

Fall 12-9-2021

Multicultural Considerations for Latinx and Latinx-American Children in Play Therapy

Andrea Carolina Guerrero León
aguerreroleon14@winona.edu

Follow this and additional works at: <https://openriver.winona.edu/counseloreducationcapstones>



Part of the [Counselor Education Commons](#)

Recommended Citation

Guerrero León, Andrea Carolina, "Multicultural Considerations for Latinx and Latinx-American Children in Play Therapy" (2021). *Counselor Education Capstones*. 149.

<https://openriver.winona.edu/counseloreducationcapstones/149>

This Capstone Paper is brought to you for free and open access by the Counselor Education - Graduate Studies at OpenRiver. It has been accepted for inclusion in Counselor Education Capstones by an authorized administrator of OpenRiver. For more information, please contact klarson@winona.edu.

Multicultural Considerations for Latinx and Latinx-American Children in Play Therapy

Andrea C. Guerrero León

A Capstone Project submitted in partial fulfillment of the
requirements for the Master of Science Degree in
Counselor Education at
Winona State University

Fall 2021

Winona State University
College of Education
Counselor Education Department

CERTIFICATE OF APPROVAL

CAPSTONE PROJECT

Multicultural Considerations for Latinx and Latinx-American Children in Play Therapy

This is to certify that the Capstone Project of

Andrea C. Guerrero León

Has been approved by the faculty advisor and the CE 695 – Capstone Project

Course Instructor in partial fulfillment of the requirements for the

Master of Science Degree in

Counselor Education

Capstone Project Supervisor: *Dawnette Cigrand*
Dawnette Cigrand, PhD

Approval Date: December 15, 2021

Abstract

This paper is predominately focused on the exploration of the research available on play therapy and its efficacy with Latinx children. Play therapy is a counseling approach used to process behaviors and emotions in children through interactive play. There are several modalities to play, which all stem from Sigmund Freud's landmark work with "Little Hans"; these modalities are applied to help children process issues in their lives. However, multicultural considerations have not always been traditionally present in the broader counseling community in the United States. Since the Latinx population is the fastest growing minority in the U.S. with rich, diverse and complex cultures, multicultural counseling approaches with this population need consideration. Thus, considerations for the use of play therapy with the Latinx population are discussed in this paper. Research on play therapy with Latinx children is scarce but that which is available showed to be effective when appropriately implemented.

Keywords: play therapy, Latinx, multicultural considerations

Contents

Abstract.....	3
Introduction.....	6
Literature Review.....	7
Play Therapy.....	7
<i>Approaches and Techniques.....</i>	<i>9</i>
Psychodynamic/Psychoanalytic.....	9
Child-Centered.....	10
Theraplay.....	10
Adlerian.....	10
Cognitive-Behavioral.....	11
<i>Outcomes.....</i>	<i>11</i>
<i>Multiculturalism in Play Therapy.....</i>	<i>12</i>
Latinx Population.....	13
<i>Demographics.....</i>	<i>14</i>
<i>Culture.....</i>	<i>14</i>
Language.....	15
Religion.....	16
Gender Roles.....	16
Interpersonal Values.....	17
<i>Current Issues.....</i>	<i>17</i>
Environmental.....	17
Educational.....	18
Psychological.....	19
Play Therapy with Latinx Children.....	19

<i>Technique and Outcomes</i>	20
<i>Language Considerations</i>	23
Case Study	24
Counselor Considerations and Advocacy	25
Future Research	26
Conclusion	26
References	28

Multicultural Considerations for Latinx and Latinx-American Children in Play Therapy

Play is at the heart of being human. The vast variety of forms of play among humans in various societies show how vital a role it has in developing and defining us. Play is especially important for children. Through interaction with parents and other caretakers as infants, children and adolescents gain the affirmation and confidence for increasingly complex forms of play as they grow. When playing, children are often free of the self-consciousness that can inhibit adults from expressing themselves in ways they may need or want to. And through play, children can create worlds in which they have a sense of power, value, and purpose.

Every child, however protected, will experience pain, disappointment, and fear. The entire trajectory of a human life can be defined by how these emotions are processed. Because play incorporates the activation of the subconscious and offers an avenue for the expression of inner processes, it is an ideal vehicle to aid in the identifying and healing of the psychological wounds a child may have experienced (Pehrsson & Aguilera, 2007; Kottman, 2001).

Play is universal among all humans, and many of its expressions can overlap from one society to another. Thus, play can be a vehicle through which we share a common language and understanding, and may be a bridge across cultures. More formally, play can also be utilized as a therapeutic approach. Play therapy is a counseling paradigm which allows field professionals to utilize different tools, such as toys or arts supplies, to communicate and facilitate the processing of thoughts and emotions of young children. Yet, because cultures can differ, so too play can also differ greatly. Consequently, understanding children's play within their own cultural context is imperative. Thus, understanding children and their play through play therapy takes training and practice.

One such culture in the United States is the Latinx culture. Although the Latinx culture comes from countries as close as Mexico or as far as the southernmost tip of Argentina, all face to one degree or another the challenges of being “other,” or considered a “minority” even if born in the United States. This is because their cultures of origin differ from the predominant culture of those who are of western or northern European background.

As Latinx people face a lack of resources combined with the racial prejudices of the dominant group, Latinx children, who lack the understanding of an adult, may internalize a host of negative experiences that can stunt that child’s future transition into a healthy and productive adulthood. It is toward the healing of the discrimination these children have endured that play therapy can be so important, and for which this paper is written. As such, the purpose of this paper is to explore the literature available on play therapy efficacy to support the healthy development and reduction of trauma with Latinx children.

