Adlerian Play Therapy Concepts: How to Make Activities Therapeutic

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Abstract

Research shows that play therapy is a developmentally and helpful modality in treating children and adolescent mental health issues. Utilizing Crucial C’s, goals of misbehavior, and social interest can help therapists understand child and adolescent behavior. These concepts can be incorporated into activities to help therapists create therapeutic interventions within the modality of play therapy. The author gives an example of how to use Crucial C’s, goals of misbehavior, and social interest within the modality of play therapy through the creation of a training manual for practitioners.
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Adlerian Play Therapy Concepts: How to Make Activities Therapeutic

Day treatment therapists can get stuck in using traditional “talk” therapy to which a lot of clients do not respond. Clients can get stuck, because they do not know how to talk about their triggers or issues. Clients can also struggle with avoidance. Therapists need to find ways to engage clients, so that they will feel connected, capable, that they count, and have courage. If a therapist can do this, clients will be more willing to open up and work on their issues. By understanding the Adlerian concepts of the Crucial C’s, goals of misbehavior, social interest, and play therapy, therapists can use the concepts to understand client behavior when using activities in therapy groups.

**Statement of the problem**

Therapists get caught up in helping a client with the immediate behavior instead of looking at the big picture and underlying purpose behind the behavior.

**Purpose of the study**

The purpose of the study is to support that the concepts of social interest, play therapy, goals of misbehavior, and the Crucial C’s are good tools to identify client behavior and the purpose behind that behavior.

**Significance of the study**

Finding evidence that the concepts of social interest, play therapy, goals of misbehavior, and crucial c’s are good tools to identify client behavior and the purpose behind that behavior is important, because it can help therapists in working with their clients. A therapist’s greatest tool is knowledge. The more a therapist can know, the more effectively they can help their clients.
Introduction

“Natural disasters, physical and sexual abuse, domestic violence, life threatening medical conditions and community violence are some examples of the types of trauma children are exposed to every day” (Morrison, 2009, p. 57). Morrison (2009) reflects that Post Traumatic Stress Disorder potentially affects more than 15 million children. Treatment for traumatic and abusive environments for children is critical (Snow, Buckley, & Williams, 1999). Kottman (2001b) discusses that the behavior children display has a purpose. To discover that purpose, a therapist must examine the behavior from all angles.

The profession of mental health has changed and developed since psychoanalytic theory where it was believed that children were driven by aggression or pleasure (Garza, Kinsworthy, & Bennett, 2014). Mental health is more holistic now that therapists look at the system a client is in instead of at the client alone. Using the nonthreatening environment of play therapy engages child and adolescent clients. Older children and adolescents use play to feel more comfortable which allows them to disclose their feelings and experiences (Homeyer & Morrison, 2008). Explaining the concepts of the Crucial C’s, goals of misbehavior, and social interest to play therapists will help therapists connect with their clients. It also allows for the therapist to look at client behavior to find underlying causes. These concepts used with activities could help children and adolescents be successful in play therapy.

Kottman (1995) discusses how Adlerian Play Therapists should use positive and pro-active methods for determining a child’s “capacity for change.” Helping clients to find that they are capable, connected, count, and have courage is one step to their recovery. Knowing which goal of misbehavior they are in helps therapists understand why the client is acting the way they
are. Then the therapist can look at best practices for that goal of misbehavior to help the client. Using activities can help the therapist determine which goal of misbehavior a client is working on achieving. “Research suggests that play therapy is a useful strategy across a broad range of problems, especially with children between the ages of 3 or 4 and 11 or 12, depending on their level of development” (Carlson, Watts, & Maniacci, 2006, p. 232). Bratton, Ray, Rhine, & Jones (2005) found that play therapy is an empirically supported counseling intervention. Play therapy is able to meet a child where they are at developmentally by allowing the child to use other means to describe their issues. It also allows for the understanding of what role play has on a child’s growth (Meany-Walen, Bratton, & Kottman, 2014). Research on play therapy, Crucial C’s, goals of misbehavior, and social interest is important to helping children with mental illness work through their issues. Adolescents and adults can also benefit from research on these concepts.

**Crucial C’s**

The Crucial C’s consist of a child feeling connected with others, feeling capable, feeling they count, and having courage (Kottman, 1999a). These are positive goals that children can strive toward according to Kottman (2001b). Kottman (1999a), suggests that the Crucial C’s be used as a framework to determine a child’s needs. Kottman (1999a), discusses how children that feel connected are able to “feel secure and are able to cooperate” (p. 290). When a child does not feel connected, he/she often feels isolated and displays attention seeking behaviors, typically negative, to feel a part of a group. Children who struggle to connect to others may seek attention to feel belonging, but that attention is usually sought in a negative way (Kottman, 1999a).

