

## **Adapting Child and Play Therapy During a Global Pandemic**

Jamie Lynn Langley, LCSW, RPT-S

Child Therapists the world over are having to make adaptations to “normal” therapy conditions due to the COVID-19 health crisis. As we try to find ways to have physically safe environments for the children we see in person, we also need to be mindful of keeping the holding space safe. What this translates to is considerations for adaptations that do not negatively impact the therapist-client relationship.

I first became aware of how my feelings regarding the pandemic could affect children and their play when closures in other states (USA) were occurring early in March 2020. My state of Tennessee had not yet shut down so I was continuing to see children in my office for therapy, but I started utilizing adaptations. I removed the magazines from the waiting room and spaced seating six feet apart. I brought hand sanitizer in my office and printed off cute signs of children dressed as superheroes saying things like, “Have you washed your hands?” Since I have a sink in my waiting room, I made sure each child washed their hands prior to entering the therapy room as well as when exiting. My colleagues and I decided to close our waiting room for those not involved in the actual sessions, so I would go meet my clients outside and bring the children inside to my therapy room. I then set up my art station where children could have their own art supplies such as crayons, glue and scissors. I also moved a few items from the room that were harder to keep clean. I bought disinfecting spray and wipes so that I could sanitize surfaces, furniture and toys in-between sessions. I eventually moved more toys out of the room.

The began noticing just how many toys children played with each session once I had to clean them. Despite being a play therapist for thirty years, I just had not realized the quantity before - as prior to having concerns about contamination and spread of a virus, I did not need to be concerned with the number of toys and items used in therapy sessions. I know that my growing awareness of this impacted the actual therapy holding space, as I vividly remember when one child went to retrieve a toy

from a shelf but looked to me first, as in asking permission. Before this I had not directed her use of toys, but my growing awareness was giving a signal to her that “it is not okay to play with everything.” I realized then that I had to make a shift. Thankfully, the weather improved and I was able to complete the week doing therapy sessions outdoors, as I often incorporate nature in my therapy practice. Being outside just felt safer to do amidst all the growing concerns of the pandemic. Tennessee was then issued Shelter-In-Place recommendations by the governor and the therapists in our practice agreed to stop in-person sessions at that time. My concerns about the playroom safety were temporarily placed on hold as I spent the next several weeks training for and transitioning to tele-health.

Despite the success I have found with using tele-health, I did become concerned with my therapy room once again when one of my younger clients was not able to make the transition to telehealth. I began to think about what I could do that could help us both be as safe as possible for in-person sessions. I really wanted to find a better way to manage the toys and materials in my therapy room without my concerns about contamination. I went to my office and removed items that were harder to keep clean, such as stuffed animals and all of my puppets except for my large ones that I often refer to as my “co-therapists.” I also took out any duplicates or things that may be “extra.” My sandtray figures are already in a cabinet with doors, so these remained shut and I removed my sandtray from my office.

It should also be noted that removing beloved therapeutic items from the therapy room is not an easy task, and there is a grieving process we as therapists need to prepare for. Many of us have carefully chosen what we use in our therapy, so removing items can be a loss for us. I certainly felt impacted by the removal of my puppets. We also must consider the feelings of the children when they return to in-person sessions, as they also may feel grief and loss regarding some items that have been removed from the room. Helping them prepare for these changes is important.

I then looked at the plastic boxes I normally use to provide Sandtray trainings and became inspired about having small items that could be placed in each box for a child to use for in-person therapy. I refer to them as personal therapy kits (paper bags or plastic baggies could work as well). My rationale for these kits is that they would help to alleviate some of the contamination concerns.

When considering what to put in these kits, I immediately had some initial ideas and started sharing these budding thoughts on Facebook. I heard from other therapists that they loved the idea, and many shared ideas of things to include in the kits. Lisa Remy, a play therapist and colleague from Texas, shared some great ideas with me. As we continued sharing ideas with one another, we then decided to put on webinars to help other child and play therapists address the challenges of doing in-person therapy during this pandemic. Feedback on our webinars from both experienced and novice therapists has been very positive!

When considering what to include in the kits, we drew inspiration from Dr. Garry Landreth who asserts: "Toys and materials should be selected, not collected" (Landreth, 2012.) This means that whether we are using items in a larger play space or within a kit, we need to be intentional regarding what is included. Rather than giving an exact list per se, what we have instead offered is to use the four categories often utilized when putting together a play therapy space. These categories are Real Life/Nurturing, Aggression Release/Anger, Creative Expression and Fantasy. The first three categories stem again from Dr. Landreth and his book "*Play Therapy: The Art of the Relationship*" (Landreth, 2012) and also some slight additions including the fourth category of Fantasy from Dr. Dee Ray's book "*Advanced Play Therapy*" (Ray, 2011). There are then intentional selections to choose from within these categories- such as dolls, family figures and cars in Real Life/Nurturing, army figures and aggressive animals like sharks and snakes in Aggression Release/Anger, all kinds of items for Creative Expression like crayons, playdough, paper and popsicle sticks, and then Fantasy options like dragons, wizards, fairies and magic wands.

