

2002

Play therapy for victims of abuse in the school setting

Jennifer J. Turner-Peterson
University of Northern Iowa

Let us know how access to this document benefits you

Copyright ©2002 Jennifer J. Turner-Peterson

Follow this and additional works at: <https://scholarworks.uni.edu/grp>



Part of the [Education Commons](#)

Recommended Citation

Turner-Peterson, Jennifer J., "Play therapy for victims of abuse in the school setting" (2002). *Graduate Research Papers*. 1642.

<https://scholarworks.uni.edu/grp/1642>

This Open Access Graduate Research Paper is brought to you for free and open access by the Student Work at UNI ScholarWorks. It has been accepted for inclusion in Graduate Research Papers by an authorized administrator of UNI ScholarWorks. For more information, please contact scholarworks@uni.edu.

Play therapy for victims of abuse in the school setting

Abstract

As a form of therapy, play enhances the developmentally progressive and adaptive nature of children and adults. Play helps children who have experienced physical, emotional, or sexual abuse display and deal with traumatizing thoughts they may be experiencing. When used correctly, the play therapy process can be an excellent tool in helping children who may be suffering from abuse. This paper will describe how school counselors can effectively employ play therapy in a school setting with children who are victims of abuse. The author of this paper will address components of the play therapy process, play behaviors of abused children, techniques to use with abuse victims, as well as appropriate play objects and play spaces needed for working with abuse victims.

PLAY THERAPY FOR VICTIMS OF ABUSE IN THE SCHOOL SETTING

A Research Paper

Presented to

The Department of Educational Leadership, Counseling,
and Postsecondary Education
University of Northern Iowa

In Partial Fulfillment

of the Requirements for the Degree
Master of Arts in Education

by

Jennifer J. Turner-Peterson

December 2002

This Research Paper by: Jennifer J. Turner-Peterson

Entitled: Play Therapy For Victims Of Abuse In The School Setting

Has been approved as meeting the research paper requirements for the Degree of Master of Arts in Education.

Ann Vernon

10-8-02
Date Approved

Adviser/Director of Research Paper

10-8-02
Date Received

Michael D. Waggoner
Head, Department of Educational
Leadership, Counseling, and Postsecondary
Education

Abstract

As a form of therapy, play enhances the developmentally progressive and adaptive nature of children and adults. Play helps children who have experienced physical, emotional, or sexual abuse display and deal with traumatizing thoughts they may be experiencing.

When used correctly, the play therapy process can be an excellent tool in helping children who may be suffering from abuse. This paper will describe how school counselors can effectively employ play therapy in a school setting with children who are victims of abuse. The author of this paper will address components of the play therapy process, play behaviors of abused children, techniques to use with abuse victims, as well as appropriate play objects and play spaces needed for working with abuse victims.

In 1997, nearly three children died every day from abuse or neglect in the United States. In 1998, more than 3.19 million children were reported to child protective service agencies as alleged victims of child maltreatment (Georgia Council on Child Abuse, 1999). Most victims of abuse suffer long-standing and serious physical and psychological damage. Symptoms such as intellectual and cognitive defects, self-destructive behaviors, difficulties with separation, as well as difficulties in school adjustment and reduced self-esteem are some of the many symptoms that surface when working with abuse victims (Childs & Timberlake, 1995).

Allan (1992) reported that when individuals are abused as children and later become parents, their relationship with their children will relate to their own experiences in childhood. Therefore, individuals who are abused as children may carry with them attachment disorders, aggressive behavior, and self-destructive behaviors if they are not treated (Schaefer, 1993). Abusive parenting appears to be passed on from generation to generation; the roots for future abusive patterns in parent-child relationships are laid in early childhood. Knowing that such traits are passed on from generation to generation, professionals who have committed to using play therapy with abuse victims have found it to be a successful approach to reduce the abuse cycle (O'Connor, 2000).

The purpose of this paper is to describe how school counselors can effectively employ play therapy in a school setting with children who are abuse victims. The author of this paper will address components of the play therapy process, typical play behaviors of abuse victims, techniques to use with abuse victims, appropriate play objects and play spaces needed for working with abuse victims, and the effectiveness of play therapy.