Another Crucial C is capable. A child that feels capable can display competence and self-control (Kottman, 1999a). Kottman (1999a), describes children that are capable as being
responsible and being capable of taking responsibility for their behavior. Children also need to feel they count. Children who feel they count believe that they give something to others, as well as believe they can help create change in the world. The child feels insignificant, if they feel they do not count (Kottman, 1999a), describes this as hurtful to a child and “…they may react to their feelings of hurt by trying to hurt others” (p. 291).

The last Crucial C is courage. A child who has courage is willing to face life and all of life’s challenges. They feel they can try even when they are unsure if they will be successful (Kottman, 1999a). Children that have courage are “willing to take chances and believe they can handle challenging situations” (p. 291). The child that does not feel courage will feel inadequate and inferior to others. To help clients feel connected, capable, count and have courage, a therapist should show the client respect and create space that makes the client feel safe. In that safe space, the client can open up, and the therapist can get a better understanding of the client and how they view the world (Garza, Falls, & Bruhn, 2009).

Goals of Misbehavior

Ansbacher (1988) discusses that Rudolf Dreikurs proposed “four goals of children’s disturbing behavior,” which was later changed to “misbehavior” (p. 282). Ansbacher (1988) discusses how the goals of misbehavior were progression toward understanding children’s behavior. Uncovering a child’s goal of misbehavior will allow the therapist to help the child set healthier and more appropriate goals (Kottman 2001b). Dreikurs and Soltz (1964) describes how a child can fall into the goals of misbehavior if the child does not feel he or she belongs:

Children want desperately to belong. If all goes well and the child maintains his courage, he presents with few problem. He does what the situation requires and gets a sense of
belonging through his usefulness and participation. But if he becomes discouraged, his sense of belonging is restricted (p. 58).

Ballou (2002), goes further to discuss that a child “may exhibit one or more of the four ‘mistaken goals’ as they search for their place in the scheme of life: (a) excessive desire for attention, (b) inappropriate need for power, (c) pursuit of revenge, and finally, (d) assumption of a position of inadequacy” (p. 156).

Therapists can trust a child’s capacity for understanding their misbehavior to a point. At that point, focus should turn to the therapist to challenge the goal of misbehavior and reorient the child and the family to uphold the new, healthy cognitions (Menassa, 2009). Ballou (2002) discusses the goals of misbehavior as the result of a child becoming discouraged. Bitter (2009) discusses that people whom do not strive for social interest struggle to experience the sense of belonging, which can lead to mistaken beliefs. One way to rule out and possibly determine goals of misbehavior is to watch for the emotional response of the therapist, parents, or teachers (Ballou, 2002). Watching for an emotional response is a cue for both child and adolescent misbehavior. Children that struggle with control and power issues, such as bullying and temper tantrums, would benefit from Adlerian play therapy due to falling into the goals of misbehavior (Carlson, Watts, & Maniaci, 2006).

Dreikurs and Soltz (1964) discuss the first goal of misbehavior, undue attention, is described as the child trying to belong by gaining attention to feel significant. A child who seeks attention for belonging can become a master of manipulation to get the attention he or she seeks. To determine if the attention is “due or undue,” you must look at the child and whether the attention is situation-centered or the child being self-centered. “The struggle for power, then is the second mistaken goal and usually occurs after the parent tried for some time forcibly to stop
the child’s demands for attention” (Dreikurs & Soltz, 1964, p. 61). In this goal of misbehavior, the child feels they give in to the parent’s power if they follow directions or the rules the parent has set. “This fear of being overwhelmed by greater power is a devastating reality to some children and leads to terrifying efforts to demonstrate their own power” (Dreikurs & Soltz, 1964, p. 62).

According to Dreikurs and Soltz (1964), revenge, the third goal of misbehavior, is created from an intense battle for power. The need for revenge is a child’s way of feeling significant. This need to feel significant is due to the child not feeling they have any power. Complete inadequacy, the fourth of Dreikurs’ goals of misbehavior, is described as “a completely discouraged child gives up entirely” (p. 63). A child that feels completely inadequate will feel worthless, and that if he/she try, they will fail. “When we are aware of the four possible mistaken goals behind children’s behavior, we have a basis for action” (Dreikurs & Soltz, 1964, p. 62).

