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Play Therapy: Concepts and Techniques for Working with Divorce
La thérapie par le jeu : notions et techniques pour la pratique en cas de divorce

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ABSTRACT

Play therapy is an expressive arts therapy used primarily with children and families. It recognizes and adapts to the developmental needs of the child in therapy. As children grow and mature, their way of experiencing and understanding the world changes. This, of course, has a major influence on how they process environmental challenges such as divorce and remarriage. This article focuses on how to better understand children's conceptualization of the effects of divorce on their world. It also explores some developmentally appropriate play therapy interventions that have the potential to help children make the best of the challenges set before them using the skills they have at their current developmental level.

RÉSUMÉ

La thérapie par le jeu est une forme d'art-thérapie utilisée principalement auprès des enfants et des familles. Elle permet de reconnaître les besoins développementaux de l'enfant en thérapie et de s'y adapter. À mesure que les enfants grandissent et acquièrent de la maturité, leur façon de percevoir et de comprendre le monde se modifie. Cela a évidemment une influence majeure sur leur façon d'aborder des situations difficiles comme un divorce ou un remariage. L'article explique comment mieux comprendre la conceptualisation chez l'enfant des effets du divorce sur le monde qui l'entoure. On y explore aussi certaines interventions de thérapie par le jeu adaptées au stade de développement et qui sont susceptibles d'aider les enfants à tirer le meilleur parti possible des difficultés qu'ils vivent en misant sur les habiletés dont ils disposent au stade de développement auquel ils se trouvent.

Over time, children and families move through a developmental process consisting of a series of changes. For some children and families, distress accompanies changes like divorce and remarriage, which are recognized as dramatic changes in a family's development (McGoldrick, Carter, & Garcia-Preto, 2011). With awareness of this, it makes sense to provide developmentally appropriate therapeutic support for children and families as they go through the process of divorce and remarriage.

Play therapy is one such approach. It is an expressive arts therapy that is particularly sensitive to the developmental needs of children (Carmichael, 2006; Schaefer, 2003). This article will explore how therapists can use play therapy, in

conjunction with developmental theory, to construct a developmentally appropriate understanding of the challenges faced by children in families experiencing divorce and remarriage, and provide appropriate counselling services.

DEFINING PLAY THERAPY

One challenge in this endeavour is developing an understanding of the depth and breadth of the field of play therapy. The term *play therapy* encompasses a plethora of theoretical orientations, and an almost endless list of techniques. O'Conner and Braverman (2009) and Schafer (2003) provide excellent introductions to the field. The consensus is that play therapists conceptualize play as the language of the child. Play occurs naturally and can be used to gain information from, and pass information to, the child. Communication between the child and therapist occurs through the play process.

Play therapists come from a variety of theoretical approaches and use play in a variety of manners. The client-centred play therapist might allow the child to play freely with little interpretation or interference. The cognitive-behavioural play therapist might use play-based activity to explore the child's thought patterns and to teach cognitive and behavioural patterning. A gestalt play therapist might use play activities to help the child explore the self/not-self boundary. Each therapist will use the play to apply the tenets and adapt the techniques consistent with their particular approach to therapy. Play therapists operate along a continuum of directiveness and nondirectiveness in their therapeutic interactions with children, according to their theoretical approach and the needs of the case. The unifying experience is play as the medium for therapeutic interactions.

As with the field of therapy in general (Castonguay, Eubanks, Goldfried, Muran, & Lutz, 2015; Norcross, Karpiak, & Lister, 2005), there is a movement in play therapy away from individual schools of psychotherapy toward integration of therapeutic approaches. For those interested in exploring the integration of play therapy theories and practices, Yasenik and Gardner (2004) outlined a comprehensive model.