What is Play Therapy?

Landreth (1991) stated that, "Play is an integral part of childhood, a unique medium that facilitates the development of expressive language, communication skills, emotional development, social skills, decision-making skills, as well as cognitive development in children" (p. 14). Children use play as a means of exploration and experimentation to understand their own feelings. It is a form of self-expression and is identified as a valuable communication tool when working with children who are victims of abuse (Schaefer, 1993).

According to O'Connor (2000), play has the power to facilitate normal child development as well as to assess abnormal behavior. Play therapy can be used to establish a therapeutic relationship between the counselor and children, as well as to allow children to communicate abnormal or traumatic events such as abuse or neglect. According to Schaefer (1993), several schools of play therapy have been developed that use play as a therapeutic process rather than just a way to apply interventions. Behavioral play therapists often use play therapy to role-play behaviors that are necessary for abuse victims in order to cope or to adapt to the events that have occurred in their life. Psychoanalytic play therapists use interpretations to help clients give meaning to their internal conflicts. Child-centered and existential play therapists use play to establish a therapeutic relationship, and eclectic play therapists borrow ideas and techniques from different schools in order to individualize treatment for each child.

Play therapy is considered to be a strong interpersonal relationship between a child and a counselor trained in play therapy procedures. The counselor provides selective toys and other materials, as well as facilitates the process of developing repertoire

with students in order for them to feel as if they can fully express and explore their feelings, thoughts, and experiences. Landreth (2001) suggested that the rationale for using toys and play as the primary source of communication stems from the belief that young children may have considerable difficulty trying to verbally express what they feel or how they have been affected by such an experience to a professional.

Characteristics of Play

According to Schaefer (1993) there are six characteristics that distinguish children's play from horsing around or acting silly. The first characteristic is intrinsic motivation, which is the desire to be doing what one is doing. Whatever activity the child may be engaging in is done freely and openly. Therefore, play facilitates children's understanding of what they have experienced. A second characteristic of play is attention to the process rather than the end goal. The goals of play often change during the activity and are less important than the experiences and interactions of the moment. A third characteristic of play is nonverbal behavior or make-believe, which is when children may pretend to be other characters and may act out different scenes from which they relate themselves to. A fourth characteristic is freedom from external rules, in which the rules come from the children themselves. Children may have rules for themselves that regulate how certain roles are played and thus, the children determine the boundaries of their self-expression. The fifth characteristic of play is freedom of exploration of new items or environments. Children feel, touch, and look at new items as they begin to play with them. Such freedom allows children to express themselves more fully. The sixth characteristic of play is active engagement. Children are often intently involved in their

play and resist distraction. This kind of intensity allows fullness of self-expression at that particular moment (Carey, Drewes, & Schaefer, 2001).

Rationale and Advantages for Using Play Therapy in Schools

According to Kottman (1995) play therapy is natural and appropriate for children because most children under the age of ten have not yet developed abstract reasoning and verbal skills. Therefore, it is unlikely children will come to the counselor's office for a thirty-minute period to discuss thoughts, feelings, and behaviors. Children are much more comfortable using toys and play to express themselves. When the counselor uses play it allows children to combine play and verbalizations to communicate ideas to the counselor.

Many students view going to see the school counselor as a punishment or as a sign of being in trouble. Therefore, having toys in the counselor's office can make the environment more inviting for those students who do not feel comfortable verbalizing their feelings. Play therapy also allows for the counselor to acquire a different relationship with younger students because it differentiates their office from other rooms in the educational environment. Landreth (1991) stated, "Since play is the language of the child, play provides a medium for building the essential relationship between the counselor and the child. The counselor is able to enter into the child's emotional world as it is freely revealed and acted upon by the child" (p. 193). Through the use of play, the school counselor can assist children with any emotional issues they may be experiencing as well as to help break through any defenses that children may have. The ability of the school counselor to offer the consistency of a reliable and stable environment is critical

for children coming from chaotic and unpredictable households, such as in abuse cases (Carey, Drewes, & Schaefer, 2001).