Literature Review

Play Therapy

Play is children’s natural language. Through this medium, children are able to express thoughts and emotions as they experience them in the “real world.” As such, play can have therapeutic benefits as it helps children process significant events in their lives. The Association for Play Therapy (2019) defines play therapy as “the systematic use of a theoretical model to establish an interpersonal process wherein trained Play Therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (para. 2). As mentioned, it is important to emphasize that play therapy is an evidence-based approach for which training and licensure are necessary in order to provide such service ethically. Landreth (1991) states that play can be utilized as a means of therapy for its

ability to be implemented as “a form of reason and communication” (as cited in Kottman, 2001, p. 4). According to Kottman (2001) play therapy is used for developing a client-therapist relationship as well as assisting counselors in establishing rapport with children. It is also helpful in facilitating emotion processing in addition to fruitfully eliciting the necessary and healthy expression of negative feelings such as unease or anger. This therapy can also help children practice social skills and create a judgment-free environment where limits can be tested. Thus, play is a dynamic approach that can be used as a language and as a means to process day to day experiences.

Though play therapy is an approach that can be utilized with many age groups, it is generally practiced with children. Typically, play therapy is applied with children who are between the ages of three to eleven (Kottman, 2001). It is imperative to determine, based on their psychopathology and cultural customs, whether or not a client would benefit from play therapy. Kottman (2001) provides a list of considerations a play therapist should consider before beginning a therapeutic relationship with a client. These include trauma history, cognitive abilities, and effectiveness of the approach on a particular problem. It is also important to take into consideration the range of toys that may be utilized while in session. For example, most pre-adolescent clients will steer away from “childish” toys and instead pursue more sophisticated games such as craft and office supplies (Kottman, 2001).

Sigmund Freud is recognized as a pioneer in play therapy research. Early literature originated from his work treating “Little Hans” (Kottman, 2001). Freud was provided with observational data by Hans’ father Max Graf. His work consisted of commentary on Graf’s diary entry observations. Though this first recorded child analysis was based on the exploration of phobia, specifically fear of horses as well as Oedipal theory dogma (Wakefield, 2017), it is often

referred to as the “first recorded use of play in therapy” (Pehrsson & Aguilera, 2007, p. 1). As a result, Freud offered interpretations of Hans’ play in addition to suggestions on how Max might intervene. As a side note, one must highlight the biases that were present during both observations and interpretations since Max Graf was a devoted follower of Freud’s work. However, this did not inhibit other scholars who also looked up to Freud’s work in children analysis from developing their own approaches to play therapy, which will now be discussed.

Approaches and Techniques

There are several theoretical approaches under the umbrella of play therapy. Each of these orientations dictate different techniques to be used and considerations to keep in mind while working with diverse client demographics. The following are brief synopses of the most relevant theoretical orientations applied in play therapy.

Psychodynamic/Psychoanalytic. Hermine Hug-Hellmuth is believed to be the first child psychoanalyst (Plastow, 2011), whose work preceded that of the more often acknowledged psychologist Ana Freud. According to Kottman (2001), Hug-Hellmuth used to visit children in their homes and observe their play without intervention. She also suggested that the content explored in children’s play can be utilized to understand “intrapsychic conflict and personality structures” (p. 24). However, Ana Freud’s work is most often quoted when it comes to this particular approach. Following the constructs of her father’s psychoanalytic theory, Anna Freud implemented the psychosexual stages with an emphasis on “defense mechanisms and the ego’s striving toward mastery” (p 67) in much of her work. According to Fernandez and Sugay (2016), this play therapy approach “focuses on how the child uses and plays with the materials and toys ...” (p. 204).

For the most part, the role of the psychodynamic counselor is non-directive, but at the same time, analytic. Lee (1997) state that the goal of psychoanalytic play is to aim at “resolving fixations, regressions, ... developmental deficiencies and deviations” (as cited in Kottman, 2001, p. 69) from typical child development.

Child-Centered. Based on the work of Carl Rogers in client-centered therapy, Virginia Axline (1947) developed a unique approach to play therapy by implementing therapeutic factors found in this counseling approach (Kottman, 2001). Rogerian theory (Rogers, 1951), as it is been otherwise called, is founded on the idea that humans have an innate ability to solve their own problems; thus, they strive for self-actualization (VanFleet et al. 2010), which remains a key concept in the play setting. Kottman (2001) highlights that each individual is unique, and therefore, the therapist must understand children from their own unique viewpoints. Furthermore, Axline (1969) established eight principles for Child-Centered Play Therapy (CCPT) whose purpose is to guide the therapist in establishing a warm and non-judgmental environment, addressing a child’s feelings, and maintaining non-directive sessions (VanFleet et al., 2010).

Theraplay. Ann Jernberg (1979) is the founder of Theraplay. This approach concentrates on the relationship between children and parents and the healthy interactions that stem from play. It is characterized as being short-term, intensive, and engaging while aiding parents and children in establishing a stronger relationship that enhances their attachment, self-esteem, and trust (Kottman, 2001). Muns (2009) describes the process of this approach as “moment-to-moment interactions that are attuned, structured, joy filled, and designed to help with regulation” (as cited in Weaver et al., 2021, p. 125). This play therapy approach is characterized by a structured environment personalized for each individual client fostered by the counselor.

Adlerian. This approach was first developed by Terry Kottman in the early 1990s based on the principles of Adlerian therapy (Kottman & Ashby, 2019). From an Adlerian perspective, play therapy is focused on establishing an egalitarian relationship with clients, investigating their lifestyles, encouraging insight thereof, and providing redirection and education when necessary (Kottman, 2001). Kottman and Ashby (2015) explain that the client is to be understood by assuming that every individual is creative, unique, yearning for a sense of belonging, and strives to overcome inferiority. The therapist's role fluctuates based on the counseling phase at which the client is perceived to be ready. During the initial phase, for example, the counselor will be non-directive and remain a partner. The counselor takes on a more directive and investigative role during the second phase. In the third phase, the counselor becomes a partner again while challenging dysfunctional perceptions. The last phase concentrates on teaching and reiterating skills and positive perceptions (Kottman, 2001).