Social Interest

The term social interest originated from the German word gemeinschaftsgefühl. In the United States, “gemeinschaftsgefühl was interpreted as social interest, and the focus appears to have shifted from the idea of collective identity and shared endeavor to individual contribution to the greater good” (La Voy, Brand, & McFadden, 2013, 281). Peluso (2009) discusses social interest in a review of Adlerian Therapy: Theory and Practice. In his review, he points out that social interest is one of Adler’s most important concepts in the theory. Overholser (2013) discusses social interest as a concept that has “no boundaries” due to its importance through time and no matter where it is shared.

Oberst (2009) discusses social interest as being difficult to define, but consisting of two aspects. One of those aspects is having a sense of belonging and contributing to society. Feeling
they belong with those around them helps to create the sense of contributing to those they feel they belong. Adler, as cited in Ansbacher and Ansbacher (1956), describes this as “to see with the eyes of another, to hear with the ears of another, to feel with the heart of another” (p. 135). The second aspect is having a “prosocial attitude” that allows for the person to value others’ wellbeing even when they are not personally tied to that other person (Crandall, 1981). Kottman (2001a) describes social embeddedness as people wanting to feel a belonging in all aspects of their lives. This means having connections to other people in all settings of life. Adler (1914/1986) believed that "the study of a single human soul should never be disconnected from its social base" (p. 318). Kottman (2001a) believes that people are born with the capability and desire to want to be connected to other people. She also believes that they need to learn and determine how to make those connections positive instead of negative.

Overholser (2013), discusses how Adler’s idea of social interest has an appeal internationally due to “The notions of social interest, cooperation, and striving to overcome problems appear relevant worldwide” (p. 7). Adler (1976), says “We have no problems in our lives but social problems: and these problems can only be solved if we are interested in others” (p. 133). To solve these social problems, people need to be supportive of the wellbeing of others and do so by contributing to social interest through a healthy and functional society (Bitter, 2009).

Play Therapy

Menassa (2002) states, “The Adlerian play therapist is a partner, teacher, and encourager who utilizes freeplay within an Adlerian conception of psychological development and family constellation to nurture social interest, relieve inferiority feelings, and reframe maladaptive cognitions and life goals” (p.23). Conceptualizing the child from a holistic perspective, social
environment, as well as the child, while using non-directive and genuine interactions is the way in which an Adlerian play therapist would function (Kottman, 1993).

The past 19 years has brought a revival of play therapy as an important therapeutic modality for people of all ages (Kranz, Lund, & Kottman, 1996). Mental health is a growing field due to the rising number of people with mental health issues. Play is used for many aspects in child development, including coping with difficult situations that can be confusing to a child (Carlson, Watts, & Maniacci, 2006). Play therapy can be useful in helping children with mental health needs due to its acceptance as a developmentally suitable intervention (Homeyer & Morrison, 2008). “Play therapy provides children a nonverbal and concrete means of expression that also crosses language and cultural barriers” (Meany-Whalen, Bratton, & Kottman, 2014, p. 47).

Research shows that play helps a child’s brain develop. Children use play to discover and express themselves as well as figure out how relationships work (Kottman & Warlick, 1989). Play offers children a way to play out their trauma and reenact that trauma. Play therapy helps the trauma go from memory to the frontal lobe where the child can then begin to express themselves more verbally to work through the trauma (Homeyer & Morrison, 2008). “The Adlerian can use play therapy to teach children to catch themselves at self-defeating behaviors, gain insight into their purposes, and develop alternative methods of coping successfully with life” (Kottman & Warlick, 1989, p. 433).

The therapist in Adlerian therapy is active and directive with clients while making the client feel they are an equal partner in their therapy process. The therapist helps the client gain insight and encourages growth (Menassa, 2009). Communication and building relationships through reflecting feelings, limit setting, and other techniques help Adlerian play therapists
conceptualize relationships and other issues a client may have. Once the therapist is able to understand the issues and relationships, he or she can determine best practice play therapy interventions (Carlson, Watts, & Maniacci, 2006). According to Kottman (1999a), Individual Psychology and Adlerian Play Therapy both include four phases, “… (a) building and egalitarian relationship, (b) exploring the child’s lifestyle, (c) helping the child gain insight into his or her lifestyle, and (d) reorienting and reeducating the child (pp. 288-289). Using these stages helps the therapist gain insight into the child’s and the parents’ lifestyle which can explain behavior a child is displaying. To help the child, the parents must understand the behavior. The therapist explains the behavior and may need to point out that parent behavior is effecting the child. Parent – therapist relationship is just as important as the client – therapist relationship, because the therapist will teach the parents about the child’s behavior and how to help the child outside of the therapy sessions (Kottman, 1999a).