Items from nature can also be included in these kits, such as acorns, pinecones and stones. A child could gather these and bring into the therapy session for creative activities. Another option is for the therapist can take the child outdoors to gather nature items found on the ground. For therapists who utilize sandtray therapy, a small container of sand or kinetic sand can be part of the kit. I use plastic boxes with blue lids, and then the blue lid can be used to place the sand in for the session as a mini-sandtray.

Deciding what to include in the kits should be grounded in the theoretical approach of the therapist. One who is primarily oriented in Child Centered Play Therapy (CCPT) would likely choose to pre-assemble the kits to all be the same. Others who utilize a variety of child therapy approaches will most likely create different kits for each client, depending on the unique therapeutic needs and interests of the child. I have found some great items to purchase in bulk, such as peg people as family figures. Children like the kits and feel a sense of “ownership” in that they belong to them for the duration of their therapy experience. The knowledge that these items will not be shared by others is a unique experience for many children.

The big question is- “Can effective therapy be done with so few of toys that would fit in a plastic shoe box?” My answer is a resounding “Yes!” One study conducted in 2018 at the University of Toledo in Ohio compared toddlers’ play with four and sixteen toys. They found that the play was longer and more creative with the fewer toys, suggesting “an abundance of toys present reduced quality of toddler’s play.” (Dauch et al., 2018) I have observed occasions when some children are almost overwhelmed with the amount of toy choices in a therapy space. We may find that children in therapy will become more creative with the items in their personal play therapy kits.

I recently experienced this myself when I took an on-line expressive arts training in which the trainer mailed all participants a few magazine clippings and some other supplies. Despite the limited number of pictures available to me for the activity, I was

able to use them in a way that spoke to me, as did the other participants. Translating this to toys and therapy, this is what our clients will be able to do- they will use what they have in a way that is needed. Just another reminder for us to “trust the process.” This type of creativity can often be under-utilized by children when there are so many toys in our therapy rooms. Dr. Janet Courtney put the importance of creativity with play in this way: “Creativity is the novel product or art produced as a result of imagination and play that ultimately activates our highest potentiality of self-actualization” (Courtney, 2020.) In other words, imagination plus play equals creativity.

Children do not need to have “everything” in a box or kit. But if they have creative supplies, then a child can make something that is needed, or pretend for one toy to be another. I have personally found some of the most powerful sessions have occurred when a child or teen has created a needed image, symbol or even puppet as part of their healing process. Not all creative materials need to be kept in the kit. I use a “creativity basket” in my therapy room that holds paper bags, coffee filters, buttons, socks, paper plates, pipe cleaners, yarn, and other items. The child can direct for me to choose the items needed, and then place these requested items into their kit.

The question of storage for these personal therapy kits is an important issue to consider, especially in regard to confidentiality. A child can color a label for their box to help identify it as theirs, or boxes could have initials. If storage options are available, the boxes could be kept in a closet or turned to the side on shelves and the therapist would then retrieve them for each session.

It is important to explain to clients the shift from a fully equipped playroom to the use of personal therapy kits. It is helpful to tell clients during a tele-health session that when they return to in-person sessions, the therapy room will look a little different for a while and some toys will not be in the room because they are too difficult to clean. I

also tell them that they will be able to assemble their own personal therapy kit. This is also the time a therapist could explain if they will be wearing a mask, face shield, etc.

Despite these changes and challenges, child and play therapy can occur during this time of a global pandemic without significantly compromising the healing space we provide. Incorporating ideas like personal therapy kits and reducing toys in our therapy room can provide opportunities for more creativity and enhanced therapeutic experiences. We might even decide that there are some toys we will not bring back to the therapy room, as we possibly had “too much.” We may discover that therapy with less can be more. I describe this adaptive way of doing therapy as much like the summer day camp experience- we will have minimal yet intentional supplies, utilize lots of creativity, and include positive outdoor experiences when possible. I believe these changes have the potential to provide our clients with a more powerful and healing therapeutic experience!

### **References**

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### **Biography**

Jamie Lynn Langley, LCSW, RPT-S has practiced as a child and family play therapist for over thirty years, the first twenty-seven were in community mental health. Currently in private practice in Smyrna, Tennessee she also provides supervision for those working towards licensure as a LCSW or LPC as well as the RPT credential. Jamie incorporates expressive arts, sandtray and nature as part of the play therapy she provides. She is a co-founder of the TN Association for Play Therapy and is currently the President. She also serves on several committees for the Association for Play Therapy, including as the current Chair of the Registration and Continuing Education Committee. Most recently Jamie helped co-found the World Association for Sand Therapy Professionals and serves on the board of Directors. She has also taught adjunct at two universities, currently as an Adjunct Professor for Middle TN State University in the Social Work Dept. Jamie has presented nationally and internationally, often providing training for those getting started in both play therapy and sandtray therapy. She has also been more involved in writing, including a chapter in the recent publication of *Game Play, 3<sup>rd</sup> ed.(2020)* by eds. Charles Schaefer and Jessica Stone, entitled: "Utilizing Games to Build Resilience in Children Impacted by Divorce." Jamie is currently involved in a collaborative book project about incorporating nature in play and expressive therapies. <https://www.jamielynnlangley.com/>