Cognitive-Behavioral. Susan Knell (1997) established this approach to play therapy taking theoretical constructs from behavioral, cognitive, and cognitive-behavioral therapy. This approach rests on the foundation that all behavior is learned. Thus, Knell (1997) indicates the emphasis of the approach is "...on psychopathology and the factors that lead to difficulties in emotional development" (as cited in Kottman, 2001, p. 48). Obiweluzo et al. (2021) further specify that the purpose of Cognitive Behavioral Play Therapy (CBPT) is to tackle maladjusted thoughts about the self and the surrounding environment, in addition to enhancing the child's social interactions. Consequently, the counselor takes a more directive role in sessions (Kottman, 2001) by providing the tools that will help create "reconciling thoughts and behaviors" (Obiweluzo et al. 2021, p. 2).

Play Therapy Outcomes

It has long been argued that the research available on play therapy is not properly defined nor executed. However, this distinctive counseling approach has been deemed beneficial (Leblanc & Ritchie, 2001). Thus, it is widely used by professionals working with children. Throughout the years, there has been descriptive and academic work which further details the use of play therapy techniques while providing rationale for the implementation of this method (Leblanc & Ritchie, 2001). For example, Holliman et al. (2021) led a secondary analysis of several studies that looked into the influence of CCPT on academic performance over the last 10 years. The authors used a mixed-design analysis of variance to make comparisons among several demographics such as race, ethnicity, and gender. The study showed that females typically made larger academic progress than males. Likewise, Latinx students showed greater growth when compared to Caucasian students. This finding is a significant premise of this paper, which is later discussed.

A similar study by Garza and Bratton (2005) also explored the academic effects of CCPT. In this case, the authors compared the CCPT approach with curriculum-based small-group counseling in order to determine if the latter was effective at reducing external and internal behavioral issues. Both of these interventions were implemented once a week for 15 weeks, for 30 minutes at a time. Parents' responses showed a statistically significant "reduction in conduct problem behaviors" (p. 64) in the group receiving the play therapy intervention. Additionally, internalizing behaviors had a moderate improvement in comparison to the control group.

Leblanc and Ritchie (2001) conducted a meta-analysis study in which the outcomes of several play therapy studies were evaluated based on modality of therapy, duration of therapy, gender composition, presenting problems, and other relevant characteristics. The authors found that play therapy was most effective when parents were involved in the process. The duration of

such sessions also had a strong correlation with its effectiveness; being most beneficial after 30 sessions. Additionally, the authors state that play therapy appears to have the same success rate as other non-play interventions aimed at emotionally distressed children.

Multiculturalism in Play Therapy

According to the 2020 U.S. Census Bureau, there is a continuous increase in racial and ethnic diversity in the United States (Jones et al., 2021). Consequently, this demographic shift has impacted the play therapy field as more counselors and researchers become increasingly cognizant of cultural impacts and how they emerge in sessions. This also has impacted the field of play therapy. The Association for Play Therapy (2020) highlights the importance of therapists' multicultural competence. For example, APT denotes in their *Play Therapy Best Practices* manual that "play therapists actively participate in the provision of interventions that show understanding of the diverse cultural backgrounds of their clients" (p. 3). The aforementioned outcomes of play therapy suggest this counseling approach as effective and relevant. However, scarce research is available on its efficacy as applied to diverse populations (Chang et al., 2005).

One study compiled the experiences of 134 registered play therapists in regard to their perception of multicultural trends. The authors found that "several play therapists reported no multicultural trends in their particular play therapy settings while others reported an increase in their multicultural clients as well as described differences in play within ethnic minority children" (Chang et al., 2005, p. 78). Overall, the study reports that the majority of these professionals recognize that their clientele are increasingly becoming culturally diverse, but it seems still doubtful that they implement different techniques with these clients.

The literature that is available emphasizes the importance of the playroom environment in addition to therapists' abilities to learn about their client's cultural background. For example,

language and toy modifications are proven to foster a more inclusive therapeutic environment (Chang et al., 2005). Furthermore, the play therapy room must reflect diversity in order to increase the benefits of the intervention as children will utilize the materials with which they identify (Gonzalez & Bell, 2016). Specific considerations for play therapy with Latinx populations are explored in subsequent sections after a description of the Latinx population is provided. Specific considerations for play therapy with Latinx populations are explored in subsequent sections after a description of the Latinx population is provided.

Latinx Population

Demographics

According to the U.S. Census Bureau (2019), Latinos currently account for approximately 18% of the population, or 60 million people (Krogstad & Noe-Bustamante, 2021). In the last ten years, Latinx people have contributed more to demographic growth than any other racial or ethnic group. Even though the majority of the U.S. population remains of Caucasian descent, there are an increasing number of states in which White people are no longer the majority. However, there are individuals of Latinx descent that also identify as White, Black, Indigenous, among others, thus identifying themselves as multi-racial. Additionally, the percentage of Latinx individuals proficient in English has increased from 59% in 2000 to 72% in 2019 (Krogstad & Noe-Bustamante, 2021). Despite the popular stereotype that most Latinxs in the U.S. are foreign-born, in actuality four in five are U.S. citizens. This varies by nationality of origin. Because Puerto Rico is a U.S. territory, Puerto Ricans are automatically U.S. citizens. Immigrants of Spanish, Panamanian, and Mexican descent are the next most likely to be U.S. citizens, ranging from 93% to 81%. Fewer than 51% of the more recently arrived Hondurans and Venezuelans are U.S. citizens. Since immigration from Latino countries has slowed by 7%, the

percentage born as citizens in the U.S. has correspondently increased (Krogstad & Noe-Bustamante, 2021).