Play therapy techniques are effective when combined with skill building in working with groups of children to address a variety of issues such as abuse. Interventions such as role-playing, bibliotherapy, and cooperative activities help to alleviate children's feelings of isolation as well as to help them see that their situation is not unusual or unique. Also, placing peers together in a group setting allows students to practice their new skills in a safe and a supportive environment before presenting or trying them out with other students. Benefits of performing play therapy in a classroom setting may include stronger peer interactions, social skills, and problem solving. An additional benefit of utilizing play therapy in a full classroom setting is the likelihood of increasing classroom cohesiveness and creating a calmer learning environment (Carey, Drewes, & Schaefer, 2001).

Typical Play Behaviors of Abused Children

Play Behaviors of Physically Abused Children

According to White and Allers (1994), physically abused children typically display six play behaviors: developmental immaturity, oppositional and aggressive behavior, withdrawn and passive behavior, self-destructive behavior, hypervigilance, and dissociation. Children who have been physically abused often have more behavioral problems, are more often in special education classes, and have more academic difficulties than non-abused children do.

Kindlon and Thompson (1999) suggested that physically abused children usually have difficulty developing positive peer relationships because they are more physically

aggressive at school with other children. Aggressive and oppositional behaviors are the most common play behaviors among physically abused children that are treated in play therapy. Kindlon and Thompson also suggested that aggressive play is most typical for physically abused boys.

Withdrawing is a typical reaction for children who are or who have experienced physical abuse. Feelings of fearfulness, avoidance, and isolation often characterize children's reactions to physical abuse. When children are in the play therapy setting and lack the motivation for free play or a connection to the play therapist, it is often a reaction to being betrayed by a significant adult whom was part of the child's life. White (1994) suggested that often physically abused children will find a place to hide in the playroom, such as in a corner facing the wall and facing away from whomever is leading the play therapy.

Physically abused children may engage in self-destructive play to reenact the trauma of the physical abuse (White & Allers, 1994). Instead of acting out toward other children, physically abused children may direct their anger towards themselves and make remarks such as, "I'm stupid," or "I can't do it." As a result of physical abuse, children often think their self-worth is much lower than those who have not been abused, and may feel like they deserve to be hurt in some way. Some may even harm themselves.

Gil (1991) listed hypervigilance as a common characteristic of physically abused children. Although such behavior is more common among sexually abused children, it is still a common characteristic among children who have been physically abused. It is a logical coping mechanism for physically abused children because it allows them to monitor their safety.

Childs and Timberlake (1995) noted that dissociation is a natural defense against any psychological trauma that a child may be suffering from due to physical abuse.

Dissociation also allows children to escape. Physically abused children develop patterns of escaping the trauma of their abuse and entering into a fantasy world. This becomes a habit that is transferred into their play (Hornstein, 1996).

Play Behaviors of Sexually Abused Children

Landreth (2001) suggested that there are seven categories of play behavior that sexually abused children engage in: abreactive, aggressive, dissociative, nurturing, perseveration, regressive, and sexualized. Homeyer (1994) stated, "Play is one of the most crucial ways children learn that their feelings can be expressed without reprisal or rejection," (p. 15). Through play, children can communicate what they cannot with words.

According to Landreth (1991), sexually abused children experience a need to recreate the trauma they have survived. When sexually abused children are ready to examine what happened to them, they will play out their abusive experience. Through play, children reenact situations that are important to them in reality, and these situations are repeated. By doing this they are learning to control their feelings about the trauma (Gil, 1991).

Sexually abused children will use aggressive play during their sessions as a way of working through trust issues with the counselor. They may also exhibit aggressive behaviors that are somehow related to their abuse. As White and Allers (1992) stated, "Often, children will act out aggressively due to an overidentification with the abuser, displacing the hurt they felt onto something else" (p. 121).

During dissociation, children who have suffered from sexual abuse will often deny and avoid painful memories of the trauma they experienced by mentally escaping. Dissociation means separating ones self from thoughts, situations, and emotions. It seems that once the play becomes stressful and emotional, children become disconnected with what is occurring in the here and now (White & Allers, 1994).

