

ECOSYSTEMIC

Play Therapy

| KEVIN O'CONNOR, PHD, ABPP, RPT-S AND CLAUDIA VEGA, PHD

Ecosystemic play therapy (EPT) is a meta-theoretical, integrative approach developed in the late 1980s by Dr. Kevin O'Connor, co-founder of the Association for Play Therapy. EPT creatively addresses two important factors, which make psychotherapy with children different from psychotherapy with adults. Unlike adults, children undergo very rapid developmental changes. To be effective, therapists must both adapt to and promote these changes. Also, unlike adults, children are largely dependent on the systems in which they are embedded and, therefore, must rely on others to get their needs met. To address these differences, EPT draws on multiple theories, including psychoanalytic, object relations, attachment, cognitive, behavioral, family systems, and developmental, as well as multiple therapy models, including Theraplay® (Booth & Jernberg, 2010) and reality therapy (Glasser, 1975). EPT focuses "on conceptualizing children's difficulties in an environmental context and designing interventions to ensure that children's needs are consistently and appropriately met" (O'Connor & Braverman, 2009, p. xv). Although, commonly mislabeled a "directive" approach, EPT incorporates a wide variety of interventions ranging from minimally structured, child-led sessions to highly structured and targeted therapist-led interventions such as systematic desensitization or stress inoculation.

Basic Tenets

EPT therapists adhere to six basic tenets:

1. They maintain an ecosystemic perspective at all times, conducting a comprehensive, multi-systemic intake prior to initiating treatment (O'Connor & Ammen, 2013).
2. Early in the intake/treatment process, they assess the child's developmental functioning across dimensions.
3. They use the case-specific ecosystemic intake and developmental information to inform the case conceptualization and treatment plan (O'Connor, 2016).
4. Because children learn and develop best when optimally aroused, EPT therapists assume responsibility for managing the child's level of arousal during each session and throughout treatment. Further, because the amount of arousal each child finds optimal

varies dramatically, as does each child's ability to self-regulate, the therapist intervenes and structures the session only when, and as much as necessary, to promote the child's ongoing growth and development.

5. They recognize that the therapist-child relationship is a necessary but not sufficient condition for treatment success. Therefore, they also develop a solid working alliance with the child by directly engaging him or her in setting the treatment goals. These goals are worded in terms of the needs the child would like to have met (e.g., spend less time being angry or spend more time having fun). Once developed, these goals are revisited at least once during every session to ensure the child knows the therapist is continuously focused on bettering the quality of his or her life.
6. They assume an advocacy role to ensure the various systems are meeting the child's needs as best they can. To whatever extent possible, the therapist works to activate systems as opposed to intervening directly. That is, the therapist works to support parents in requesting modifications to their child's educational plan as opposed to intervening directly with the child's school.

EPT promotes active, developmentally grounded interventions that engage children in problem solving

Psychopathology and Client Dysfunction

In EPT, psychopathology is defined as the inability to get one's needs met and/or the inability to get one's needs met in ways that do not substantially interfere with the ability of others to get their needs met (O'Connor, 1997), a definition similar to what Glasser (1975) called *responsible behavior*. Children's symptoms are understood to reflect their best effort to get their needs met in the absence of the ability

to engage in alternative problem solving or more functional behavior. Symptoms may develop due to individual, interactional, or systemic factors or, more likely, due to some combination of these.

Treatment Description

The primary focus of EPT is on the implementation of the various change processes and types of play described in the “Powers of Play” section of this article to resolve pathology and promote development. “EPT promotes active, developmentally grounded interventions that engage children in problem solving” (O’Connor & Braverman, 2009, p. xv) using a mix of experiential and cognitive/verbal interventions (O’Connor, 1994). With developmentally younger children, experiential interventions dominate and cognitive/verbal interventions serve a supporting function. As children develop, cognitive/verbal interventions take precedence so children can readily engage others outside the playroom to get their needs met. Additionally, as practitioners work “to promote growth and development on an individual level, (they) must also be committed to preserving and valuing diversity wherever and whenever possible” (O’Connor, 1997, pp. 239-240).



