The communication process between care providers and children can, at times, be complex. Young children typically lack the verbal language necessary for complex emotional expression. In this work, the authors contend that using some basic child centered play therapy (CCPT) techniques would be beneficial in enhancing communicative patterns in a childcare setting. The use of CCPT responses by caregivers can be effective in encouraging emotional and social development in children. Because child care providers spend a great deal of time with children, this approach may lead to a more nurturing and stable relationship than parents are able to provide.

Research conducted by the authors has indicated that CCPT in a preschool, primary school, and a variety of other settings with children can be beneficial to the child (Stickley, V. Muro, J, & Blanco, P., 2013). When care providers, therapists, and parents work collaboratively, the use of CCPT responses holds a great deal of potential. The frustrations that seem to exist, especially in emotionally charged situations between the child and care provider, may disappear altogether with the application of many basic play therapy techniques.

In order to understand CCPT, a definition is in order. "Child-centered play therapy is a developmentally appropriate, humanistic, nondirective approach for children that includes the use of toys and play-based materials to facilitate a broad range of verbal and non-verbal expression" (Blanco & Sheely-Moore, 2012, p.66). In addition, Landreth (2012) suggested that responses to children in play therapy should be conducted, "in a way that communicates sensitivity, understanding, and acceptance and conveys freedom and responsibility and is for many beginning play therapists like learning a foreign language" (p. 211).

CCPT responses may assist childcare providers in assuaging children’s emotional reactions that may surface in a childcare setting. Ideally, the use of the responses would strengthen the connection between adult and child, allowing the provider to enter the world of the child. When early childhood educators and therapists combine their expertise in the child care setting, environments that once were deemed frightening to children may become welcoming and reassuring.

Play therapy offers a unique opportunity for children to explore their feelings and problems through play, the medium with which they are most comfortable. Play therapy is commonly offered in a therapeutic setting, but is infrequently found in childcare facilities, as many do not employ a play therapist. The authors contend care providers can also apply some basic principles when interacting with children.

Children who experience a positive relationship with teachers typically are more adjusted to school in comparison to those who have not. According to Sepulveda, Garza, and Morrison (2011) programs such as Head Start have been established for at risk children with the main focus of preparing them for school. Head Start instructors spend copious amounts of time with those children who are enrolled. This gives them the
opportunity to provide a more consistent and nurturing relationship than primary caretakers do (Sepulveda et al., 2011). In working with children from challenging backgrounds, CCPT can be a tool in generating communication.

Most children do not have complex verbal and reasoning skills (Wells, 1987; Bruner, 1981; Bloom, 2002). It can be very difficult for a child to fully understand the range of emotions that accompanies difficult life situations. According to Sepulveda et al. (2011), “in such cases, play therapy can be used in order to assist children in creating responses to difficult experiences by using a language that comes natural for them, play” (p. 13). They furthered that children with teachers trained in play therapy showed a noteworthy reduction in “internalizing behavior problems” (p. 15). Overall, research by Sepulveda et al. (2011) suggested that teachers are more than able to learn therapeutic skills such as reflection of content, meaning and feeling(s) and that the use of those skills results in a positive change of behavior in children.

Research by Stubenbort, Donnelly and Cohen (2001) indicated that when children can use play in a structured environment such as a classroom they are able to demonstrate their concerns. A keen observer may gain insight that he or she may not benefit as effectively otherwise. Furthermore, “play therapy is said to decrease internalizing behaviors, interrupt externalizing behaviors, and address trauma-repetitive behaviors” (Stubenbort et al, 2001 p. 53). As a child is able to use play to act out his/her fear and anxiety from abuse, he/she gains power over repetitive behaviors that can be all consuming. The child gains strength and confidence over a past history of hurt through the use of play.

Children are given the opportunity to exhibit and overcome their fears through the use of play. Studies have repeatedly shown that play is the preferred method of treatment with young children, and the outcome is overwhelmingly rewarding for both child and therapist. The use of play therapy in the classroom can be rewarding on many levels. Not only does the child benefit through the use of play but also the teacher and classmates do as well. Through CCPT, a child is able to work through maladaptive behaviors in a
safe environment, thereby increasing his or her social skills and adaptability.

