CLINICAL EDITOR: Play therapists often ponder the rate and frequency of therapeutic responses and their subsequent impact on clients. This article offers a thoughtful analysis of questions related to the process of responding. She discusses how these are related to various theoretical constructs. Some practical guidelines are given as well.

Question Number One in Client-Centered Play Therapy

What is the Ideal Frequency of Empathic Responses?

By Sandra Frick-Helms PhD, RN, RPT-S

In fall 1998, I taught a graduate course, "Introduction to Play Therapy," via telecommunications for Converse College, Spartanburg, SC. Direct communication, between students and me at the various viewing sites, was limited to a check-in at the beginning of each televised class and a call back at the end. In order to obtain regular feedback, I asked students to send one question to me after each class. I addressed these questions at the beginning of subsequent sessions. The written version of the questions and answers grew into a lengthy document, which I printed out to share at the end of the semester. This article addresses three related questions that were most frequently posed:

- During the videotaped client-centered play therapy (CCPT) session, Dr. Helms reflected almost every move the child made. Are there ever times that the play therapist would use silence and just watch what is happening if the child is not talking?
- In regards to the CCPT session shown in the videotape (VT), is it typical to make that many responses to the client?
- Wasn't Dr. Helms, by her high level of responses, directing his play? What if he had done very little?

Silence often occurs while the child is actively engaged with play materials. The play therapist would refelct as many details of the silent play as are practical.

Background Information

Play therapy (PT) modalities are either directive or non-directive. Directive play therapy is "characterized by the active role of an adult who, rather than the child, is in charge of the play. The adult predetermines the theme and content of the play and prescribes the type of activity in which the child...will engage... The preplanned structure of the theme, content, and pace of the prescribed activity limit the child's spontaneous input. Frequently the child's role is that of recipient of information..." (Del Po & Frick, 1988, pp. 263-264). CCPT is nondirective (ND). Nondirective play therapy is "characterized by the active role of the child as the initiator of spontaneous play and by the participant-observer role of an adult whose actions are responsive to and guided by the child. The child is in charge of the theme, content, and process of the play, selects the materials, and controls the pace. The child's play is spontaneous using the materials available in a prepared environment..." (Del Po & Frick, 1988, p. 264).

In CCPT, the play therapist responds empathically and with unconditional positive regard (UPR) to whatever the child does (or does not do) or says (or does not say) during the session. In fact, therapeutic responses in CCPT are often referred to as "reflections." Empathy or empathic responding (ER) can be seen as a careful kind of attention in which the play therapist tries to see everything the child shows her, hear everything the child tells her, understand what the child is thinking and feeling, and "give back" to the child a response that "reflects" these things in a way that the child can readily and easily comprehend. The play therapist tries to achieve being genuine or congruent by coming as close as possible to reflecting the child's reality.

When the play therapist uses UPR, she gives the child the message that she attaches no conditions to whether or not she will look upon the child with positive regard. In order to show UPR, the play therapist cannot praise or criticize the child; because either of these would give the child the message that the play therapist regards the child positively when the child does what the play therapist praises and when she avoids doing what the play therapist criticizes.

The core conditions of CCPT are interrelated. ER contributes to UPR in that the child receives the message that the play therapist will respond to whatever the child does (or does not) do or say, without making judgments. Note: Sometimes, a CC play therapist will decide that the child is doing something which she (the play therapist) does not wish to inadvertently reinforce by reflecting it. It is important for the play therapist to understand that when she makes a conscious decision to avoid reflecting some (possibly undesirable) behavior, the play therapist is no longer using pure CCPT. She is now using the principle of reinforcement or for some, extinction, a principle or condition related to cognitive-behavioral (CB) therapy.

A useful analogy for the play therapist to use in order to understand the nondirective use of ER and UPR, is to think of herself as a big, reflective mirror into which the child can look and have reflected back, everything the child does, says, thinks, and feels and often what she does not do, say, think or feel. While in a CCPT session, it is the responsibility of the therapist to hold this mirror up to the child; so the child can continue to see everything that can be seen in and in relation to herself at the point in time that the CCPT session is taking place.