Kottman (1999b) describes three scenarios for the future of play therapy. Two of those scenarios are less desirable than the third. In the third scenario, play therapy is a welcomed service that everyone can access through employers and government agencies. Play therapy enriches the lives of everyone in this third scenario. In Kottman’s third scenario, “The skills and concepts inherent in play therapy will pervade civilization, encouraging the populace to incorporate the benefits of play and fun in their lives” (p. 7).

Summary

Children are exposed to traumatic events on a daily basis. Many of those children that are exposed to trauma experience Post Traumatic Stress Disorder. Finding treatments for children is crucial to help them return to the highest level of functioning. Mental health services have changed over the years and are now considered more holistic in nature. Play helps older children
and adolescents express themselves in therapy. The underlying cause of behavior can be found by the therapist, if they utilize the concepts of the Crucial C’s, goals of misbehavior, social interest, and play therapy.

Understanding the goal of misbehavior a client is struggling with can give the therapist clues as to the issues at hand. The therapist can help the client experience feeling capable, connected, count, and have courage as a positive intervention. Carlson, Watts, and Maniacci (2006), discuss research showing that play therapy is helpful for children with a variety of issues. Play therapy is a useful intervention due to being able to meet a child where he/she is at developmentally. Applying research regarding the Crucial C’s, goals of misbehavior, and social interest can help play therapy interventions for many with mental illness.

The Crucial C’s consist of capable, connected, count and courage. These four concepts help children feel as though they matter and have a place in the world. When children do not feel capable, connected, that they count and have courage they often feel isolated (Kottman, 1999a). The goals of misbehavior, proposed by Rudolph Dreikurs, are a way to understand a child’s behavior. The four goals are undue attention, power, revenge, and inadequacy. Dreikurs and Soltz (1964) mention that a child that is displaying a goal of misbehavior does not feel as if he/she belongs. Ballou (2002) discusses figuring out the goal of misbehavior in a child by watching the reaction of the parent, teacher, or therapist. “When we are aware of the four possible mistaken goals behind children’s behavior, we have a basis for action” (Dreikurs & Soltz, 1964, p. 62).

Social interest encompasses many aspects that are important in Adlerian theory. Social embededness describes people wanting to feel they belong in all aspects of life. This concept means having connections to others in all settings. “The notions of social interest, cooperation,
and striving to overcome problems appear relevant worldwide” (Overholser, 2013, p. 7). Adler (1976) discusses problems as social problems and that these problems cannot be solved without interest in others.

Play therapy as a modality for everyone has made a comeback in the past 19 years (Kranz, Lund, & Kottman, 1996). Play therapy provides a way for children to express themselves in a nonverbal and developmentally appropriate way (Meany-Whalen, Bratton, & Kottman, 2014, p. 47). It also offers a way for children to play out trauma and help the trauma get to the frontal lobe from memory, which allows children to express themselves (Homeyer & Morrison, 2008). The relationship with the client is important, so the therapist can not only help the client understand, but also help the parent understand what is going on with the client and how the parent can continue support in other settings.

Methodology

Design of the Project

The project is a two part design. The core of the project is a therapeutic training manual. The manual is designed to be a guide explaining the Adlerian concepts of social interest, play therapy, goals of misbehavior and the crucial c’s that are then used to explain child and adolescent behaviors when using activities in day treatment group settings. The second part of the project is a presentation. The presentation is a representation of the manual used to teach day treatment therapists the purpose of the manual. The overall purpose of the project is to help therapists understand client behavior and get them engaged in therapeutic activities.
Target Population

The target population is day treatment therapists working with clients age 5 to 18. The day treatment therapists work in a group therapy setting with clients that are doing therapeutic work with similar age peers that have similar diagnoses.

Project Development

Seeing a connection between therapeutic recreation and Adlerian theory is what sparked the idea for this project. Bridging therapeutic recreation and Adlerian theory together to create a hybrid that could be helpful for children and adolescents participating in day treatment therapy services was the goal of this project. Goals of misbehavior and play therapy are concepts used for children and adolescent populations. Using Adlerian theory meant using the core of the theory, social interest. To understand both positive and negative sides of behavior, the goals of misbehavior and the Crucial C’s were used.

