jasmine learn non-hurtful ways to express her affect, along with systematic desensitization and exposure techniques to address separation difficulties.

### Summary

CBPT is rooted in the evidence-based theory of cognitive behavioral therapy. It utilizes play and play-based interventions to help children change their thoughts, feelings, and behaviors by restructuring each in a developmentally appropriate manner. Cognitive restructuring is accomplished when there is evidence that behavioral patterns have changed, thereby offering evidence of treatment success and goal mastery.

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