Nurturing play is very important for sexually abused children because it allows them to express their feelings of not being nurtured and their need for it. Sexually abused children might exhibit nurturing behavior by cooking a meal and feeding it to the counselor (Cattanach, 1992). Sexually abused children often show nurturing behaviors toward themselves and the counselor in the playroom. They might cuddle with a baby blanket, feed themselves with a bottle, or try to protect a non-aggressive toy such as a teddy bear from an aggressive toy such as an action figure (Homeyer, 1994).

Preservation play is described as a routine. It involves constant, monotonous reenactments of the trauma that sexually abused children have experienced. This type of play lacks variety, enjoyment, and does not provide relief for children (Webb, 1991).

Sexually abused children will sometimes display regressive behaviors in the playroom. They may do this by acting in babyish ways in order to “escape” from the abuse they have experienced. Examples of this would be children wanting to wear diapers, clinging to the counselor, or becoming frustrated while drawing a picture and destroying it (Gil, 1991). In the sandbox, children may repetitively pile up sand and then smooth it back out (Homeyer, 1994).

Sexualized play behavior is the most commonly observed behavior of sexually abused children (Homeyer, 1994). Because sexually abused children do not have a true

sense of appropriate touching and boundaries, sexualized behavior often occurs in the playroom. Symbolic sexualized play occurs when children behave sexually during their play in order to gain some understanding of their sexual abuse and how it relates to how they view the world. Children play in this way in order to understand their sexual abuse as well as to gain control over their situation and to learn appropriate ways of expressing themselves in a non-sexual way (Landreth, 2001).

Characteristics of Abuse Victims

Physical, emotional, and sexual abuse has been found to have both an immediate and long-term impact on most child victims (Mills & Allan, 1992). Symptoms such as social isolation, eating disturbances, mood disorders, increased distractibility, and anxiety related to separation have been commonly seen in young children who have been victims of abuse (Landreth, 2001). Childs and Timberlake (1995) explained that because abused children develop strong feelings that they can never accomplish anything and many times blame themselves for their parent's actions, they have a more difficult time than non-abused children do grasping age-appropriate social, emotional and cognitive skills.

Parker and Herrera (1996) suggested that there are significant differences in self-esteem patterns between children whom have been abused and those whom have not. Abused children saw themselves as having significantly fewer friends and reported playing with their friends less often than non-abused children. Abused children were also not as hopeful or as ambitious about their futures as were non-abused children. Parker and Herrera also found that abused children have more difficulty with friendships and

social skills than non-abused children do because they are so unresponsive and mistrusting.

Not only do abused children have difficulties with social relationships; they may also have difficulties with learning as a result of the trauma. The difficulties may have occurred for a number of reasons ranging from physical brain damage, developmental delays due to slower development, or from psychiatric symptoms that have resulted from being abused (Landreth, 2001). Knowing that all children are different and have suffered from a number of different traumatic experiences, it is important to take into account social, emotional, and cognitive difficulties when initiating play therapy with children.

The Play Therapy Process with Abused Children

When dealing with abused children, Schaefer (1993) reported that, "The goal of play therapy is to help client's master the multiple stresses of the trauma and to correct or prevent deviation in future psychosocial development." Play is useful, since most abused children express their inner feelings and fantasies more readily through action or visuals rather than verbally. Play allows children to distance themselves from the traumatic events by using symbolic materials such as sand, dolls, or drawing materials as a form of communication rather than verbally discussing the horrific events that took place (Gitlin-Weiner, Sandgrund, & Schaefer, 2000).

According to Cattanach (1992), the play therapy process for abused children is a time of exploration as they try to make sense of their experiences in a way that is appropriate to their developmental level. Some children want to explore their experiences as a way of making sense of their lives; other children want to feel safe and use therapy as a way of putting their traumatic memories in the back of their mind so that

they can get on with their lives (Landreth, 2001). Part of this process is to discover what children need to feel safe. The process may often feel like a discovery both to children and to the counselor because of what might surface during the play therapy process. The other part of this process is for the counselor to build a relationship with children whom have been abused and for the counselor to use appropriate materials to make sense of what the children may be trying to convey to them during play therapy. Cattanach (1994) suggested that in order for counselors to be successful in building relationships with children as well as discovering what has happened to them, the counselor needs to have children explore through toys, objects, and dramatic play, in order to make sense of the chaotic events that took place.