**Industry vs. Inferiority**

During the elementary years, Erikson (1950/1963) described the child as one who “learns to win recognition by producing things” (p. 259). According to Erikson, it is during this stage that children begin to evaluate themselves based on external standards set by others. Erikson stated, “The child's danger, at this stage, lies in a sense of inadequacy and inferiority” (p. 260). More simply stated, the developmental task of the child during the elementary years is to gain a feeling of productiveness and acceptance for that productiveness. Erikson stated, “We have pointed in the last section to the danger threatening individual and society where the schoolchild begins to feel that the color of his skin, the background of his parents, or the fashion of his clothes rather than his wish and his will to learn will decide his worth…” (p. 260). Working with children from an Eriksonian perspective requires that adults focus mostly on the “wish and the will” (p. 260) in providing children with feedback on their actions, behaviors, and academic, creative, or athletic endeavors. This has important implications for early childhood educators who may be focused on outcomes or behavior more so than the process of being. Allowing children to be, to feel and to connect to the self can be of benefit.

**Childcare Providers and Developmental Influence**

As children begin to mature and separate from their parents, external people become influential in the child's development. Childcare providers are among this group of adults who are crucial to children. Childcare providers are an important component when considering how children learn, develop social interest, enhance goal setting, create a solid work ethic, form healthy relationships, and build autonomy and self-esteem (Illig, 1998).

The ability of caregivers to support children's autonomy is an indicator of meeting the child's psychological needs. This push for autonomy, while in a supportive environment, results in higher self-esteem and a greater sense of identity (Coatsworth & Conroy, 2009).

**The work of a child is play.**

In an effort to help early childhood educators foster positive developmental outcomes in children with whom they work, we are advocating a new communicative model for caregivers to accomplish goals related to the fostering of emotional, physical, and social development. By integrating play therapy principles of unconditional positive regard and techniques such as reflection of feeling into their teaching and behavior interventions and using a developmental approach in understanding children's behaviors and needs, child care specialists/early childhood educators may be able to influence children positively in multiple domains.

There are a variety of discussions and viewpoints of play by well-noted scholars. A surfeit of information analyzing play from diverse perspectives is easily accessible (Erikson, 1950/1963; Piaget, 1962; Smilansky, 1990; Vygotsky, 2004). Most agree that the work of a child is play, and it is through hands-on manipulation of objects that they master their environment. Piaget (1962) and Erikson (1950/1963) both acknowledge the importance of the child's own body as the center of play. Piaget theorized about and investigated the importance of play to cognitive development. The idea that a child's behavior and thoughts are separate but connected through play is arguably his most important hypothesis. Through meticulous play observations, it is evident that play allows children to express their inner desires, feelings, problems, and anxieties (Piaget, 1962).

**Child-Centered Play Therapy**

Child-centered therapy, derived from Carl Rogers' (1951) theoretical framework, is the approach many child centered counselors use with children and adult clients. Virginia Axline (1969/1982) utilized Rogers’ concepts to develop child-centered play therapy (Axline, 1950; Ginott, 1961; Guerney, 1991; Landreth, 2012; Moustakas, 1951; Ray, 2004; Rogers, 1951).

The relationship created in play therapy gives children the autonomy to express themselves in the precise moment. In the therapeutic setting, children are given the freedom to act without the pressures of external expectations, offering them the therapeutic benefits of play proposed by Erikson (1950/1963) in his theory of psychosocial development. Children have the power to decide how they will use play to express themselves through this non-directive style (Axline, 1950).
A relationship develops between children and therapists, centered on the play therapy materials. This coincides with the adult's hope that play can be therapeutic and healing (Frost, Wortham, & Reifel, 2005). Consistent with Erikson’s (1950/1963) ideas about the therapeutic benefits of play, child-centered play therapy posits that play is often symbolic, offering insight into the struggles and terrors that might be haunting the child. Play is considered the child’s language, with toys being the child’s worlds, which catalyze communication and expression (Frost, Wortham, & Reifel 2005; Landreth, 2012).

