

**CLINICAL EDITOR'S COMMENTS:**

The authors emphasize considering therapeutic powers of play before overlaying clinical theory and play therapy approaches into treatment.



# The Therapeutic Powers of Play:

The Heart and Soul  
of Play Therapy

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**W**ithout a doubt, the field of play therapy constitutes an enormous, burgeoning field of practice and inquiry. There are now thousands of play therapy books and articles; hundreds of trainings; numerous theories, models, and techniques; as well as a growing number of Registered Play Therapists (RPT) and Supervisors (RPT-S). Eager practitioners currently have access to a range of educational content across various delivery formats. While this explosive growth is certainly cause for excitement and celebration, it is also cause for reflection and caution. We argue that without understanding specific foundational play therapy content prior to undertaking advanced training, play therapists could easily find themselves in the middle of an expansive buffet of “too many choices” and, perhaps more alarming, practicing in a haphazard fashion.

Given that play therapy is an interdisciplinary field, most Association for Play Therapy (APT) members are already fully licensed in their respective mental health disciplines (88%) and, therefore, seek play therapy training as a secondary field of study or specialization, with 52% of the total membership having obtained the RPT/S or School Based-Registered Play Therapist (SB-RPT) credentials (K. Leiby, personal communication, February 25, 2019). Interdisciplinarity adds thought diversity and professional advantages to the play therapy field; however, having so many professions involved in the initial foundational training may make defining terms and understanding key concepts particularly confusing (Ashby & Clark, 2014; Peabody & Schaefer, 2016). Therefore, we believe a solid understanding of play therapy begins with investigating definitions, supporting evidence, and highlighting foundational content.

One foundational educational content area that we feel is essential to all play therapists, even preceding theoretical content, is a deep understanding of the therapeutic powers of play. Briefly, the therapeutic powers of play are the mechanisms in play that actually produce the desired change in a client's dysfunctional thoughts, feelings, and/or behaviors (Schaefer & Peabody, 2016). Indeed, the prominence of these powers are evident in the definition of play therapy by the Association of Play Therapy (APT, n.d). Just as an in-depth understanding of child development is foundational to play therapy, we argue that training in the therapeutic powers of play creates an understanding of why and

how play creates therapeutic change. We believe this foundational knowledge is a pre-condition to effective clinical decision making and treatment planning. Furthermore, we believe the therapeutic powers of play should be listed as one of the required core content areas of study in APT's credentialing application for becoming an RPT/S or an SB-RPT, so that play therapists demonstrate full understanding of how play is the active force producing change that leads to positive treatment outcomes, regardless of theoretical orientation or preferred play therapy approach (e.g., directive, nondirective, combination).

Historically, Schaefer (1993) identified 14 therapeutic powers of play based upon a review of the literature and play therapists' clinical experiences. Later the list was expanded and revised to include 20 core therapeutic powers of play (e.g., Schaefer & Drewes, 2014). Based on similarity of treatment goals, the 20 powers were classified into the following four categories: facilitates communication, fosters emotional wellness, enhances social relationships, and increases personal strengths (Schaefer & Drewes, 2014, see Figure 1). We encourage readers to explore each of these powers in depth and to receive ongoing training and supervision in how and when to apply therapeutic powers in their clinical decision making and practice. Although the play therapy field is dynamic and ever-evolving, we believe this list of 20 is not exhaustive, thereby necessitating continual refinement, expansion, and ongoing review (Drewes & Schaefer, 2016).