Culture

There is not unanimity in whether to use *Hispanic* or *Latino/a* as descriptive labels of identity. According to Hays and Erford (2014), some object to the term *Hispanic* because of its association with Spanish colonization in the new world and the subjugation of indigenous populations from the late 15th century to the beginning of the 20th. It is also important to note that individuals from countries such as Brazil, Belize or Surinam, who were colonized by other European powers, are not considered *Hispanic* but are *Latino*, as it is a term associated with the geography of Latin America. Thus, the term *Latino/a* is used most often as “it ... honors the indigenous heritage of Spanish speaking individuals with Latin American ancestry” (p. 314). In spite of this, some individuals still prefer to refer themselves as *Hispanic*.

In addition, the expression *Latinx* is another term increasingly used. Salinas and Lozano (2017) states that *Latinx* first originated among groups with left-leaning worldviews and the LGBTQ+ community as a way to promote gender inclusivity in language. Hence, when first meeting with a client, it is helpful to ascertain term preferences. *Latinx* is the term that is increasingly employed in academia, and it is therefore the term that is used in this paper.

Differences in identity define Latinxs as much as their similarities. These differences are expressed in food, dialects, rituals, dances and music. Similarities include the Spanish language, collectivist values and affiliation with Catholicism.

Language. There are nuances to language differences and similarities among Latinx groups. On the one hand, Spanish is the language of preference by first generation immigrants from Latin America. Though some might also have proficiency in English, the majority only

master one language. On the other hand, second or third generation Latinx people are less likely to have high Spanish proficiency, and instead the language of preference is English. According to Taylor et al. (2012) “Among the foreign born or first-generation Hispanics, 38% say they can carry on a conversation in English and 37% say they can read a newspaper or book in English ‘very well’ or ‘pretty well’ (para. 9). At the same time, there are nuances within the use of the Spanish language. Although Latinx people share an umbrella culture, each individual country is also recognized by its own customs. So, language differences of dialects or slang terms are dominant among groups of various Latin American nationalities.

Religion. Catholicism is the primary religious affiliation and influence across most Latinx groups. However, there are other religious minorities. According to Taylor, Martínez, et al. (2012), 62% of Latinxs consider themselves to be Catholic, while 19% are affiliated with Protestantism. Hays and Erford (2014) state that this is because of the Catholic church’s financial support during Spanish and Portuguese colonization, and included extensive clergy personnel traveling to the Americas. In contrast, only 14% claim to be unaffiliated with any religion. These religious beliefs influence how other aspects of life are perceived. Though it is believed that religion associations correlate to more conservative social views, in reality, Latinxs are evenly distributed in their political opinions.

Gender Roles. These religious traditions, especially Catholicism, have combined with traditional social customs in creating gender role expectations. People who are first-generation Latinx often fall into what it is considered “respective” roles for men and women. First, *machismo* is a term associated with men being perceived as “strong, virile [and] omnipotent [who] take care of [their families] by providing food and shelter” (p. 321). *Marianismo*, on the contrary, describes women as role-models who sacrifice themselves for the benefit of the family

(Hays & Erford, 2014). Additionally, Espinosa-Hernández et al. (2020) found that these values also influence Latinx populations' sexual and romantic interactions. The results indicated that in Mexican adolescents, *machismo*, specifically, was associated with significant intentions to engage in sexual behavior since it emphasizes a sense of sexual expertise.

It is also important to note how gender identity plays a role in power dynamics. According to Lorber (1994), "gender constructs ... maintains the subordination of women as a group to men as a group across time and culture" (as cited in Shields, 2008, p. 307). Conservative or traditional values whose purpose is to dictate the perception of women within Latinx societies are an example of such marginalization.

Interpersonal values. Another important aspect of Latinx culture are the relationships with family and community. *Familismo* is a term that refers to close and extended family members' involvement in the decision-making process as well as the willingness to sacrifice personal needs in order to satisfy the family's goals as a collective (Hays & Erford, 2014). This term is also associated with the automatic respect for elderly family members. Additionally, the concept of *personalismo* is closely related to interpersonal values as it is the "warmth, affection and concerns about others" (p. 323) that Latinx community members demonstrate for acquaintances and strangers alike (Hays & Erford; Ceballos et al., 2020). As a result, along with this, *confianza* is created. This term relates to the trust that blooms as a consequence of genuine rapport building (Hays & Erford). Lastly, *respeto*, which is "a demonstration of unconditional respect and deference towards elders and authority figures" (as cited in Ceballos et al., 2020, p. 215), which reiterates the importance of communal input.

Current Issues

From societal external factors such as acculturation and immigration to individual internal issues such as mental health concerns, Latinx individuals continuously deal with challenges put in place by the power structures of the dominant culture in the United States. The following are brief descriptions of the most predominant issues within this population.

Environmental. Latinx individuals face significant environmental hurdles in both their country of origin and on U.S. soil. For example, many countries in Latin America are characterized by the lack of democratic governance. People in countries such as Cuba or Venezuela are hostages of authoritative governments which leave their populations to deal as best they can with scarcity of food and other basic goods and services. Hence, there is a continuous influx of immigrants coming from Latin American countries with troubled socio-economies with the desire to seek a more stable life. In addition to the challenges they have already face in their countries of origin, Latinx immigrants face acculturation issues as well upon arrival in the U.S. According to Alvidrez et al. (1996), “Acculturation refers to the psychosocial changes an individual or group experiences when interacting with another culture” (as cited in Kouyoumdjian et al., 2006, p. 396). As immigrant Latinx people try to remain close to their cultural roots, they also continuously try to blend in with the dominant culture. In addition to cultural assimilation, immigration status is a topic of concern as well. While those who are financially advantaged may have the resources to acquire proper documentation, many others do not. The high cost of immigration legal hurdles push individuals of scarce resources to face criminal consequences by migrating without documentation.