With a variety of ways to approach a child in play, how does the therapist choose a path? Being familiar with and competent in several play therapy approaches, and applying a developmental lens to the child's situation, allows the therapist to tailor play therapy to the individual child's needs. Once the child's challenges are conceptualized within a theoretically sound and developmentally appropriate frame, meaningful play therapy interventions can be developed. The focus of these interventions will be on helping the child process thoughts and feelings related to changes in family structure as a result of separation, divorce, or remarriage, in a manner appropriate to the child's current level of development. Once the child can process and master the current transitions, developmental resources that can aid the child in facing future issues are freed.

CASE EXAMPLES

In the case studies below, each child's development is reviewed using the theories of Jean Piaget (1964), Erik Erikson (1950), and Sigmund Freud (1962). These classical theories are used, not because they are superior to other developmental theories available, but because they provide a shared language to conceptualize child and adolescent development for the purpose of this article. While an in-depth discussion of these theories is beyond the scope of this article, readers are encouraged to consult Davis (2004) or one of the many other excellent texts available. Readers are also encouraged to use other or additional theories in the formation of case conceptualizations.

For each of the cases, descriptions of interventions from specific schools of play therapy will be provided. Nondirective, fair play, gestalt, and family play therapies have been chosen as representative approaches of play therapy. This choice will allow the reader to conceptualize the relationship between specific therapeutic choices and specific outcomes. As with many therapeutic approaches, play therapy has evolved from a myriad of individual schools of thought to a current approach that encourages an eclectic integration of many theories based on the child's particular need (Schaefer, 2003). The underlying thread that connects all play therapies is the focus on both the process of play and the therapist-child relationship. Chethik (2000) stated, "The child therapist must develop the capacity to become a *player*, to 'regress in the service of the ego' with the child, to animate and vivify the unfolding material" (p. 51). This holds true regardless of the play therapist's theoretical orientation.

While the cases below are fictional, they represent presentations commonly seen in clinical practice with children. Each scenario has been developed based on an amalgamation of similar cases and tailored to illustrate the use of specific play therapy interventions that have been effective in facilitating change.

Case 1: Reggie

Reggie was referred to the school counsellor by his mother, Donna, at the request of his kindergarten teacher. He is 5 years and 6 months old, and in his third month of kindergarten. His teacher reports that he is inattentive in class and quick to become aggressive with his peers. During the past week, he has punched other children three times. Two of these incidents occurred on the playground during recess time, and the third occurred during an in-class group activity.

Donna reports that she is a single mother and Reggie is her only child. Donna and Reggie's father, Jordan, initiated their separation 4 years ago. Jordan and Donna alternate weeks of parenting, and Donna reports that Reggie comes home from his father's acting "wired." Upon further discussion, she described Reggie as more active than usual and more prone to react with strong negative emotion such as shouting when corrected for small misbehaviours. In addition, it takes him more than an hour to get to sleep on the first night of his return, while he usually nods off in less than 15 minutes.

Donna observes similar reactive behaviour Friday mornings when Jordan picks Reggie up at the end of the school day. Donna states that she has already spoken to Jordan and that they are both open to coming to meet the therapist. They request that Reggie not be present for this first meeting.

In play therapy, it is common practice to meet with the entire family or, in some cases, the adult members of the family before beginning to work with the child. During this session, Donna and Jordan give similar accounts of the history of their relationship, the reasons for their divorce and separation, and their assessment of Reggie's current struggles. They are both concerned about Reggie's behaviour in school and clearly state that his behaviour at home has worsened since entering school. Both parents state that they are interested in a psychoeducational counselling session to help them understand Reggie's challenges as well as individual play therapy for Reggie. During the interview, the therapist begins to develop an initial picture of Reggie and his situation. From the interview, the therapist has concluded that this family has experienced a low-conflict divorce and both parents are supportive of their child.

Up until now, Reggie has managed to cope adequately with his parents' separation. He has lived in a shared parenting reality, switching homes weekly, for some years now. Until entering school, he was able to cope with his environment with the support of his parents. Viewed through a developmental lens, Reggie is in Freud's (1962) phallic stage, Erikson's (1950) initiative versus guilt stage, and Piaget's (1964) preoperational stage. So what is it about the addition of school to his life that seems to overwhelm Reggie? What is it that the play therapist must help him sort out?