Initiating Play Therapy with Abuse Victims: Setting, Materials, and Boundaries

The Role of the Counselor in a School Setting

Schaefer (1993) indicated that in addition to being warm and empathetic, the role of the counselor is to help children use play materials to express themselves effectively, as well as to engage in play with the child at the child's direction. The counselor also plays the role of being the audience, as well as being the individual who gives the play meaning. Depending on the technique that the counselor is using with a child, it is the counselor's responsibility to pay close attention to what the child is expressing through these materials (Cattanach, 1992). This is crucial since it is the counselor's responsibility to accurately assess what the child may be trying to convey.

Assessing the Need for Therapy

There are many factors to take into account before initiating play therapy with students. Cattanach (1992) reported that initially, one must recognize that play therapy

can only be effective if children are reasonably safe. Many stressed professional workers will refer children who are in a state of crisis, perhaps still living in a dangerous situation, and in no way free to reflect on their circumstances. These children need their defense mechanisms to survive and the most effective way to help is to make an assessment of the whole family and their ability to change. Schaefer (1993) indicated that if counseling was attempted in these circumstances, the family would probably sabotage the work and it is possible that the child would expect the counselor to rescue them, which is not the goal behind using play therapy.

One of the challenges of using play therapy with abused children is that they experience a powerful attachment to the adults who have abused them. This is especially true of very young children. Rutter (1991) indicated that there is a consistent observation that attachment still develops in the face of maltreatment and punishment. The ethological theory maintains that stress would enhance attachment behavior. It would seem that the stress of abuse leads children to attach more strongly to the adult and rejection from the adult seems to create so much anxiety that it increases attachment behavior in the child (Cattanach, 1992).

Play Objects

The school counselor needs to carefully consider which toys, materials, and spaces to utilize when working with children in play therapy or the therapy may result in more harm than growth, which is what is desired. Most experts agree that whatever material or toy is placed in the room where play therapy will take place should be there for a specific purpose (Kottman, 1995). The objects should be selected with the goal of allowing the child to be free to focus on internal processes, as well as allow for maximum

expression. No object should be included just because it is a toy or a popular toy at the current time (Homeyer & Sweeney, 1999). The selected toys and materials should be placed in consistent locations within the room to create a therapeutic atmosphere of trust, which can be maintained by keeping the same toys in the same location every week (Cattanach, 1992).

A second factor to consider when designing and maintaining the play area are children's personal capabilities. Children do not need to depend on the adult or need to ask for help. Each time children enter into this therapeutic space, it should be as if it was the first session, with everything back in its place, so there are no surprises (James, 1997).

According to Landreth (1991), toys in a play therapy setting need to be able to provide children with experiences in which they can feel successful; therefore the toys must be durable and well made. The toys should pull from the child's interests and allow for a broad range of creative and emotional expression, as well as allow for verbal and nonverbal exploration and expression. Toys should not be selected if they cannot be replaced or if they are of high personal or emotional value to the school counselor. Counselors must also select toys that are developmentally appropriate for the targeted children (James, 1997).

Landreth (2001) suggested that toys such as dolls, puppets, sand, and drawing materials are recommended when working with abused children. Children play to communicate, using toys as their words. Therefore, certain toys are selected for the play space. Materials such as sand, puppets, dolls, and drawing materials are seen as being therapeutic toys and can aid in the healing process. Schaefer (1993) reported that

children who have been abused often communicate their experiences through toys such as puppets, dolls, sand, or drawing materials by reenacting the traumatic event that they have encountered.

