

INCORPORATING PLAY INTO CBT FOR CHILDREN

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Much of this material is drawn from:

Knell, S. M., & Dasari, M. (2009). Cognitive-behavioural play therapy for children with anxiety and phobias. In H. G. Kaduson & C. E. Schaefer (Eds.). *Short-Term Play Therapy for Children* (2nd ed.). Guilford: New York.

'NORMAL' ANXIETY VS CLINICAL ANXIETY

▪ Developmentally Normal Anxiety:

- Infancy: Fears are concrete and related to the immediate environment
 - Loud noises, strangers
 - Developmentally normal separation anxiety (peaks at 10-18 months)
- 4-6: Emergence of nightmares and other fears
 - "The dark" – often takes parents by surprise
 - New situations / skills / demands; increasing imagination
 - Men with beards, people in costumes, clowns, animals (dogs!)
- 7-9: Peak of fears
- 10-12: Decrease in frequency and intensity
 - Increased life experiences
 - Increased cognitive capacity (eg abstract logical reasoning beginning to emerge)
- Typically fears decrease with age, and diminish without intervention



'NORMAL' ANXIETY VS CLINICAL ANXIETY

- Normal Anxiety and Clinical Anxiety are usually distinguishable based on:
 - Intensity
 - How strong is the fear? How persistent? How pervasive?
 - Impairment of function
 - Does the child avoid particular activities or situations? Does the child function poorly in areas specifically related to the fear?
 - Flexibility of response
 - Is the child able to demonstrate flexibility in ways of coping with the fear?
 - Notice: The differentiation is based on the above three factors rather than the *content* of the fear
- Be aware of anxious dyads / triads / systems and reinforcement of avoidance or other perpetuating factors



ASSESSMENT

- Critical for effective treatment – an inadequate assessment = ineffective treatment
- Must be developmentally aware
 - Physical / social / emotional / intellectual development can be out of synch
- Must consider the family system
 - The canary effect
- Must include observations of family and child
 - Play-based interviewing of young children
 - Free play with a wide range of play materials available
- Must consider child's presentation across contexts, eg at home and school
- Best to use combination of standardised assessments plus clinical interviewing
- Important: Assessment contributes to formulation; specifics of treatment are based on the formulation **not** the diagnosis



COMPONENTS OF CBT FOR ANXIETY

- **Psychoeducation**
 - Learn the relationship between events, thoughts, feelings and behaviours
 - Identify the individual's own anxiety symptoms
- **Somatic management**
 - Relaxation training
- **Cognitive Restructuring**
 - Identify, challenge and change maladaptive thinking to realistic thinking
- **Exposure**
 - Graduated, systematic, controlled exposure
 - Preparation: develop a tailored hierarchy and build coping skills
 - Active Exposure
- **Relapse Prevention**
 - Identify triggers and ways of coping with possible re-emergence of symptoms in the future
 - Review progress and skills

IMPORTANT:

THIS TALK FOCUSES ON INDIVIDUAL WORK WITH THE CHILD, BUT PARENTS MUST BE INVOLVED.



WHY BOTHER ADDING PLAY TO CBT?

- Play is universal among children, and serves many important functions
 - Cognitive: Children learn by “doing”; play is a safe way of practising new skills, new ideas, and learning about how the world works
 - Physical: Play helps develop physical skills, including fine and gross motor functions
 - Social: Play builds social skills – sharing, power, empathy, taking turns, winning and losing, conflict resolution
 - Emotional: Play builds bonds with others through shared enjoyment; builds self-efficacy and confidence; builds awareness of strengths and capacities
- Play is fun, and children learn best when they are having fun
 - The child builds a new relationship with the challenging content



WHY BOTHER ADDING PLAY TO CBT?