In the phallic stage, children tend to become more powerful and competitive. Erikson (1950), in his initiative versus guilt stage, described this same phenomenon using different language: engagement in the environment is the focus of the child's energy. While Reggie was able to cope with moving back and forth between two homes, the addition of this third environment has overwhelmed his capacity to cope. To further appreciate Reggie's situation, we must also consider that he is in Piaget's (1964) preoperational stage of cognitive development, during which children start to learn the skills necessary to think and understand concepts in the logical manner of the adult. Since children have not yet mastered these skills, they are prone to logical fallacies and struggle to understand things that appear self-evident to adults. It is very difficult for Reggie to understand why he feels and reacts the way he does. Logical, verbal explanations are difficult for him to internalize given his current level of development.

Divorce often includes frequent changes in routine, a desire to please both parents, a desire to compete with parents, and concerns about the emotional well-being of both parents. Adding the new demands of the norms and behavioural requirements of school to the cognitive and emotional energy needed to navigate frequent transitions between two households often overwhelms the child's resources. This may result in behavioural responses such as aggression or emotional outbursts, which often trigger referral for therapy. In addition, as a child's

behaviour deteriorates, the child can easily misinterpret responses from parents and teachers. Given their inability to effectively use logical thought, children of this age often see themselves as the cause of these difficulties, which deepens and complicates their emotional struggles. When divorced parents see their child struggling behaviourally and emotionally, they may blame themselves, intensifying the level of emotionality.

Conceptualizing the case this way suggests the following treatment plan: First, in psychoeducational counselling with the parents, the therapist can help the parents understand Reggie's development, and provide practical advice on how to deal with situations at home. Second, therapies that require advanced use of language and logic are not likely to be effective with Reggie. His current situation can be conceptualized as an environmental challenge for which he lacks the developmental and cognitive tools to successfully negotiate. Nondirective play therapy will likely provide a means for Reggie to appropriately express his current emotional state and the experience of mastering his emotional challenges necessary for him to continue on a successful developmental trajectory.

Nondirective play therapy, also referred to as client-centred play therapy (Axline, 1947; Landreth, 2002a; Sweeny & Landreth, 2003) focuses on following the lead of the child. While there are skills and techniques associated with nondirective play therapy, it is the belief system of the therapist that provides the substrate for clinical behaviour. Nondirective therapists work from the premise that the client should lead the therapeutic encounter, and that unconditional positive regard provides a critical ingredient for successful therapy (Rogers, 1942, 1951). In adult therapy, active listening and reflection are key skills to convey unconditional positive regard. In child therapy, tracking and limit-setting are key skills.

Tracking in play therapy is akin to reflection in adult therapy. In play therapy, therapists can choose to reflect, or track, the content or feeling associated with the play sequence. Tracking play serves the same purpose as active listening in talk therapy: it strengthens the therapist-client relationship while demonstrating a high level of therapist involvement. When using nondirective therapy, care should be taken in evaluating the child's reaction to the therapist's reflections as demonstrated by tracking. Because children experiencing the stress of divorce may be hypersensitive to the needs of adults, a child may perceive tracking as judgement. Therapists can respond to this by reducing the frequency of tracking, instead using physical proximity to support the child. As the relationship develops, the therapist usually observes that the child first tolerates and later enjoys tracking.

While nondirective play therapy is client-led, the therapist also recognizes the need to set limits to ensure emotional and physical safety for the child. Winnicott (1996) discussed how the therapist must provide a therapeutic holding environment in which the child is free enough to explore yet safe enough to face energy-filled emotions. It is through limit-setting in play therapy that this environment is produced.