Play Spaces

According to Cattanach (1992) the play space plays an extremely important role in the process of play therapy. The playroom must be specifically designed and standardized for setup and furniture to facilitate the therapeutic process. The play space should create a warm and accepting atmosphere, as this is the first thing that impacts children when they enter the room. Creating an inviting, friendly environment takes planning, effort, and sensitivity to the child's needs, once this environment has been established it should be safeguarded. The play space should not be used for baby-sitting, for siblings, or for any other students; otherwise the space may be looked upon as just a play area that can be borrowed when needed. It is important for children and staff members to understand that the play therapy relationship is a special emotional relationship that takes place in the special playroom (Landreth, 1991).

Techniques

A number of techniques can be used when conducting play therapy with children who have suffered from abuse. The counselor can have children draw pictures, play games, play with sand, journal, or play with puppets or dolls to assess what they may be trying to communicate freely to them as a cry for help. Gabriel (1995) suggested that having children play with anatomically correct dolls has been a rather successful approach when working with children whom are abuse victims. Such dolls are used as a tool to obtain information from the child, just like a drawing, nonverbal behaviors,

physical gestures, or general play. These dolls are unique because they have characteristics that may make it easier for a child to relate physical or sexual experiences through them as props (Gitlin-Weiner, Sandgrund, & Schaefer, 2000).

Schaefer (1993) reported that children play to communicate, using toys as their words. Therefore, specific toys are selected for the playroom that will be therapeutic for children in a number of ways. For abused children, there are several different play techniques that seem to be especially therapeutic for their healing process in the playroom.

Sand play. The first technique is sand play, which enables children to freely express their feelings and fantasies. Children find comfort in smoothing out the sand and bunching it up again. According to Homeyer (1994), sexually abused children will use sand and water in a pattern, first for sexual stimulation and then for washing and healing. Children often wash their toys in the sink the same way they would like to wash themselves of their abusive experience.

Children repeat in their play everything that has strongly affected them in their daily life. For example, Allen and Berry (1987) reported that a child who had been sexually abused repeatedly washed himself with sand, covering his genital area with sand while playing in the sandbox. Children will show emotional turmoil and chaos in chaotic play such as in a sandbox where sand is thrown around or tossed in a heap.

Dolls and puppets. A second technique that has proven to be beneficial when working with abuse victims is using dolls or puppets in role-playing. Children are able to identify with dolls and puppets in ways that allow them to project their feelings of fear, guilt, and other various feelings through the various characters. Children may also use

dolls to discuss their feelings because children often identify dolls with people in their lives. When children manipulate dolls to do what they want to one another, they may be showing exactly how they feel toward those people and how they think those people feel toward them or others (Schaefer, 1993). By using puppets and dolls, children in a group or individually who have suffered from abuse are able to play out the abuse they experienced, and then recreate different outcomes that in return may enable them to discuss what took place (Webb, 1991).

Art therapy. A third technique to use with suspected abuse victims is art therapy.

Expression through art can be very powerful for children who have been abused. Landreth (2001) stated, "Children may draw what they cannot say," (p. 127). Drawing is fun for children, the pressure of having to talk about the abuse is gone, and they can now explore feelings, fantasies, and concerns. Children may use the drawings to communicate information about the traumatic events that occurred, the abuser, or any support they have received from the family. Children also use art to symbolically unveil feelings of being damaged or betrayed and as a way to help them find control over their feelings as well as to aid children in the process of helping them address their own feelings (Sager, 1990).

Conclusion

Due to the number of children in the school system that are victims of physical, emotional, and sexual abuse, or neglect, it is critical for school counselors to consider play therapy as an option when working with these students whether it be individually or in groups. Social service agencies and personnel are recommending that school counselors use play therapy with children who have been abused due to its benefits. It

allows children to use a form of play to convey their feelings of distress, anger, and distrust. They may convey those feelings by drawing, role-playing with puppets or dolls, sand play, or other various methods, depending on the child's personality.

Play therapy is a useful and accessible tool for school counselors. It allows children to open the lines of communication between themselves and the school counselor without having to verbalize thoughts, feelings, or behaviors. School counselors need to consider taking advantage of such a powerful and beneficial tool when working with children whom are abuse victims. Not only will it help children whom are suffering from abuse, but it will also help the counselor identify what they may need to do in order to effectively treat such children. Play therapy may be the only way for children who are abuse victims to tell their story and for them to get the help that they so desperately need.