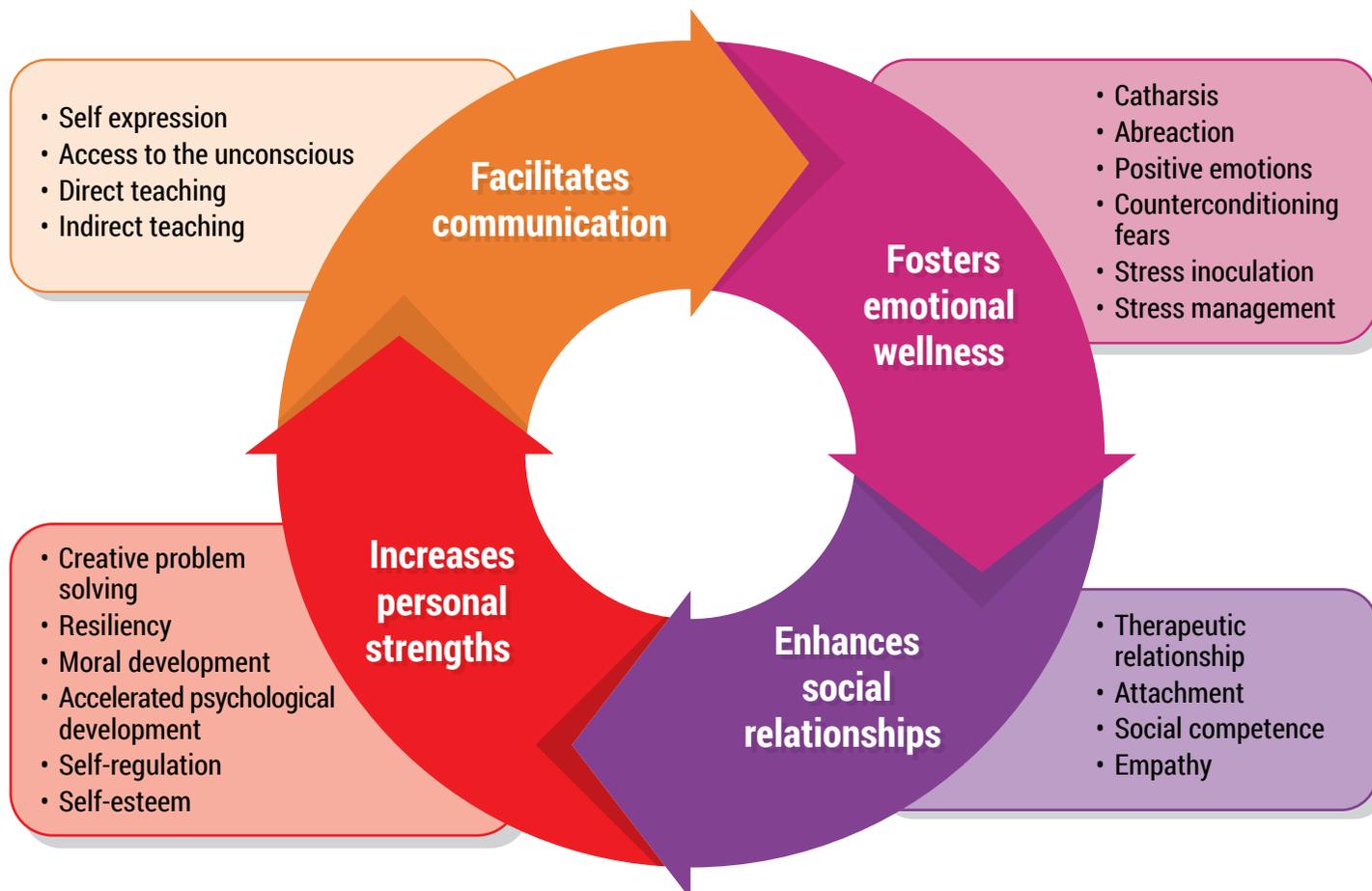


Figure 1. The 20 therapeutic powers of play. Graphic adapted and reprinted with permission from Dr. Judi Parson, Deakin University, Melbourne, Australia.

Despite the importance of understanding these change mechanisms, we also are acutely aware that knowledge of these concepts constitutes only a first step, the proverbial tip of the iceberg. Play and child therapy process research must traverse a longer journey to close the existing gap between them, and we encourage future researchers to examine and isolate these mechanisms (Kazdin, 2014; Schaefer & Drewes, 2014). Yet, gaps also can present remarkable opportunities for exploration and growth that continuously can expand our play therapy knowledge, which can result in strengthening our abilities to provide more targeted and efficient treatments.

These therapeutic powers of play have been referred to in the literature as the “heart and soul” of play therapy (Schaefer & Drewes, 2014, p. 4), exemplifying their essence in initial play therapy knowledge. With this foundational knowledge, therapists are better positioned during their comprehensive individualized assessment of each client to identify the core cognitive, affective, and interpersonal processes involved in the presenting clinical concern, and to apply specific powers of play designed to activate the desired change. Without this strong grounding, a clinician may operate with more of a “hope this works” mentality, rather than a purposeful understanding of how the therapist can initiate, facilitate, and strengthen play to impact change.

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Because play therapists are ethically responsible for delivering effective interventions (Bratton & Swan, 2017), we argue that effectiveness starts with understanding the therapeutic powers of play, and this foundational knowledge serves them well in the complex, advancing play therapy field. Developmentally, including the therapeutic powers of play early in their training trajectory will help students and therapists who may have somehow missed this critical content to augment their mental health practice with a play therapy approach. Starting with the therapeutic powers of play lays a solid foundation and provides a learning progression onto which therapists then may overlay seminal or historically significant theories or add techniques. This content should be covered well before engaging in advanced courses or trainings, but also should be emphasized in those, too.

Sometimes stepping back before stepping forward again can feel counterintuitive, yet centering play therapy training around the therapeutic powers of play acknowledges the deep responsibility we have in understanding how and why play fosters therapeutic change and our role in the change process. We urge play therapists to take the

imperative to gain this knowledge seriously, as understanding the inner workings of the craft is a hallmark of a successful play therapist. We encourage readers to ensure that the heart and soul of play therapy continues to beat loudly, deeply, and strongly within the entire play therapy community and its practice.

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