In play therapy, the therapist often sets limits around issues of personal safety and destruction of articles in the playroom. Some therapists review the limits at the

beginning of therapy, while others address each behavioural limitation as it arises in therapy. One common way to impose limits is by using a series of progressive warnings. In Reggie's case, it is hypothesized that he would choose one of two patterns of limit-testing. First, based on his hypersensitivity to adult emotion, he might choose not to push limits and require little more intervention than gentle explanations and reminders of acceptable behaviour. Second, based on his history of aggressively acting out, he might push the limits by becoming aggressive with the toys or the therapist. Conceptualizing his aggression as a response to being overwhelmed, it is possible to reduce the chance of aggressive behaviour in session by closely following the paradigm of nondirective therapy, thereby providing a safe holding environment free of stress and challenge. For an excellent review of setting limits in nondirective therapy, see Landreth (2002b).

Nondirective play therapy focuses on providing a safe and supportive environment in which children can explore their pressing issues at their own pace and in their own manner. For younger children such as Reggie, who lack the cognitive, developmental, and verbal skills to master the challenges of living with rapid family change, nondirective play is a fitting therapeutic medium. Actively communicating in a physically and emotionally safe environment allows Reggie to experience the sense of positive and powerful engagement central to his developmental needs. As Reggie progresses through a course of nondirective therapy and begins to integrate the thoughts and emotions triggered by the increased complexity of his environment, we can expect to see a reduction in aggressive behaviour.

Case 2: Brian

Ten-year-old Brian was referred for therapy at a private practice by his father, Doug. Six months ago Mary, Doug's wife, left the family (Doug, Brian, and Rebecca, age 16) for a man whom she had met online. Doug believes that Mary now lives in another province, but she has had no contact with Brian or Doug since the day she announced she was leaving the home. Doug recalls that, before the separation, Brian was carefree, active, and polite, both at home and at school. According to Doug, Brian has become increasingly argumentative and defiant since the separation.

Doug agreed to bring both Brian and Rebecca to the initial consultation. During the session it became apparent that Brian, Rebecca, and Doug were all surprised and negatively affected by Mary's sudden decision to leave the family. Over the last 6 months, they openly discussed their feelings of abandonment and guilt. They were angry at Mary and trying to understand what they did to make her leave the family. These issues remained unresolved for the family, and each member was struggling to adapt to the new reality. Each had taken on additional household responsibilities and were supporting each other as best they could. According to both Doug and Rebecca, Brian's increasingly argumentative behaviour was adding to the family's challenges. Doug also reported that Brian's teacher has expressed concerns that Brian was reacting negatively toward her and his classmates, and was noncompliant with classroom rules. Brian was angry and

tearful as he spoke of his mother, home, and school. He stated that he felt angry all the time, but really did not know why.

Developmentally, Brian, as a 10-year-old student in Grade 4, is likely in Freud's (1962) latency stage, Erikson's (1950) industry versus inferiority stage, and Piaget's (1964) concrete operational stage. What would this family situation look like through the eyes of a child at this stage of development? Freud saw latency as a stage where energy is taken away from a bodily focus and placed on the development of the skills and attitudes necessary for a successful place in society. Erikson saw this stage as a time when a child focuses on developing the ability to interact successfully with the environment. Self-esteem, or self-efficacy, develops as the child takes on the challenges of learning and doing. How can a child at this stage, who experiences major family changes such as parental separation, navigate his family situation in a way that increases self-efficacy? In terms of Piaget's concrete operational stage, when children are just learning to use logical thought, Brian can be seen as a child trying to use logic to understand and begin to master his environment. However, he is in a family situation where logical explanations for his mother's behaviour are not available. How can the therapist help him through this environmental change, while utilizing his desire to gain a sense of logical understanding, and to positively influence his life?