Educational. Historically, Latinx individuals have received a lower quality of education in comparison to other peers from different ethnic groups (Moreno & Gaytán, 2013). According to Hays and Erford (2014), first-generation Latinx, who immigrate to the U.S. in pursuit of better

opportunities prioritize educational achievement for their children when embarking on such journeys. However, access to education is not as easy or helpful for this population. There are several concerns about the efficacy of the educational experiences of Latinx students, such as language barriers, the relationship between school and home, and social issues (Moreno & Gaytán, 2013). For instance, Latinx parents who do not master the English language might have difficulty navigating the educational system in the U.S., leading to “less participation in extracurricular activities, tutoring programs, and free- and reduced-fee lunch programs” (Hays & Erford, 2014, p. 327). As a result, the effects of such barriers surface as misidentified special educational needs, excessive disciplinary action, and higher drop-out rates (Moreno & Gaytán, 2013).

Psychological. There is stigma about mental health within the Latinx culture. Thus, the acknowledgement of the need for mental health support can be challenging, and sometimes nonexistent. Chang and Biegel (2017) found that 18.3% of Latinx individuals who were 18 years-old or older reported experiencing a mental health disorder in 2010, though this number diminished to 7.9% by 2012. However, Kouyoumdjian et al. (2006) explain that the heterogeneity of the Latinx population represents a significant challenge when determining the prevalence of psychopathology as well as the utilization of mental health services. For example, there are mixed results when studying the predominance of mental health diagnosis between groups of Latinx descent and non-Latinx Whites. As such, socioeconomic factors pose a significant concern as they are associated with “higher rates of depression, more hostility and greater exposure to stress” (as cited in Kouyoumdjian et al., 2006, p. 396). The authors also found that acculturative stress represents a risk in developing psychological issues such as anxiety and depression.

Nevertheless, studies found that Latinx people are often reluctant to seek mental health services. Kataoka et al. (2002) specifically found that “[Latinx] children were found to have significantly less utilization of mental health services as compared to White children” (as cited in Lopez et al., 2008, p. 140). Furthermore, the authors found that some of the barriers included financial stability, the content or effectiveness of such services, and languages restraints. Thus, the need for mental health services that specifically support the identified needs of Latinx children is evident. Play therapy may provide a modality that serves this population in culturally appropriate ways.

Play Therapy with Latinx Children

It is important to note that there is limited research on counseling considerations and techniques about working with children of Latinx descent. In September 2021, while research was being done for this paper, a preliminary search was made through the database *ERIC* (*EBSCO*) on pre-existing research available on play therapy with Latinx children. An advance search method was used in order to identify additional terms. The ethnic identifiers used were “latino or hispanic or latina or latinos or latinas or latinx.” The terms used for the counseling method were “play therapy or therapeutic play.” The age range was narrowed down by solely using the terms “children or youth or child.” The term “adolescent” was purposefully left out.

The use of these terms yielded seven results, of which only three were directly related to the application of play therapy with Latinx children specifically. As a result, other databases such as *APA PsychArticles* and *APA PsycInfo* were searched as well, using the same aforementioned terms. Though the latter search yielded more than 100 results, the majority of them had already been found from the initial search except for two new doctoral dissertations.

Additional searches for physical texts were made in local libraries. Winona Public Library did not have any texts or electronic materials on the subject of play therapy. On the other hand, Winona State University's Darrell W. Krueger Library had a variety of books on play therapy in general, but only one about psychotherapeutic interventions with ethnic minority children and adolescents, which included a chapter specifically on cultural consideration in play therapy with Latinx children.

The following is a compilation of effective and appropriate techniques based on this literature search, with its respective outcomes. Thus, these methods are recommended when working with Latinx children in a play therapy setting.

Techniques and Outcomes

Child-Centered Play Therapy. A study by Gonzalez and Bell (2016) highlighted the dynamics between CCPT and Latinx culture in children who experience trauma and grief by providing a case study as an example of how a counselor might pursue play therapy with Latinx children. The authors state that though CCPT has yet to be empirically tested, its tenets, such as the universality of play, prove to be a sustainable treatment for trauma. Specifically, when working with Latinx children, the authors suggest including "artwork and magazines from diverse artists and authors" (p. 150). Moreover, counselors should be mindful of the toys and materials available for Latinx children. Kranz et al. (2005) strongly recommend the use of "...Spanish and English words on posters, games, and other materials..." (p. 95). Otherwise, the therapeutic process in play therapy may be hindered if there are not any objects with which the child is able to identify (Gonzalez & Bell). Gonzalez and Bell utilized a case study in which an example was presented of how a counselor decided to approach a play therapy session with a Latinx child who was experiencing grief and trauma because of her father's death. In addition to

providing a warm and nonjudgmental space for the client to process her grief, the counselor was nondirective and empathetic, while acknowledging and respecting the client's claim of seeing her dad as a ghost, which is a cultural belief among some Latinx people (Gonzalez & Bell).

A study by Holliman et al. (2021), already briefly mentioned, looked at the efficacy of play therapy, particularly CCPT, within an academic context for a period of 10 years. The subjects were 179 elementary students from Southwestern United States. Approximately 35% (n= 63) were children of Latinx descent. Their academic performance was measured through the Early Achievement Composite (EAC), "which is a general measure of the child's academic achievement" (Holliman et al., 2021, p. 6). The authors found that Latinx participants showed an improvement in their academic performance as their scores went from below average to average.

