

Play Therapy and Beyond: An Interview with Garry Landreth

Natalya A. Lindo

To cite this article: Natalya A. Lindo (2013) Play Therapy and Beyond: An Interview with Garry Landreth, *Journal of Professional Counseling: Practice, Theory & Research*, 40:1, 2-11, DOI: [10.1080/15566382.2013.12033919](https://doi.org/10.1080/15566382.2013.12033919)

To link to this article: <https://doi.org/10.1080/15566382.2013.12033919>



Published online: 20 Nov 2018.



Submit your article to this journal [↗](#)



Article views: 108



View related articles [↗](#)



Citing articles: 1 View citing articles [↗](#)

Play Therapy and Beyond: An Interview with Garry Landreth

Natalya A. Lindo

Garry Landreth is nationally and internationally known for his significant contributions to the development of play therapy. His extensive work in group counseling, play therapy, and filial therapy have resulted in more than 150 publications and videos. Landreth is also a founding member of the Board of Directors of the Association for Play Therapy, and founder and former Director of the Center for Play Therapy at the University of North Texas, the largest play therapy training program in the world. In this interview, Landreth outlines his personal and professional journey.

Keywords: play therapy, filial therapy, group counseling, counselor education

Garry Landreth, internationally known for his work in promoting the development of child-centered play therapy, is a Regents Professor Emeritus in the Department of Counseling and Higher Education, and founder of the Center for Play Therapy at the University of North Texas. Landreth is a frequent speaker at play therapy conferences around the world, and his extensive work in group counseling, play therapy and filial therapy have resulted in more than 150 publications and videos. In this interview, Landreth shares his journey as a person, play therapist, and counselor educator.

Author Note:

Dr. Natalya A. Lindo is an assistant professor in the Department of Counseling and Higher Education at the University of North Texas. All correspondence concerning this article should be addressed to Natalya A. Lindo, Department of Counseling and Higher Education, University of North Texas, 1155 Union Circle #310829, Denton, TX 76203-5017. E-mail: Natalya.Lindo@unt.edu.

Natalya A. Lindo (NAL): Garry, in the time that I have known you, I have observed your passion, energy, commitment, genuineness, and generosity of spirit. I have seen this not only through my interactions with you, but also in your various roles as counselor educator, researcher, author, and internationally renowned presenter. You've had such a rich journey and made such a tremendous national and international impact on the counseling profession. Was there a defining moment, or a significant influence that started you on this path?

Garry L. Landreth (GLL): Actually there was, although there have been very few defining moments in my life. I was in the doctoral program at the University of New Mexico, working as an intern in a family counseling center on campus. My supervisor, Stan Caplan, asked to meet with me and suggested that I consider working with children in play therapy. That was a new thought for me, because my professional background was as a high school teacher and counselor. Caplan saw qualities in me I wasn't aware of and his suggestion literally changed my life and put me on a course that became a life passion. It also set me on a course in my career of doing what Stan Caplan did for me, which was looking for the potential in people and helping them to discover qualities about themselves that are there, that they're just not aware of.

NAL: Your counseling career began in 1962 in the public school system in Albuquerque, New Mexico. Tell me about the biggest changes that you have seen in the counseling profession since then.

GLL: The biggest change I've seen has been a shift away from the person in the process of counseling, to a focus on solutions, problem solving, and doing it quickly. I have a rule of thumb about that that I live by—if you focus on the problem, you lose sight of the person. It is not possible to establish a relationship with a problem. Along with that shift has been a shift away from the importance of theory to the importance of techniques. The significance of theory is that it grounds the counselor and provides a direction in the counseling relationship that is consistent. Without that grounding, the counseling process becomes fragmented. There have also been positive changes. The development of play therapy is probably one of the most significant changes in the field of counseling in the last 35 years. Along with play therapy, the development of filial therapy by Louise Guerney and Bernard Guerney has tremendous potential for our profession.

NAL: You began working at the University of North Texas in 1966 and retired as a Regents Professor in 2011. During the time that I have known you, I have always admired your love for teaching and

supervision. In fact, when you talk about your students, your eyes sparkle. What do you love most about teaching and supervision?

GLL: The adventure of interacting with master- and doctoral-level students is exciting. I really enjoy the supervision process because I'm naturally drawn to focus on what's beneath the behaviors of the counselor in a given moment. I see specific counseling behaviors or the absence of counseling behaviors that are desirable and I'm quickly drawn to explore what's going on in the counselor at that moment. How does this counselor see himself or herself in this process? I find that how counselors see themselves certainly affects how they view the client and how they approach the client. I'm always concerned about counselors' acceptance of themselves, because I don't believe an individual can be accepting of another person until they are first accepting of themselves. I don't believe we can be patient and tolerant and understanding of another person's weakness until we are first patient, tolerant, and understanding of our own weaknesses. And then we're able to understand the other person in a truly more empathic way.