Fair play therapy (Peoples, 1979, 1983) could provide the necessary therapeutic milieu. Fair play therapy was developed on the premise that, in the play therapy relationship, the needs of both child and therapist are equally important. The fair play therapist sets the stage for play by presenting therapist and child as equal players in activities and games. In session, children learn that their needs, while important, can be filled cooperatively and even competitively, within the realities of an interpersonal relationship. As such, the playroom becomes a sheltered environment where the child can try out new behaviours with a therapist who focuses on responding in a way that reflects caring, compassion, and realistic interpersonal boundaries.

Brian is struggling to understand the logic and predictability of relationships with adults and how that affects his family environment. In session, Brian is likely to present in ways that indicate a lack of self-efficacy. It is the therapist's role to provide an environment where Brian can experience mastery in a meaningful relationship. How this is accomplished depends on how Brian presents himself in the playroom. If Brian likes to demonstrate mastery by winning, we would expect him to cheat at simple games like checkers or snakes and ladders in an attempt to provide some mastery of his experiences.

In these situations, the fair play therapist would respond by identifying the cheating behaviour and negotiating a solution acceptable to both parties. This allows Brian to experience a correction of a defined problem that is directly influenced by his input, in contrast to his lack of input on the change in his family. He also gains an experience of mastery that is real instead of tainted by cheating. If Brian chooses to show mastery by demonstrating a physical skill, games like basketball or darts can provide a useful therapeutic experience. Likely, in a game

like darts, the therapist would be more skilled than Brian. If this is that case, the therapist can win a few games and then propose a solution of giving Brian a head start. As Brian's skill develops, the head start can be reduced and eventually eliminated. This allows Brian to experience moving from lack of mastery to mastery in a safe and controlled environment. If, as sometimes happens, Brian is the better player, the sequence can be adjusted to give the therapist a head start. This experience can reinforce Brian's mastery while practicing negotiation skills and demonstrating compassion for the therapist's situation.

Fair play provides a place where Brian can experience tension in a relationship and be mentored as he learns to arrive at a mutually acceptable resolution. Having this experience gives him the knowledge that, despite his current family situation, the opportunity exists for logical, mutually acceptable solutions to relational problems. With one foot firmly planted in this experience, Brian will likely be better able to cope with his current family situation.

Case 3: Penny

Penny is a 14-year-old Grade 8 student who self-referred to a school counsellor. She describes herself as depressed and frustrated due to her family situation. Although offered family therapy, Penny chose to work individually with the counsellor.

Penny's parents separated when she was 8 years old. For most of the last 6 years, Penny has lived with her mother, Sherri, and spent every second weekend with her father, Peter. Four months ago, mom's boyfriend, Carl, and his 6-year-old daughter, Gina, moved in with the family despite Penny's protests. According to Penny, she and her mother were previously best friends. Now, with the new family situation, her mother seems preoccupied with her boyfriend and Gina. In addition, Penny is expected to babysit Gina, a demand that she finds intrusive and that reduces her time with her peers. She states that she does not get along well with Carl and often argues loudly with him. Penny describes her father as supportive but unwilling to become involved with the developing situation in Sherri's home. He clearly states that what happens in Sherri's house is Sherri's business. Penny wants to leave her current home and move in with her father, but has not discussed this idea with either of her parents.

Developmentally, Penny is likely in Freud's (1962) genital stage, Erikson's (1950) identity versus role confusion stage, and Piaget's (1964) formal operational phase. According to Freud, Penny would likely look to fulfill relationship needs outside the family circle. Erickson indicates that she would be simultaneously consolidating the learning from her early development while turning outside the family to explore her opportunities. Piaget would add that, while negotiating this sea of personal and interpersonal change, she would be able to use a full range of cognitive abilities, including her developing ability to think abstractly and symbolically. Given Penny's developing skill and natural focus of energy away from her family of origin, how does the therapist help Penny deal with this rapid and unwanted shift in her family situation?