In addition to what was already mentioned in the study by Garza and Bratton (2005), these researchers were interested in finding the efficacy of school-based CCPT with Latinx children. The subjects were comprised of approximately 35% Latinx children ages five through eleven years-old who were "at risk" per their results in the Behavior Assessment Scale for Children (BASC). In the CCPT treatment group, 15 children received 30-minute sessions for once a week for 14 weeks. The results showed "...the CCPT intervention had a large treatment effect on children's externalizing problem behaviors..." (p. 63) and "...moderate improvements in internalizing behaviors" (p. 65).

Martinez and Valdez (1992) found a study by Trostle (1988) in which the author "examined the effects of child-centered group play sessions on the social-emotional growth of three- to six-year-old bilingual Puerto Rican children" (as cited in pp. 88-89). The results indicated that the approach was beneficial in that the children who were receiving treatment were successful in imaginary play and self-discipline. Overall, Trostle concluded that this particular

counseling method facilitated "...children's social representational, and adaptive skills in group settings" (p. 89). Additionally, Martinez and Valdez (1992) further state that the transactional contextual model of play therapy is a beneficial counseling paradigm when working with Latinx children as it encourages counselors to look at their clients through their environmental context, or, in other words the societal hurdles that the Latinx population face on a daily basis. The transactional contextual model of play therapy strives to incorporate the empowerment of Latinx children through special consideration of their particular, often challenging, circumstances; in part, through the focused utilization of their native language when deemed appropriate.

Cuento Therapy. Costantino et al. (1986) studied the effectiveness of *cuento* therapy. This approach translates in English as "folktale" or "fairytale" and is a form of therapy consisting of narrating tales with meaningful messages (e.g., a story of right versus wrong) in which children are able to identify themselves with the story and characters. The authors state that this modality was extracted from Puerto Rican folktales. There are cross-cultural and childbearing studies which prove that development of personality is instinctively promoted by *cuentos*. The subjects were 884 Puerto Rican children living in Brooklyn, New York ranging from kindergarten through third grade that presented maladaptive behaviors in home and school. The *cuentos* chosen were a representation of Puerto Rican values but rewritten to fit American social modalities. The results showed that the subjects' symptoms of anxiety were diminished in comparison to the control group after 20 weeks of *cuento* therapy.

Language Considerations

As stated above, language usage within the Latinx population is strongly correlated to generational status, with first-generation immigrants having a preference for Spanish, and later generations preferring English. The children of first-generation Latinx immigrants will tend to

learn Spanish at home while simultaneously learning English from school and other media within society.

Martinez and Valdez (1992) explain that it is imperative to include Spanish language in some capacity during sessions as it will allow the children to express themselves more freely while being true to their cultural identity. Additionally, Ceballos et al. (2020) state that it is important to accurately translate so that the cultural meaning is not lost in communication. This is best achieved by having a trained bilingual counselor available rather than relying upon an external interpreter. Additionally, the authors mention that *language mixing*, which is the use of both English and Spanish, "...provides important cues about words that might be important for people" (p. 217). *Language switching*, on the other hand, is an action that counselors working with bilingual children should be aware of because the moment when a child switches from one language to another may be particularly important as it may indicate the child is "...distancing from emotional experiences and seeing them from a more cognitive perspective but also as a way to repress painful experiences" (as cited in Ceballos et al. p. 217).

Case Study

The following is a fictional case study illustrating about how a counselor might incorporate CCPT, as discussed above, with a Latinx child who is experiencing emotional distress as a result of abrupt immigration and separation from her extended family in her country of origin, Venezuela.

Luisa is a 10-year-old girl from Venezuela. She and her family immigrated to the United States about three years ago following the steady socio-economic collapse of the country. Luisa has been exhibiting depression and anxiety symptoms at school and home, such as crying spells, lack of motivation to participate in activities, worrying about many things, and difficulty

sleeping at night. Though young, Luisa has vivid memories of her life back in her home country. Her parents report that Luisa becomes very emotionally distressed every time her parents communicate with their extended family who still live in Venezuela. She prefers to stay isolated from parents and peers at school. Though Luisa is a fast-learner, she still has had difficulty mastering the English language. She is often left out by peers during play time.

Luisa's parents decided to seek support services to help Luisa integrate better in school. Janet is a licensed play therapist with vast experience in CCPT who is knowledgeable about Luisa's culture and is proficient in the Spanish language. Janet has kept apprised of the circumstances regarding the country of Venezuela, and the difficulties citizens face there on a daily basis. She understands the significance that Luisa's extended family holds in her life and how detrimental it must have been for Luisa to part from them. Janet's play room is filled with dolls of different skin tones and dressed in various traditional clothing/costumes. Additionally, she has posters, magazines, and books available in both Spanish and English.

Initially, Luisa is distant and reluctant about seeing Janet on a weekly basis. She handles the toys in the room hesitantly and barely talks. Janet tries to speak both in English and Spanish to make Luisa feel more comfortable. As the weeks go by, Luisa warms up to Janet. She now is visibly happy to be in the room playing with toys and materials that make her feel at home. In one session, Luisa recalled and shared with Janet a pleasant memory that she had with her family before leaving her home country. She started crying and said, "Why did we have to leave home? I was so happy there." Janet stated, "You are sad that you are not around your family anymore and you miss them." They played out Luisa's experiences with the materials in the play therapy room. In this process, Janet was able to reflect on Luisa's experiences, and helped her

communicate her feelings and experiences. This communication brought comfort to Luisa as the rapport was strengthened.