In EPT, play is conceptualized as both therapeutic in and of itself and as the “spoonful of sugar that makes the medicine go down,” that medicine being specific therapeutic change processes



Therapy Goals and Progress Measurement

The overarching goal of all EPT is the optimization of children’s functioning in the context of their ecosystem, or world (O’Connor, 1994). To achieve this, all EPT treatment plans have three common goals:

To maximize children’s...

1. “... ability to get their needs met consistently and appropriately in the context of their developmental potential and their environment” (O’Connor & Ammen, 1997, p. 121).
2. Primary attachment and social relationships.
3. Developmental functioning.

In addition to these common goals, the EPT therapist may develop specific goals for the child, family, and the various systems impinging on the child’s mental health and development (O’Connor & Ammen, 2013).

Treatment progress is measured in three ways. First and foremost, the therapist regularly asks both the child and the child’s caregivers about their subjective experience of the progress being made toward the

treatment goals. Second, EPT therapists regularly assess the child’s developmental progress using measures such as the Developmental Teaching Objectives Rating Form (<https://www.dtorf.com/>). Finally, symptom specific measures, such as the Children’s Depression Inventory 2 (CDI-2; Kovacs, 2010), are used as needed.

Powers of Play

The therapeutic powers of play “refer to the specific change agents in which play initiates, facilitates, or strengthens their therapeutic effect” (Drewes & Schaefer, 2014, p. 2). In EPT, play is conceptualized as both therapeutic in and of itself and as the “spoonful of sugar that makes the medicine go down,” that medicine being specific therapeutic change processes. EPT recognizes six broad categories of play: physical (gross and fine motor), challenge/mastery, creative/constructive, language/communication, pretend/imaginative, and games with rules (Hughes, 2002; Parten, 1932; National Council for Curriculum and Assessment, 2009). These different types of play can facilitate the implementation of any of 23 change processes, organized in the following six categories (items from Drewes & Schaefer [2014] are *italicized*, items from Shirk & Russell [1996] are preceded by an asterisk [*]):

- Biological: physical-medical intervention, relaxation, stress release, and physical/ motor development
- Behavioral: *stress inoculation*, *desensitization*, and behavior modification
- Cognitive: *schema transformation, *symbolic exchange, interpretation, and *skill development
- Emotional: *catharsis*/*release, **abreaction*, *emotional experiencing, *affective education, and *regulation of emotions (i.e., *stress management*)
- Interpersonal: *validation and support; *supportive scaffolding, *corrective relationship, and collaboration
- Sociocultural: identity development, enculturation, and acculturation

The EPT therapist ensures the appropriate combination of play and change processes are used to resolve the child’s difficulties and promote healthy development.

Summary

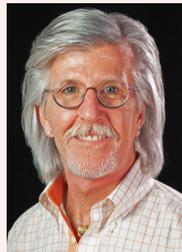
EPT is both a theory and a model of play therapy. As an integrative metatheory, it includes concepts from multiple theories and strategies from evidence-based play therapies (O’Connor, 2016). As a treatment model, EPT’s systemic, developmental, and goal-oriented foci make it suitable for children of any age and with a variety of presenting problems (O’Connor, 2016).

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ABOUT THE AUTHORS



Kevin O'Connor, PhD, ABPP, RPT-S, is a Board Certified Clinical Child and Adolescent Psychologist. He is a Distinguished Professor and the Clinical Program Director of the Clinical Psychology PhD program at Alliant International University-Fresno. He is the co-founder of Association for Play Therapy.

koconnor@alliant.edu



Claudia Vega, PhD, is the Clinical Coordinator for the Association for Play Therapy and an Adjunct Professor at Fresno Pacific University.

cvega@a4pt.org