- Observing the child play builds insight into the child's world that cannot be accessed through "interviewing", particularly with young children who find it hard to verbalise their experience
- Uses the child's interests to provide you with a vocabulary to connect the psychological concepts with the child's world
 - Eg Star Wars: Unhelpful thoughts are "Stormtroopers"; Helpful thoughts are "Rebels" etc
- Standard CBT is heavily reliant on the ability to:
 - "stand back" from one's experiences and hold an objective stance
 - use logical reasoning to evaluate and challenge maladaptive thinking
- These capacities are not achieved by young children with normal rates of development
 - Abstract logical reasoning starts to develop roughly around age 12
 - Prior to this, children display concrete reasoning
- Play allows different opportunities to achieve similar outcomes (eg increased helpful thoughts; more adaptive coping) through free and structured play activities



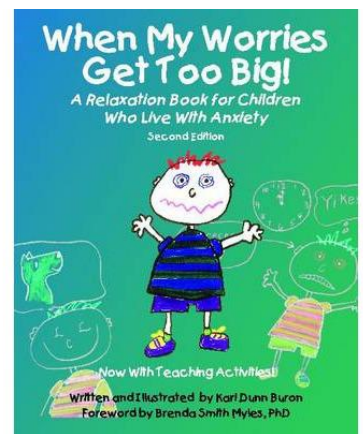
ADDING PLAY TO PSYCHOEDUCATION

- **Learning to link events, thoughts, feelings, behaviours**
 - Use toys to play out a 'worry' situation – not the child's worry
 - Then use toys to play out a 'worry' situation that is similar to the child's worry
 - Teach the anxious puppet about bravery
 - Balloons to illustrate holding in worry vs releasing worry
- **Building awareness of somatic aspects of anxiety**
 - Tracing the child's body onto butcher's paper; child draws in the feelings
- **Building awareness of helpful versus unhelpful thoughts**
 - Sit the psychologist at a whiteboard with a 'helpful' thought bubble and an 'unhelpful' thought bubble
- **Concrete stimuli make the experience concrete rather than abstract**
 - The child can 'see' and 'do' rather than simply 'talk'
- **Play materials such as puppets provide 'distance' to allow for safety and objectivity**



ADDING PLAY TO SOMATIC MANAGEMENT

- Teaching relaxation skills using puppets or plush toys
 - Teach the puppet / practise together (See one, do one, teach one)
- Shared books
 - “When my worries get too big” (Buron, 2014)
 - Story book plus simple relaxation strategy
- Learning about calming play and exciting play
 - Quiet, calm play activities such as colouring, Lego etc
 - Energetic, invigorating play activities such as chasing, ball games etc
 - Using these to build the child’s awareness of various bodily sensations
 - Can be modified to help build emotion regulation skills / self-soothing / settling skills



ADDING PLAY TO COGNITIVE RESTRUCTURING

- The brave firefighter story – a metacognitive intervention
 - Building bravery rather than getting rid of worry
 - (I have a similar “elevator” story for parents...)
- Being the detective
 - Evidence for and against – limitations with younger children
- Positive self-statements / self-talk
 - Art and craft – decorating coping cards
 - Strengths cards; superheroes and role models “What would Messi say?”
 - Brave hat / helmet / sword or other object
 - “Pretending” to be brave
- Enacting the situation using toys
 - Role playing situations, with the child encouraged to voice “helpful thoughts” that the toy can use
 - Helping an anxious puppet
 - Child helps coach the puppet



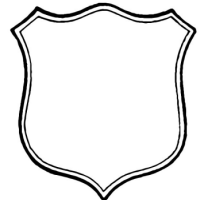
ADDING PLAY TO EXPOSURE



- Dominate the fear / empowerment
 - Young children can enjoy externalising and dominating the fear-inducing object
 - Eg chastising the scary dog puppet; imagining or drawing something silly, like the scary dog dressed in a pink tutu and lipstick and wearing roller skates
- Use some steps or a stairway
 - Place items of increasing size /drawings that represent each stage of the hierarchy on the steps
 - Put symbols of the rewards on the steps
 - Helps the child make the hierarchy 'concrete'
- Start imaginal exposure through play
 - Play act the feared situation using toys
 - Build confidence in positive self-talk / helpful thoughts ready for in vivo exposure



ADDING PLAY TO RELAPSE PREVENTION



- Building a shield
 - Art and craft activity using a cardboard shield shape
 - Put on emblems that symbolise strengths / coping / available supports
- Practise problem-solving of possible future problems through play with toys
- Make a story book together eg “Peter The Brave”
 - Photos or illustrations by the child
 - Page by page story-building about what happened in the therapy sessions
 - Final page is about the future
- Not strictly Play, but useful: A graduation / award ceremony
 - Child, psychologist, parents