Janet was also on the lookout for language mixing and switching dynamics as she listened to Luisa. She noticed that Luisa was reluctant to speak in Spanish in the initial sessions, but at the same time Luisa was not talkative in general. Janet understood that Luisa was not totally comfortable speaking English, yet she did not feel comfortable enough to speak Spanish either. Again, as the sessions progressed, Luisa began to switch between languages when talking about her extended family. Janet was able to pick up on this trend and responded accordingly, integrating both English and Spanish words when reflecting to Luisa. As Luisa became more comfortable, she began to mix English and Spanish words in general conversations. Janet became cognizant of a language pattern, thus pinpointing the words that had cultural significance for Luisa. Gradually, Janet began to hear from Luisa's mother about her increasingly happy demeanor, improvement of symptoms at home, increased comfort in using Spanish and English in various contexts, and greater participation in school, and in social situations with friends.

Counselor Considerations and Advocacy

According to the American Counseling Association (2014), "multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population" (p. 8). Thus, counselors who would like to work with Latinx populations need to become knowledgeable of their individuals' often challenging experiences and culture. Counselors need to develop a sensitivity to ways in which they themselves can improve professionally when it comes to being aware of and sometimes realizing they may hold institutional biases that can inadvertently cause harm to clients. This requires

courage and a willingness to be vulnerable. Furthermore, counselors should constantly strive to challenge the systems that continue to oppress Latinx individuals and to be a voice for them not just in the counseling setting but also in the larger community.

Future Research

As previously stated, the research on play therapy in regards to diverse populations is significantly limited. Though it is crucial to note the potential limitations regarding the accessibility of the research available; which was contingent on the existing material in databases or local libraries, these searches did not yield extensive results. Additionally, some of the studies that were reviewed for this paper did not exclusively have Latinx children as their subjects. As the Latinx population continues to grow within the U.S., it is important to determine the effectiveness of not only counseling approaches in general, but also play therapy when it comes to the most vulnerable, our children. Furthermore, considering their heterogeneity, it is recommended that in future research, U.S.-born and foreign-born Latinx groups are examined separately in order to determine specific differences. The efficacy with Latinx children of other play therapy approaches, such as psychoanalytic or cognitive-behavioral play therapies, need to be researched and consequently published in professional journals for the benefit of this population.

Conclusion

The need for play therapy with Latinx children is only going to increase, in part because of the increasingly desperate conditions in their countries of origin. These challenges will only grow in the years to come as the Latinx population in the United States increases. The need for qualified therapists fluent in Spanish and familiar with the various Latinx cultural differences, will require a sensitive and determined integration of established play therapy theories and

practices of Latinx or non-Latinx authors and therapists with the emerging and sometimes unique needs of Latinx children and the developing body of professional literature reflecting this challenge.

Therefore, the play therapist of the future wanting to work with Latinx children will need to not only be trained in basic play therapy practices and established professional expectations, this therapists will also need to be sensitive to and informed about the linguistic, economic, social, religious, cultural, environmental, historical, gender and the host of other challenges creating stress and pain in various Latinx communities and whose children will be in need of the healing and hope of play therapy.

References

- American Counseling Association (ACA). (2014). *ACA Code of Ethics*. Alexandria, VA
- Association for Play Therapy. (2019). *[Definition of Play Therapy - Home Page]*. A4pt.org.
<https://www.a4pt.org/>
- Association for Play Therapy. (2020). Play therapy best practices clinical, professional & ethical issues. In *a4pt.org*.
https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/publications/apt_best_practices_-_june_20.pdf
- Ceballos, P. L., Bárcenas Jaimez, G., & Bratton, S. C. (2020). Considerations for play therapy research with Latino populations. *International Journal of Play Therapy, 29*(4).
<https://doi.org/10.1037/pla0000122>
- Chang, C.-W., & Biegel, D. E. (2017). Factors affecting mental health service utilization among Latino Americans with mental health issues. *Journal of Mental Health, 27*(6), 552–559.
<https://doi.org/10.1080/09638237.2017.1385742>
- Chang, C. Y., Ritter, K. B., & Hays, D. G. (2005). Multicultural trends and toys in play therapy. *International Journal of Play Therapy, 14*(2), 69–85. <https://doi.org/10.1037/h0088903>
- Costantino, G., Malgady, R. G., & Rogler, L. H. (1986). Cuento therapy: A culturally sensitive modality for Puerto Rican children. *Journal of Consulting and Clinical Psychology, 54*(5), 639–645. <https://doi.org/10.1037/0022-006x.54.5.639>
- Espinosa-Hernández, G., Velazquez, E., McPherson, J. L., Fountain, C., Garcia-Carpenter, R., & Lombardi, K. (2020). The role of Latino masculine values in Mexican adolescent sexuality. *Cultural Diversity and Ethnic Minority Psychology, 26*(4).
<https://doi.org/10.1037/cdp0000328>