Gestalt play therapy (Carroll, 2009; Oaklander, 1978) may be able to provide a meaningful frame for a therapeutic intervention. Gestalt play therapy is built on the foundational work of Frederick Perls (1969). Like gestalt therapy, gestalt play therapy is an experiential process concerned with the exploration of boundaries between self and non-self. Therapists can use a variety of play-based experiences to help children explore and process boundary issues to more clearly experience and better understand the self. Mortola (2006) outlines a 4-step process that is applicable to a variety of experiential activities. In this process, clients are encouraged to first "imagine it," then "make it," using some type of active process such as drawing or sculpting. Once a product is developed, clients are encouraged to "be it," during which children are encouraged to explore their relationship with the product. Explorations may include guided imagery, metaphor, role-play, or a variety of other methods to deepen the child's understanding of the communication in the product. The final step—"Does it fit?"—helps children personalize and consolidate the learnings experienced during the process.

The change in Penny's family situation leaves her feeling pushed out of the family at a time when she is ready to explore that outside world. For children who do not experience family turmoil, exploring the outside world is facilitated by the ability to return to the relative stability of the family home. However, Penny is experiencing a pull from the outside at the same time as a push from the inside. This makes it difficult to sit still long enough to fully experience the situation and make meaningful decisions. Therapeutically, Penny would benefit from activities that would help her focus on the moment and reflect meaningfully on her current situation.

Using the gestalt process described above applied to a common art therapy directive such as "Draw everyone in your family doing something" (Hammer, 1986), we open a door to communication about family at many levels and in many ways. An additional benefit of using activity-based therapy with young adolescents is that it provides an external product on which to focus the communication.

Instead of sitting facing each other as we would in more traditional "talk therapy," in expressive activities the therapist and child sit side-by-side, using the art product as a vehicle for communication, in a search for personal meaning within the activity. Given Penny's age and knowing that she self-referred, the therapist can expect her to engage easily and fully in the drawing experiences. Some children this age show some reluctance about producing art, but once they understand the goal of the process, this inhibition tends to melt away. The therapist's role is to encourage the child's exploration and to offer tentative hypotheses that can lead to wider and deeper experiences. It is important to present these hypotheses as no more than educated guesses that the child can choose to accept, reject, or explore more deeply. This mutual exploration of an external product is a good developmental fit for a child whose focus is on developing a sense of identity and place.

Case 4: The Reardon Family

The Reardon family self-referred to a child and family therapy centre. Thirty-six-year-old Gordon and 39-year-old Samantha married 4 months ago after a one-year courtship. Before the marriage, each of the couple maintained their own home. Gordon lived with his 4-year-old son, Blair, and his 6-year-old daughter, Elaine, after assuming custody of them 3 years ago when their mother, Nancy, was incarcerated for drug trafficking. Nancy is now out of prison but continues to struggle with addictions. She sees Blair and Elaine alternate weeks for a 2-hour visit supervised by the local child protective services agency. Samantha lived with her daughters, 14-year-old Jill and 15-year-old Paula. They spend every second week with their father, a situation that has been stable for the past 7 years. According to Gordon and Samantha, everyone got along fine before the marriage. Now, as they try to learn to live together, there is increasing conflict.

During the initial family interview, they reported having fun together throughout the parents' courtship period. All six family members described their many outings, the fun they had, and how they had looked forward to living together under a single roof. They also agreed that the fun rapidly disappeared after the wedding when they moved into their new home and tried to operate as a family unit on a day-to-day basis. As the family attempted to negotiate new limits and develop new norms, a pattern of conflict developed. Boundaries and limits are unclear, and family members find themselves having numerous arguments over the smallest of things. Things as simple as clearing the table or coordinating morning transportation result in arguments and hurt feelings.

In this case, it is more practical to conceptualize the family's troubles from a family systems perspective. In fact, family therapists and play therapists see what they each do as complementary to the other (Chang, 2013; Gil, 1994; McGoldrick et al., 2011; Nichols, 2013), providing a developmental lens through which to view the family. From this perspective, the Reardon family is restructuring family relationships due to a developmental change in the family life cycle. McGoldrick et al. (2011) remind us that not only are family members trying to develop a sense of themselves as a new family, they are also still part of their old families. Blair and Elaine still see their mother for a short visit every 2 weeks. Jill and Paula spend every other week with their father. This reality means that the structure of the new family is changing substantially on a weekly basis. How then does the therapist help the six of them develop a new sense of family when their experience of family changes so frequently?