### **Jamie's Upcoming Webinars:**

"From Surviving to Thriving! Pandemic Challenges Facing Children, Teens and Families"

Thursday, August 20, 2020 10:00 a.m. – 12:00 p.m. (Central, USA)

TN Assoc for Play Therapy Pre-Conference

<http://www.tna4pt.org/conference--cont-ed.html>

"Play Therapy in a Box: When Less is More" with Lisa Remey, LPC, RPTS

Thursday, August 27, 2020 6:00 – 8:00 p.m. (Central / USA)

<https://www.lisaremey.com/civicrm/event/info/?reset=1&id=11>

## **Additional Resources**

### **When is it Okay to Resume In-person Sessions (APA article)**

<https://www.apaservices.org/practice/news/in-person-services-covid-19>

### **CDC Cleaning Guidelines**

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

### **Cleaning Toys**

[https://www.toronto.ca/wp-content/uploads/2020/06/8f8a-cs\\_telccs\\_covid\\_toywashing.pdf](https://www.toronto.ca/wp-content/uploads/2020/06/8f8a-cs_telccs_covid_toywashing.pdf)

### **Cleaners, Sanitizers & Disinfectants**

<https://www.healthychildren.org/English/health-issues/conditions/prevention/Pages/Cleaners-Sanitizers-Disinfectants.aspx>

### **Best Practices for Using Art Supplies Hygienically During the COVID-19 Outbreak**

<https://arttherapy.org/blog-best-practices-using-art-supplies-during-covid-19-outbreak/>

### **Disinfection & Sterilization Guidelines**

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>

### **Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes**

<https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>

### **Considerations for Wearing Masks and Face Shields**

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html>

## Tips for a Clean Playroom (Association for Play Therapy)

This information should not replace guidelines set forth by the Center for Disease Control (CDC) and World Health Organization (WHO).

We have compiled suggestions from play therapists sharing methods and tips to keep your playroom clean in an effort to reduce the risk of coronavirus transmission. While these practices should be in place year-round, it is important to be extra vigilant during this time. You can take steps now to prepare your practices, reduce the risk of transmission and address family concerns.

- Post signs encouraging hand-washing and put hand sanitizers in play rooms, waiting rooms, offices and restrooms.
- Require hand washing with soap and water for at least 20 seconds before entering the playroom. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.
- Clean frequently touched surfaces and objects daily using a regular household detergent and water prior to disinfection.
- After a toy is touched it does not go back on the shelf. Remove these from the play room to disinfect at the end of your day.
- Consider removing specific items that clearly encourage transmission of saliva such as flutes, whistles, bubbles, harmonicas, baby bottles, etc. If you are not sure how to clean an item you may consider removing it from your play room.
- If a sand tray is used in your play room, review the **series of videos** by Jerry Bergosh about cleaning your sand and sand tray.
- Post your cleaning procedures in your office/clinic in order to inform parents that you are taking precautions but also state that it is not possible to ensure that your playroom is completely clear of all infectious contaminants.
- If you suspect that your playroom has been exposed to the coronavirus, view the Center for Disease Control **Environmental Cleaning and Disinfection Recommendations**.

## Cleaning Products and Disinfectants

- EPA-approved **surface cleaners** that are expected to be effective against harder to kill viruses
- EPA-approved **cleaners for porous surfaces** such as soft toys, rugs, carpets, etc.

## Communicating with Parents and Clients

Determine how to stay in touch with parents and families during an outbreak or quarantine. Write a notice outlining how your office will function so you are prepared to discuss with parents. Review it with every family; post it to your website, in your waiting room and share by email. Include information on office policies and procedures such as last-minute closings and cancellations. Ask families to consider their health and possible

symptoms before their appointments. If they have symptoms or concerns, they should reschedule per the guidelines you set forth.

Example: “To Our Parents and Families, During the current concerns regarding coronavirus, we would like to reassure you that we are taking precautions to keep our playrooms as hygienic as possible. We will be wiping down the playroom with disinfectant each day and often in between each session. We have removed play materials that encourage sharing bodily fluids, such as flutes and whistles, among others. We are also asking you and your child to use hand sanitizer as you enter and leave the clinic. Although we are taking precautions, we cannot guarantee that the playroom is completely virus-free. If you are uncomfortable with bringing your child to play therapy, please feel free to share your concerns and we will schedule accordingly. We remain committed to you and your children and will work with you on the safest way to provide play therapy services.”

Remember to take care of your own health and that of your family. It can be tempting to prioritize patient needs, but remember that if you become ill, you cannot provide effective care.

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