Having a background in therapeutic recreation is where using activities was sparked from. The theoretical perspectives of Individual Psychology and family systems strongly encourage the use of activities to do therapy and teach skills in work surrounding a child’s therapy. Demonstrating how the concepts relate to the activities was important. Meeting with a Registered Play Therapist helped create the activities and explanations. I met with a certified play therapist to get some ideas on activities and how to explain concepts. Writing out descriptions for each activity helped define how to identify client behavior based on the concepts.

For those therapists that have no background in Adlerian Psychology, the definition of each concept provides base knowledge. Five activities were chosen for this project, because there are four teams that would be presented to, which left one activity to be used as an example. The
example activity was chosen due to its known presence to the presentation attendees. Audience engagement was fostered by attempts to determine the concept being utilized. Each activity was briefly reviewed for the therapists to promote understanding in how the behaviors could be defined by the concepts in each activity. Copies of all materials from the presentation were made available for the therapists.

**Description of Project Implemented**

A manual was created that explains the Adlerian concepts of social interest, play therapy, goals of misbehavior, and crucial c’s (Appendix A). The manual provides five activities: grid exercise, string activity, Lego activity, ideal pet, and Who Am I Masks, to clarify how a client could demonstrate behavior based on the Adlerian concepts. The presentation explains the manual and includes a short video, mental health facts; and then similar to the manual, definitions and explanations of the Adlerian terms, as well as the activities and the concept behavior break downs.

**Summary of Outcome**

**Participants Evaluation of the Project**

Overall, participants enjoyed the presentation. The most frequent comment made was that the PowerPoint was easy to understand and read. Most participants commented on the ease of understanding the concepts. Many liked being reminded that a client’s behavior has a purpose. The day after the presentation, participants commented on how they were able to use the concepts presented to figure out the client’s purpose behind their behavior. Examples of behaviors seen for each concept were also helpful for many participants. All participants commented on having more “tools” and activities to use with clients.
Participants gave some constructive feedback as well. One participant suggested going through each activity as a large group for a better understanding of the activities before exploring what behaviors clients could have, based on each Adlerian concept. Similarly suggested was going through the activities just to get the experience of how to do them, so they do not have to try to do them for the first time by trying to understand it from reading a description. Another suggestion for the presenter was to let the audience do the work during the experiential portion of the presentation. The audience explained the concepts in the activities. The presenter did not have to repeat the material due to the audience giving examples for each concept.

**How Project Could be Improved Based on Outcome**

The first thing to improve with this project would be to allow enough time to be able to teach and go through each activity, so the participants understand the activities and gain a sense of how a client might feel or react when participating in the activity. This would help the therapist gain a sense of understanding and give them an awareness they may not have without doing the activities. Also, adding content to the manual would improve the training that could be done with the manual. Material that could be added includes how to get clients engaged using the concepts described in the manual. This would help therapists with tough clients stuck in goals of misbehavior. More activities could be added as a way to improve the manual. More activities would mean more tools for therapists and more activities for clients to experience.

**Future Plans for Use of the Project, Summary & Conclusion**

This manual will be used as a reference for the day treatment facility to assist in training new day treatment therapists in using activities to teach skills and help clients have therapeutic interactions. Training presentations will be held to train therapists in using Adlerian concepts to help therapists make activities therapeutic.
Other future plans for this project are to expand it and add more content. The main content to be added would include techniques for how to help a child in each of the four goals of misbehavior and how to help children and adolescents who are struggling to feel they can be successful with the Crucial C’s. Expanding the manual to include other Adlerian terms would also help day treatment therapists in understanding some of the techniques that could be used, such as family constellation and lifestyle. Understanding those concepts would be beneficial to understanding the family system of the child. With this understanding, therapists could then find patterns of behaviors that influence the child and make it easier not only to treat the child, but to help the family recognize the patterns and help them find additional resources.

The manual that was created using the Adlerian concepts of play therapy, crucial c’s, goals of misbehavior, and social interest is only the beginning for what a project like this could do and be. It is a good launching point for a day treatment therapist to get a basic understanding of behavior and what it could truly mean. A therapist could go many directions from this basic understanding. The goal of this project was to spark interest in therapists to go back to the basic concepts of understanding behavior, so that they can help their clients as well as want to help them.
References