Epstein and Rosenberg (2001) provide suggestions for activities suitable for all family members during the process of divorce and remarriage. Considering the developmental needs and abilities of each member of the Reardon family, we can see that while the adult and adolescent members could benefit from a verbal-based therapy, the younger members may benefit more from an approach that is playful and experiential. Take, for example, the production of a genogram (McGoldrick

& Gerson, 1985). While often a paper-and-pencil activity, it is easily turned into a family art experience, using large rolls of paper and art materials. Family members can bring photographs from home to build a collage. Toy animals or puppets can be chosen from the play room to represent family members. The permutations are limited only by the creativity of the therapist. The process and the product of the activity can be used to explore relationships and boundaries in a way that is meaningful for adults, adolescents, and children, thus including all family members in the therapy.

For the Reardon family, if should be noted that cyclic change in family membership over time can provide a myriad of challenges. Family members may be absent from the session while in the care of the other parent. Given the experiential nature of family play therapy, these challenges can be addressed directly in session. If, for instance, Jill and Paula are with their father during a particular session, how can the process and product of the play be changed to respect their place in the family? This issue can be processed before, during, and after their absence; the processing can provide a model to help the family deal with such situations outside of the sessions.

Family play therapy broadens the developmental lens to include the development of each member of the family individually and as a whole. By providing active therapy that engages all family members, families like the Reardons can be assisted in exploring new boundaries and relationships in a nonverbal and creative manner. For those family members who need verbal reinforcement of the therapeutic gains, additional verbal clarification can be added without taking away from the nonverbal experience.

CONCLUSION

When working with children, taking the time to develop a developmentally appropriate understanding of the situation and applying a well-chosen play therapy modality can provide a roadmap for successful therapeutic intervention. Therapists working with children would benefit from remembering that their child clients are developmentally different from their adult clients. These differences dramatically affect the way children process experiences they have in their lives and in the counselling office.

As therapists, we understand human development. Developmental changes are rapid and dramatic during childhood, and divorce can have a powerful influence on this development. Therapists can use their understanding to explore developmental challenges faced by children experiencing divorce in their families. Once therapists have discovered the developmental challenge, they can plan therapeutic interventions targeted at returning the child to a healthy developmental trajectory. Play therapy, with its broad range of theoretical approaches and its multitude of techniques, provides a rich source of possible interventions for the therapist who is ready to play.

References

Axline, V. (1947). *Play therapy*. Boston, MA: Houghton Mifflin.

Carmichael, K. (2006). *Play therapy: An introduction*. Upper Saddle River, NJ: Pearson Education.

Carroll, F. (2009). Gestalt play therapy. In K. O'Conner & L. Braverman (Eds.), *Play therapy theory and practice: Comparing theories and techniques* (pp. 283–314). Hoboken, NJ: John Wiley & Sons.

Castonguay, L. G., Eubanks, C. F., Goldfried, M. R., Muran, J. C., & Lutz, W. (2015). Research on psychotherapy integration: Building on the past, looking to the future. *Psychotherapy Research, 25*(3), 365–382. **http://dx.doi.org/**10.1080/10503307.2015.1014010

Chang, J. (2013). Introduction: Six frames for thinking about therapy with children and their families. In J. Chang (Ed.), *Creative interventions with children: A transtheoretical approach* (pp. 3–11). Calgary, AB: Family Psychology Press. http://dx.doi.org/10.1596/978-0-8213-9829-6

Chethik, M. (2000). *Techniques of child therapy: Psychodynamic strategies* (2nd ed.). New York, NY: Guilford Press.