Question One: Are there ever times that the play therapist would use silence and just watch what is happening if the child is not talking?

The first factor that must be considered in answering question one is that questions about therapeutic practices must be answered in the context of the theoretical framework that is being used in therapy. In this case, the play therapist is using the CC theoretical framework; wherein she responds empathically to whatever the child does (or does not do) or says (or does not say) during the session. Silence on the part of the child is an example of what the child does not say. The play therapist would respond to the child's silence in the context in which the silence occurs.

Examples:

1. If the child appears unsure about what to do and stands (silently) in one place, looking timidly around, the play therapist might reflect, "You're looking around. You're not sure about what to do."
2. Perhaps, the child tells the therapist, "I'm not going to talk to you any more," and then makes a point of refusing to talk. When the child does this, the play therapist would reflect what the child is doing in the moment as well as what the child told the therapist she intended to do and respond empathically to the child, "You're letting me know that you aren't talking to me."
3. Silence often occurs while the child is actively engaged with play materials. The play therapist would reflect as many details of the silent play as are practical. Suppose a child is building a bridge out of blocks (and the child has named the blocks), the play therapist might reflect, "You're putting that block so it's on top of both of those blocks. Now you're putting another block on top of the first one. It looks like you have a plan for what you're going to do with those blocks." These empathic reflections would accurately reflect what is occurring (even though the child was totally silent during the entire episode).

In all three examples, the play therapist reflected back to the child what the child was doing (standing silently, looking around; building a bridge with blocks) and not doing (talking) in a way that the child could readily and easily comprehend. If the play therapist had verbally reflected only when the child talked, the play therapist would not have given the child an accurate reflection of everything she (the child) did or said (or did not do or say). The picture of herself that the child received from the therapist would have included only those portions of the session in which the child was speaking.

In relation to the conditions of being ND and UPR, by reflecting only when a child speaks, the play therapist may inadvertently give the impression that she (the therapist) approves of the child only when the child speaks. Empathic CCPT responses can be affirming or reinforcing to a child (even though they are not necessarily meant to be). This is one of the reasons that CCPT "works." If the child perceives the play therapist's reflections, of those portions of the session in which the child speaks, as rewards for speaking, the child might believe that she must speak in order to be positively regarded by the play therapist. The condition of UPR would not be met. Also, if the child believes that she must speak in order to be positively regarded by the play therapist; her actions are now being directed by something outside of herself. The condition of being non-directive would not be met.

Question Two: Is it typical to make that many responses to the client?

Much of what was said in response to question one can be used to respond to question two. The play therapist wants to give the child an accurate picture of what the child is (and is not) doing and saying by reflecting as much as possible of what does (and does not) occur in the session. Therefore, the play therapist needs to reflect as much of what is occurring as possible. Nordling (1999) supplied a good guideline for frequency of responding; he advises parents, who are having difficulty establishing a good (CC) response rate in Filial Therapy, to respond approximately once every 15 seconds.

Question Three: Wasn't Dr. Helms, by her high level of responses, directing his play?

Again, the reader is referred to the answer to question one. As noted, CCPT responses may be unintentionally affirming or reinforcing. Therefore, just by virtue of responding, the CC play therapist may, in some way, influence the child to continue doing something in order to receive ER and UPR. By keeping to the core conditions of CCPT, the play therapist assures that the child receives responses to what the child chooses to (or not) do or say. In other words, empathic UPR responses are given according to what the child says and does thus maintaining the condition of being ND. Question two continued, "what if he had done very little?" The short answer is: I would have reflected what he did and (whenever I could) what he did not do as discussed in the answer to question one.

Note: *Adapted from the original and printed with permission of the author and SCAPT NewsLetter*, January 2002 (vol. 4, No. 1, pp. 3-4). Reader comment is invited. Answers supplied are my views and may differ from those of other CC play therapists.

References

1. Del Po, E. & Frick, S. (1988). Directed and non-directed play as therapeutic modalities. *Children's Health Care, 16*(4), pp. 261-267.