In order to understand the child’s conscious and unconscious world, it is imperative to be a mindful and active, but non-invasive and non-directive, participant of the child’s play (Bettelheim, 1987). Adults use speech as their natural form of communication, but children are not as comfortable with using speech as their primary communication tool, seeing as verbal skills are not as adroit as their older counterparts. Play therapy is supported by the premise that play is the child’s mode of self-expression (Schaefer, 1985).

In order to truly understand the world of the child, the play therapist employs a variety of techniques, foremost being the presence of the caring therapist and the ability of the therapist to accurately track and communicate empathically to the child. While all facilitate growth and movement, the authors hypothesize that reflective listening, a standard technique used by all play therapists, is the procedure that may best assist caregivers in more effectively communicating with their players.

**Reflective Listening**

Verbal tracking, reflection of content, and reflection of feeling are reflective listening techniques that may be employed by the caregiver who wishes to use CCPT. The authors concur with Bratton and Landreth (2006), regarding to how to most effectively use reflective listening. Verbally mirroring and validating children’s presence describes verbal tracking. For example, when a child runs down the field to catch a pass, an appropriate tracking response would be “You are jumping up and down about your catch.”

Reflecting content is a technique used to convey a sense of comprehension as to what children are stating. Because of the frequent misunderstanding of reflecting content as parroting, restructuring children’s responses is strongly advised. For example, “I drank my water without spilling!” might prompt a reply of, “You got it up to your mouth and back down on the table!” Using reflection of content is a basic form of connecting with children.

In order to develop empathy and communicate understanding of the
child’s world, using responses that reflect feelings are best suited. In response to the above example, an appropriate reflection of feeling might be, “You are excited about your not spilling!” This statement notes you are attending to the child as well as understanding the child’s emotional reaction to something that seems to be creating a degree of pride can be described as an empathic response.

Empathy is the ability to understand another person’s emotional perspective without being personally consumed by the feelings. This is commonly known as reflection of feeling. A person adept at reflection of feeling might offer an understanding comment replete with feeling words. For example, a child might say, “I said my ABC’s!” The caregiver employing reflective listening techniques might first praise the child “Way to go!” and then follow with the reflection of feeling, “You are proud of yourself!”

Play & Caregiving

Because of the developmental aspects of both play therapy and the setting of caregiving, integrating these techniques is feasible. Axline (1969/1982) developed basic principles to use in a therapeutic setting with children. One of her seminal points was her assertion that adults need to accept the child with feelings of warmth and friendliness. This is sometimes called unconditional positive regard, a term created by Carl Rogers (1951). It is not accepting all the behaviors a child exhibits, but accepting the child because s/he exists. The caregiver communicates acceptance through entering the world of the child and using reflective statements, ensuring the child knows s/he has been heard. By creating this open atmosphere, children are more likely to build a relationship with adults founded on trust. This rapport empowers children to express their thoughts and feelings without feeling censored or judged. While she created these principles for play therapists, they can be generalized to adults who come into contact with children, specifically caregivers.

Children draw from their personal experience to converse with adults. It is vital to recognize that children have other experiences outside of the learning environment the caregiver occupies from which they will draw. Children will use nonverbal communication in addition to actions and words to alert adults of feelings and needs.

Reflective listening may best assist caregivers.

Likely, caregivers may not look for the same outcome as play therapists, but they still have the opportunity to use the play therapy responses that mirror the interactions exercised in a playroom. Understanding the feeling the child has around the specific incident and communicating as such with reflection of feeling may soothe the child and strengthen the bond. A child who is upset might like hearing “You feel really mad (or sad).” The authors assert that the strong development of verbal and nonverbal communication skills, providing positive feedback, giving attention, listening, being clear and concise, and building a trusting and caring relationship with the children will strengthen not only the relationship but also the child’s self esteem and self efficacy.