I'm really passionate about teaching. I think one thing that's often overlooked by counselor educators is that there's really not very much difference in what should be going on in classes and what goes on in counseling.

Classes are groups, so group counseling skills should be utilized. The process in group counseling and teaching in the classroom is quite similar. Using empathy, reflection, understanding; trying to clarify what a student has just shared in class; helping class members to interact with each other and take responsibility for sharing ideas, feelings, direction, and being helpful to each other in the classroom should really be no different than what goes on in a group counseling process. But I find in supervising doctoral students in their teaching internship that they often aren't aware of the similarity of that process, and that's a real point of discovery when they find that in the classroom they should be somewhat like how they are in the counseling setting. That experience is usually a genuine revelation for them. The process of interacting with students in my classes is very exciting for me. I am passionate about what I teach and believe the single most important quality that makes a teacher effective is passion. Passion is contagious. I really resonate with Ashley Montague's statement that "In teaching it is the method and not the content that is the message. . . the drawing out, not the pumping in." Counselor educators make a difference in their students' lives by being passionate about what they are teaching and unique in how they live their lives in the classroom. I have tried to live out my Basic Tenets for Being a Unique Professor.

- Be passionate about teaching.
- Be fully yourself in the process of teaching.
- Believe in and have a deep sense of commitment to what you are teaching.
- Be intentional about what you are teaching.
- Believe deeply in your students' capacity to grow and develop.
- Be excited about students learning what you are teaching.
- Make contact with each person in your class.
- Use your counseling skills spontaneously.
- Keep students involved. Use triads and small groups.
- Help students grow beyond where you were at their age/level of education.
- Have a vision that what you are doing is greater than yourself, greater than the class. Keep your vision focused on contributing to something larger than yourself---to impact your part of the world.

NAL: Throughout your professional life you have demonstrated a passion for working with children and have played a significant role in advancing child-centered play therapy. What do you think you have contributed to child-centered play therapy in particular?

GLL: I hope I have been able to clarify what the process of child-centered play therapy is like and to communicate what the concept of “being with” a child feels like. My DVD that shows a clinical session with a child in play therapy was produced to show what living out child-centered play therapy principles in a playroom looks like. I have always thought that seeing is more impactful than telling because words are too limited and inadequate when attempting to communicate an emotional process.

As I mentioned earlier, when I entered my doctoral program, I was not intending to work in the field of play therapy. The more I worked in play therapy, that became a passion, and I saw in my work with children the opportunity to really impact our society. That has become a vision for me that I've worked toward. I hope my writings have helped people to see that children are capable of deep agony and pain and sorrow, but they're also capable of tremendous resiliency. I have worked hard to help mental health professionals around the world to discover the depth of resiliency that resides in children and how to relate to children in ways that help to release their ability to cope and grow. That releasing process is facilitated by play therapists being, as fully as they can, the person they are, not what they do to children, not what they have to say to children. Children

are not impacted very much by what we have to say to them. They will remember, though, how they felt in our presence. And that will make a difference in their lives.

Children are priceless individuals worthy of respect; they do not have to earn our respect. I believe deeply in and trust the inner person of the child. My objective is to relate to a child in ways that will release the child's inner directional, constructive, forward-moving, creative, self-healing power.

Another area that I feel really satisfied with and think it has broadened the impact of child-centered play therapy is the development of my Child Parent Relationship Therapy (CPRT) 10-Session Filial Model which is based on teaching parents to use child-centered play therapy principles and skills in play sessions with their own children. The CPRT model has enabled mental health professionals to provide help for a broad range of families and in many cases help for formerly unreachable families. Research results have shown the CPRT model to be especially effective with non-dominant families and that's really exciting.

NAL: In your writings you have emphasized the importance of the relationship. What are the dimensions of the play therapy relationship that you consider important?

GLL: An essential dimension is that the play therapist must first be accepting of

himself or herself. The child-centered play therapy approach is a function of the therapist's attitude toward herself or himself and the child. This attitude is characterized by an acceptance of self and the child and a deep and abiding belief in the capacity of the child to be responsible for himself or herself in the process of exercising self-direction.

The relationship in play therapy, as in counseling, is a journey I am privileged to take with a child, a journey in which I trust the child to take me to where the child needs to be in this process of being together. A child's innate potential for growth will be released only when the child experiences a relationship in which the child is free not to change and that kind of freedom is possible only within the context of a relationship in which the child feels accepted and safe. The therapist does not wish the child were different in some way. That would not be acceptance.