Davis, D. (2004), *Child development: A practitioner's guide*. New York, NY: Guilford Press.

Epstein, Y., & Rosenberg, H. (2001). Therapeutic games for children of divorce. In C. Schaefer & S. Ried (Eds.), *Game play: Therapeutic use of childhood games* (pp. 233–262). Toronto, ON: John Wiley & Sons.

Erikson, E. (1950). *Childhood and society. New York: NY: W. W. Norton.*

Freud, S. (1962). *Three essays on the theory of sexuality*. (J. Strachey, Trans.). New York, NY: Basic Books (Original work published 1905).

Gil, E. (1994). *Play in family therapy*. New York, NY: Guilford Press.

Hammer, E. (1986). Graphic techniques with children and adolescents. In A. Rabin (Ed.), *Projective techniques for adolescents and children* (pp. 239–263). New York, NY: Springer.

Landreth, G. (2002a). *Play therapy: The art of the relationship* (2nd ed.). Philadelphia, PA: Brunner/Routledge.

Landreth. G. (2002b). Therapeutic limit setting in the play therapy relationship. *Professional Psychology: Research and Practice, 33*(6), 529–535. http://dx.doi.org/10.1037/0735-7028.33.6.529

McGoldrick, M., Carter, B., & Garcia-Preto, N. (2011). *The expanded family life cycle: Individual, family, and social perspectives* (4th ed.). Toronto, ON: Allyn & Bacon.

McGoldrick, M., & Gerson, R. (1985). *Genograms in family assessment*. New York, NY: W.W. Norton.

Mortola, P. (2006). *Windowframes: Learning the art of gestalt play therapy the Violet Oaklander way*. Mahwah, NJ: Analytic Press.

Nichols, M. (2013). *Family therapy: Concepts and methods* (10th ed.). Toronto, ON: Pearson.

Norcross, J. C., Karpiak, C. P., & Lister, K. M. (2005). *Handbook of psychotherapy integration*. New York, NY: Oxford University Press. http://dx.doi.org/10.1093/med:psych/9780195165791.001.0001

Oaklander, V. (1978). *Windows to our children: A gestalt therapy approach to children and adolescents*. New York, NY: Gestalt Journal Press.

O'Conner, K. J., & Braverman, L. D. (2009). *Play therapy theory and practice: Comparing theories and techniques* (2nd ed.). Hoboken, NJ: John Wiley & Sons.

Peoples, C. (1979). Fair Play Therapy: A new perspective. *Journal of Psychology, 102*, 113–117. http://dx.doi.org/10.1080/00223980.1979.9915102

Peoples, C. (1983). Fair Play Therapy. In C. Schaefer & K. O'Conner (Eds.), *Handbook of play therapy* (pp. 76–88) Toronto, ON: John Wiley & Sons.

Perls, F. (1969). *In and out of the garbage pail*. Lafayette, CA: Real People Press.

Piaget, J. (1964). *The early growth of logic in the child*. London, UK: Routledge and Kegan Paul.

Rogers, C. (1942). *Counselling and psychotherapy*. Boston, MA: Houghton Mifflin.

Rogers, C. (1951). *Client-centered therapy*. Boston, MA: Houghton Mifflin.

Schaefer, C. (Ed.). (2003). *Foundations of play therapy*. Hoboken, NJ: John Wiley & Sons.

Sweeney, D., & Landreth, G. (2003). Child-centered play therapy. In C. Schaefer (Ed.), *Foundations of play therapy* (pp. 76–98). Hoboken; NJ: John Wiley & Sons.

Winnicott, D. (1996). Adopted children in adolescence. In R. Sheppard, J. Johns, & H. Robinson (Eds.), *D.W. Winnicott: Thinking about children* (pp. 36–148). London, UK: Da Capo Press.

Yasenik, L., & Gardner, K. (2004). *Play therapy dimensions model: A decision making guide for therapists*. Calgary, AB: Rocky Mountain Play Therapy Institute.

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