References

- Allen, J., & Berry, P. (1987). Sand play. In G. Landreth, Innovations in play therapy: Issues, process, and special populations. Philadelphia, PA: Taylor & Francis.
- Carey, J. L., Drewes, A. A., & Schafer, E. C. (2001). School-based play therapy. New York: John Wiley & Sons, Inc.
- Cattanach, A. (1994). Play therapy: Where the sky meets the underworld. London: Jessica Kingsley Publishers.
- Cattanach, A. (1992). Play therapy with abused children. London: British Library Cataloguing.
- Childs, L. S. & Timberlake, E. M. (1995). Assessing clinical progress: A case study of Daryl. Child and Adolescent Social Work Journal, 12, 289-315.
- Gabriel, R. M. (1995). Anatomically correct dolls in the diagnosis of sexual abuse of children. In K. Gitlin-Weiner, A. Sandgrund, and C. Schaefer, Play diagnosis and assessment (p. 214). New York: John Wiley & Sons.
- Georgia Council on Child Abuse. (1999). The problems of child abuse. In G. Landreth, Innovations of play therapy: Issues, process, and special populations (p. 100). Philadelphia, PA: Taylor & Francis.
- Gil, E. (1991). The healing power of play: Working with abused children. New York: The Guilford Press.
- Gitlin-Weiner, K., Sandgrund, A., & Schaefer, C. (2000). Play diagnosis and assessment (2nd ed.). New York: John Wiley & Sons.

Homeyer, L. (1994). Play therapy behaviors of sexually abused children. In G. Landreth, Innovations in play therapy: Issues, process, and special populations (p. 119-128). Philadelphia, PA : Taylor & Francis.

Homeyer, L., & Sweeney, D. (1999). The handbook of group play therapy : How to do it, how it works, whom it's best for. San Francisco, CA: Jossey-Bass Publishers.

Hornstein, N. L. (1996). Complexities of psychiatric differential diagnosis in children with dissociative symptoms and disorders. In G. Landreth, Innovations in play therapy: Issues, process, and special populations (p.110). Philadelphia, PA : Taylor & Francis.

James, O.O. (1997). Play therapy: A comprehensive guide. New York: Aronson.

Kindlon, D., & Thompson, M. (1999). Raising Cain: Protecting the emotional life of boys. In G. Landreth, Innovations in play therapy: Issues, process, and special populations (p. 109-110). Philadelphia, PA: Taylor & Francis.

Kottman, T. (1995). Partners in play: An Adlerian approach to play therapy. Alexandria, VA: American Counseling Association.

Landreth, G. L. (1991). Play therapy: The art of the relationship. Muncie, IN: Accelerated Development.

Landreth, G. L. (2001). Innovations in play therapy: Issues, process, and special populations. Philadelphia, PA: Taylor & Francis.

Mills, B., & Allan, J. (1992). Play therapy with the maltreated child: Impact upon aggressive and withdrawn patterns of interaction. In G, Landreth, Innovations in

play therapy: Issues, process, and special populations. Philadelphia, PA: Taylor & Francis.

O'Connor, K. (2000). The play therapy primer (2nd ed.). New York: John Wiley & Sons, Inc.

Parker, J. G., & Herrera, C. (1996). Interpersonal processes in friendship: A comparison of abused and nonabused children's experiences. Developmental Psychology, 32, 1025-1038.

Rutter, M. (1991). Maternal deprivation reassessed. London: Penguin.

Sager, C. (1990). Working with cases of child sexual abuse. In C. Case & T. Dalley (Eds.), Working with children in art therapy (p. 89-114). New York: Tavistock/Routledge.

Schaefer, C. (1993). The therapeutic powers of play. Northvale, NJ: Jason Aronson, Inc.

Webb, N. (1991). Play therapy crisis intervention with children. In N. Webb (Ed.), Play therapy with children in crisis: Individual, group, and family treatment (pp.26-42). New York: The Guilford Press.

White, J., & Allers, C. T. (1994). Play behaviors of abused children. Journal of Counseling and Development, 72, 390-394.