- Fernandez, K. T. G., & Sugay, C. O. (2016). Psychodynamic play therapy: A case of selective mutism. *International Journal of Play Therapy*, 25(4), 203–209. <https://doi-org.wsuproxy.mnpals.net/10.1037/pla0000034>
- Garza, Y., & Bratton, S. C. (2005). School-Based child-centered play therapy with Hispanic children: Outcomes and cultural consideration. *International Journal of Play Therapy*, 14(1), 51–80. <https://doi.org/10.1037/h0088896>
- Gonzalez, C. L., & Bell, H. (2016). Child-centered play therapy for Hispanic children with traumatic grief: Cultural implications for treatment outcomes. *International Journal of Play Therapy*, 25(3), 146–153. <https://doi.org/10.1037/pla0000023>
- Hays, D. G., & Erford, B. T. (2014). *Developing multicultural counseling competence: A systems approach* (2nd ed.). Pearson.
- Holliman, R., Blanco, P., & Kowalis, C. (2021). Play therapy and academic achievement: a secondary analysis. Advance online publication. *International Journal of Play Therapy*. <https://doi.org/10.1037/pla0000160>
- Jones, N., Marks, R., Martinez, R., & Rios-Vargas, M. (2021, August 12). *Improved race and ethnicity measures reveal U.S. population is much more multiracial*. Census.gov; The United States Census Bureau. <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>
- Kottman, T. (2001). *Play therapy: Basics and beyond*. American Counseling Association.
- Kottman, T., & Ashby, J. (2019). Adlerian play therapy. *International Journal of Play Therapy*, 14(3), 12–13. https://cdn.ymaws.com/www.a4pt.org/resource/resmgr/publications/pt_theories/Adlerian_Sept2019_FINAL.pdf

- Kouyoumdjian, H., Zamboanga, B. L., & Hansen, D. J. (2006). Barriers to community mental health services for Latinos: Treatment considerations. *Clinical Psychology: Science and Practice, 10*(4), 394–422. <https://doi.org/10.1093/clipsy.bpg041>
- Kranz, P. L., Ramirez, S. Z., Flores-Torres, L., Steele, R., & Lund, N. L. (2005). Physical Settings, Materials, and Related Spanish Terminology Recommended for Play Therapy with First-Generation Mexican-American Children. *Education, 126*(1), 93–99.
- Krogstad, J. M., & Noe-Bustamante, L. (2021, September 9). *Key facts about U.S. Latinos for National Hispanic Heritage month*. Pew Research Center.
<https://www.pewresearch.org/fact-tank/2021/09/09/key-facts-about-u-s-latinos-for-national-hispanic-heritage-month/>
- Leblanc, M., & Ritchie, M. (2001). A meta-analysis of play therapy outcomes. *Counselling Psychology Quarterly, 14*(2), 149–163. <https://doi.org/10.1080/09515070110059142>
- Lopez, C., Bergren, M. D., & Painter, S. G. (2008). Latino disparities in child mental health services. *Journal of Child and Adolescent Psychiatric Nursing, 21*(3), 137–145.
<https://doi.org/10.1111/j.1744-6171.2008.00146.x>
- Martinez, K. J., & Valdez, D. M. (1992). Cultural considerations in play therapy with Hispanic children. In L. A. Vargas & J. D. Koss-Chioino (Eds.), *Working with culture: Psychotherapeutic Interventions with Ethnic Minority Children and Adolescents*. Jossey-Bass Publishers.
- Moreno, G., & Gaytán, F. X. (2013). Focus on Latino learners: Developing a foundational understanding of Latino cultures to cultivate student success. *Preventing School Failure: Alternative Education for Children and Youth, 57*(1), 7–16.
<https://doi.org/10.1080/1045988x.2013.731271>

Obiweluzo, P. E., Ede, M. O., Onwurah, C. N., Uzodinma, U. E., Dike, I. C., & Ejiofor, J. N.

(2021). Impact of cognitive behavioural play therapy on social anxiety among school children with stuttering deficit. *Medicine, 100*(19), 1–11.

<https://doi.org/10.1097/md.00000000000024350>

Pehrsson, D.-E., & Aguilera, M. (2007). *Professional Counseling Digest ACAPCD-12 2007 Play Therapy: Overview and Implications for Counselors.*

<https://www.counseling.org/resources/library/ACA%20Digests/ACAPCD-12.pdf>

Plastow, M. (2011). Hermine Hug-Hellmuth, the first child psychoanalyst: legacy and dilemmas. *Australasian Psychiatry, 19*(3), 206–210.

<https://doi.org/10.3109/10398562.2010.526213>

Salinas, C., & Lozano, A. (2017). Mapping and recontextualizing the evolution of the term

Latinx: An environmental scanning in higher education. *Journal of Latinos and Education, 18*(4), 302–315. <https://doi.org/10.1080/15348431.2017.1390464>

Shields, S. A. (2008). Gender: An intersectionality perspective. *Sex Roles, 59*(5-6), 301–311.

<https://doi.org/10.1007/s11199-008-9501-8>

Taylor, P., Hugo Lopez, M., Martinez, J., & Velasco, G. (2012, April 4). *IV. Language Use among Latinos.* Pew Research Center's Hispanic Trends Project.

<https://www.pewresearch.org/hispanic/2012/04/04/iv-language-use-among-latinos/>

Taylor, P., Martínez, J., Velasco, G., & Hugo Lopez, M. (2012, April 4). *V. Politics, values and religion.* Pew Research Center's Hispanic Trends Project; Pew Research Center's

Hispanic Trends Project. <https://www.pewresearch.org/hispanic/2012/04/04/v-politics-values-and-religion/>

- VanFleet, R., Sywulak, A. E., & Caparosa Sniscak, C. (2010). History, theory, principles, and variations of child-centered play therapy. In *Child-Centered Play Therapy* (pp. 20–42). Guilford Publications. <https://www.guilford.com/excerpts/vanfleet.pdf?t>
- Wakefield, J. C. (2017). Concept representation in the child: What did Little Hans mean by “widdler”? *Psychoanalytic Psychology, 34*(3), 352–360.
<https://doi.org/10.1037/pap0000098>
- Weaver, J. L., Medyk, N. V., Swank, J. M., Daniels, P. F., & Smith-Adcock, S. (2021). A phenomenological study of Theraplay groups within a middle school. *International Journal of Play Therapy, 30*(2), 125–135. <https://doi.org/10.1037/pla0000139>