Reflective Responses and Caregiving

Feelings are the pathway for understanding and acceptance. Children learn to handle their emotions through the simple acknowledgment of the existence of their feelings. Play therapists use reflections of feeling to facilitate an understanding with children that their feelings are suitable. The act of rescuing children from their feelings or ignoring the feelings deprives them of the opportunity to learn how to handle them and can have consequences later in life, as they develop complex defenses to hide and contend with them.

Perhaps one of the more common experiences for adults to do is to discount children or attempt to change their negative perceptions because these feelings are difficult to manage. Adults often struggle with feelings themselves and having to contend with another who is not yet developed fully and may have strong emotional reactions is a daunting task. Statements such as, “Stop being upset at nap time and sleep.” or, “The other children will take turns: you do not need to worry.” can adversely affect children’s feelings. Statements like these force children to accept what others want them to feel, while denying their own experience. As noted prior, the authors are not advocating for an acceptance for all behaviors, merely that every feeling evidenced by the behaviors is valid and worthy.

The reflection of feelings and behaviors (tracking) are the most vital techniques for relaying what is happening in the moment, immediacy. Questions are considered a hindrance to therapy because they create defensiveness in children and take them out of their present experience. One might argue this would
be the same in a childcare setting. The act of answering a question requires children to remove themselves from what they are experiencing. When the early childhood educator addresses the child with a reflection of feeling, it is possible that the child will be more open to the constructive criticism that may follow. For example, an early childhood educator might say to a student, “You’re frustrated that you cannot draw a circle. I understand why you might feel that way. Perhaps if you changed the way you have your arm, you’d find this an easier process.”

Reflecting feeling is a basic level of response that encourages a deeper understanding of children. By engaging in this communication pattern, the early childhood educator then is relating to the child the four basic tenets of listening, “I am here, I hear you, I understand, and I care.” While early childhood educators are learning this new style of communicating, it is helpful to understand four primary feelings: happy, angry, sad, and surprised (Landreth, 2012). Because feelings are often portrayed in the face of a child, it is important to attend to facial expressions (Bratton & Landreth, 2006).

Feelings can be detected not only through facial expressions, but through body language as well. Once caregivers have determined that a child is experiencing a feeling, the opportunity to reflect feeling should be grasped to communicate that the caregiver understands the child’s current world. The authors recommend that when using reflection of feeling, caregivers should attempt to match the intensity level of the feeling that the child is experiencing. For example, if a child is disappointed about sharing a toy, an appropriate reflection of feeling may be, “You are really discouraged that we share.” or “You are really discouraged that we share.” combined with a softer tone.

To ensure that the reflection captures the emotion as opposed to a cognitive statement about what the child thinks, begin reflections of feeling with “you feel” or “you are feeling” instead of “you feel like.” The reader can note that you can interchange “you think” for “you feel like” and see how cognition is being addressed, but not feeling. Engaging in this pattern of responses to players then allows the child to feel understood by the early childhood educator, and will promote a deeper level of trust between the two parties as well as feeling connected and heard.

Making the distinction between encouragement and praise is also important. Focusing on the motivation, intent, and process involved in the child’s efforts (encouragement) is much more influential than offering
a compliment on a final product (praise). For example, rather than stating, “Good picture,” an early childhood educator might instead say, “I could see how hard you were trying!” Focusing the child’s attention on the effort rather than the end result helps them to understand the path to success and allows each child to feel successful (industrious). And, as the children begin to feel more successful, the early childhood educator reaps benefits in that the child will endeavor for greater personal success.

Conclusions

It can be argued that caregivers are significant figures as well as role models. Therefore, a caregiver who enters the child’s world and attempts to understand and communicate effectively offers an example of positive, healthy relationships. Doing so might create a situation where a coach has an impact that can last beyond childhood. By employing some of the methods offered in the work, the authors assert that this communicative style can enrich and enhance what is already a very meaningful relationship between caregiver and child.

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