It is the relationship that develops with the child in play therapy and the creative dimensions the relationship releases within the child that constitute the process we refer to as therapy. In child-centered play therapy, the relationship is the therapy; it is not something that is focused on in preparation for therapy. I would like by my attitude, words, feelings, tone of voice, facial and bodily expression, by the total person I am to communicate my hearing, understanding, and acceptance of the child and the child's emotional experiencing in

a way that will help the child to feel safe, accepted, and appreciated. I want by all that I am to confirm the child's existence.

Being with a child means being fully present to take in a child's emotional world. When I experience being with a child in this way, then I am able to understand the child and to make contact with the inner dimensions of the child, to hear a part of the child that perhaps has not been heard by any other adult. At such moments, the child feels understood and accepted and is free to move toward self-enhancing growth and the discovery of his or her strengths. My objective with children is to discover that which I don't know that I don't know I don't know. And since I don't know what to go looking for, I am dependent on the child to reveal to me what is important that I don't know.

NAL: As mentioned, you have also shown a love for working with parents and have developed a 10-week filial therapy model now known as child parent relationship therapy (CPRT). What led to this development and what impact has this model had on the counseling profession?

GLL: Filial therapy has been one of the most significant developments in the mental health field in the last 30 years. Filial therapy is about changing the mental health structure of families, communities, and ultimately society, by changing the nature of relation-

ships in families through a process of helping parents become therapeutic agents in their children's lives. This approach to the training of parents is a form of family therapy because the whole family is being impacted.

Because of my background of experiences with parents as a high school teacher and counselor, my initial filial therapy groups were structured around a 15-week model consistent with semester schedules. I had difficulty, though, keeping the parents coming for 15 sessions. So I began experimenting with condensing what I wanted to do in filial therapy training. The training content, method, and style of presentation, as well as the sequence of training in the 10-session model that emerged, was greatly influenced by my years of experience teaching master's- and doctoral-level courses in child-centered play therapy.

The process element, that is, the involvement of parents in the learning process, facilitation of interaction within the group, utilization of a therapeutic modality, and general emphasis on group process, in the CPRT 10-session model was an outgrowth of my experiences in teaching master's- and doctoral-level courses in group counseling.

I have found from the results of more than 40 research studies of CPRT involving more than 1000 parents that in a matter of a few weeks involving only 10 training sessions, parents are quite capable of learning and effectively incorporating into their

relationships with their children child-centered play therapy principles and skills once thought to require years of graduate education and training.

I think the CPRT 10-session model has gained popularity because it is structured to ensure success by parents. CPRT is an exciting thing to do with parents, to see parents get turned on to helping their own children. Before filial therapy, parents were generally left in a helpless mode. They brought their children to the therapist, the therapist did wonderful things, gave the child back to the parent, and the parent then felt more helpless. I've always thought that in our counseling profession, we should be working hard to give our skills away. CPRT is a way to do that. We know from reliable research results that parents can indeed often be as effective as professionals in utilizing child-centered play therapy skills and principles.

We have excellent research results showing that CPRT is effective with a wide spectrum of problematic behaviors and across diverse cultures. We have had very positive results with Asian American immigrant parents and Hispanic parents, for example. One of the most exciting projects I've had in filial therapy was training fifth grade students to have therapeutic play sessions with at-risk kindergarten children in their own school. One of my objectives with CPRT has been to push the boundaries and find out, "Where

will this not work? Is there a group this won't work with?" I found that fifth graders learned the skills! They were able to conduct effective play sessions with the kindergarteners. Both the fifth graders and the kindergarteners changed! That was really exciting. Another area that I thought, "Well, I'll have difficulty here," was training incarcerated fathers. I went to a federal prison, and got permission to train incarcerated fathers in CPRT. That was an exciting learning experience for me because what I discovered was that these are fathers just like all other fathers, they just happened to be in prison. They were eager to learn the skills. When their children came to visit on Saturdays (visiting day at that facility), the fathers went into a broom closet that opened into the waiting room where the families mingled. We took the door off, required by prison rules, and the fathers would go in the closet and have their thirty minute special play time with their children. After 10 weeks the children's measured self-esteem increased significantly, the father's acceptance of their children increased, and their parental stress decreased. It was an exciting discovery to find that CPRT can work in prisons also. We found similar results with incarcerated mothers. That was a really interesting group. The mothers had all dropped out of school and none had gone past 5th grade. They were in jail for selling drugs, prostitution, theft, and so on. But the mothers learned the skills too,

and had play sessions in the county jail with their children. Their children improved in school and on several other dimensions as well. CPRT has also been used to train teachers and grandparents to be therapeutic agents. Next on the research horizon in the utilization of CPRT is with parents who have just returned from being deployed in the military.

NAL: Your extensive work in group counseling, play therapy, and filial therapy have resulted in countless action research projects, books, journal articles, book chapters, and video productions. What would you consider to be your most memorable projects?

GLL: My most memorable project would have to be developing the Center for Play Therapy (CPT). That was a result of my vision to expand the field of play therapy. This project began with the building of a play therapy library. It occurred to me that there was no place anywhere in the world where everything that had been published on play therapy was in one location. All journal articles, all books, all chapters in books, all videos, anything having to do with play therapy is now housed in our Center for Play Therapy library. My next task was to provide training for people who already had degrees but did not want to come back to the university for an entire semester. So I established the

two-week Summer Play Therapy Institute. People can choose 1- or 2-day workshops to attend conducted by authorities from all over the world. The two weeks end with a select group of people being in three days of intensive play therapy supervision. My second most memorable project was the writing of *Play Therapy: The Art of the Relationship*, and putting into that book what I believe I had been living out in my work with children. My third memorable project was producing the DVD *A Child Centered Play Therapy Clinical Session*. That was a real live experience and to get the best quality film possible, they brought the cameras right into the play room. I look at that video and marvel that there were two commercial-sized cameras sitting in two corners of that play room, and the child just went about being herself in that room. One reason that project was so important to me was that there were no other video tapes of a full length clinical session from beginning to end, so that people could see, at least in a first session, what the process is like from the child entering the play room to exiting the play room. I thought that video turned out extremely well and demonstrated more than I thought possible in one session. One other project that is very memorable to me was directing federally-funded group counseling training institutes on the University of North Texas campus. Twenty-four counselors from all over the U.S. were selected each

year to spend four weeks of group counseling training. That was really a special time to be with the same group of people all day long, weekends and also many evenings, immersed in the training and experience of group counseling.

A unique part of the institute was a group counseling experience for spouses of the participants. This area has long been a concern for me, that counselor education programs are very intentional about facilitating personal growth and change for graduate students but the personal growth of spouses is not provided for, potentially setting up dynamics of disparity in the couple relationship because one person is growing and changing and the other person is not.

Those group counseling institutes were a special time in my life and in my development. A lot of people don't know that side of me, that I'm excited about group counseling. My dissertation study for my doctorate was a study focused on condensing the time between group counseling sessions for high school students. One of the groups met the typical once a week for 12 weeks, a second group met twice a week for 6 weeks, and a third group met every day for two and a half weeks. Collapsing the time between counseling experiences has been a special intent of mine because we simply do not know what the individual human organism is capable of assimilating. What I found in my dissertation study

was that the individuals in the group that met every day did just as well on measuring instruments as the other two groups, and in some ways, better because the process moved faster. Maybe that's one of the things that attracted me to condense the time needed for filial therapy.

NAL: You retired as Regents Professor in 2011, and now hold a position as Research Professor here at UNT. I'm beginning to think that you'll never truly retire. But in the event that you do, do you have special plans for retirement?

GLL: No! (laughs). The reason is because retirement doesn't fit in my life. I never really retired, I never intended to retire. My intent was to change my schedule from a formal schedule that a university requires, from committee meetings and faculty meetings that are required of a faculty member. I wanted to change my schedule so that I would have more time to do something I really enjoy doing, which is the training. That way I would be able to spend more time in other countries, for example, spreading the word about play therapy and training people in play therapy and filial therapy. So retirement just doesn't fit me. I don't ever visualize myself as retiring. Retirement is supposed to be a time in which you do all those things that you've always wanted to do that were fun. I'm living that out! I've been living that out! I'm going to

continue living that out! I have fun doing what I'm doing. Why should I stop having fun to go look for something fun to do? I really enjoy what I'm doing, but teaching and training are not all there is to my life. I do live a fairly balanced life. I enjoy being with my wife and taking trips together. We teach a parent group in our church each week. I enjoy spending time with our grown children and grandchildren. But I enjoy training too, so I'll continue doing that. The word retirement is just not in my vocabulary.

NAL: Garry, this has been an honor.

GLL: Well, thank you, Natalya.

After more than four decades of dedicated work, Garry Landreth still exhibits a commitment to helping children and families. Even in retirement, his promotion of child-centered play therapy and passion for teaching and supervision continues to touch the lives of countless mental health professionals throughout the world. Landreth's body of research and publications are now the standard in play therapy programs, and counselors are more equipped to provide effective service because of his life-long commitment to the counseling profession.