

Addressing Diversity Issues in Play Therapy

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Globalization is upon us, resulting in almost daily exposure to and interaction with highly diverse populations. To practice ethical play therapy, play therapists must become culturally competent. Play therapists are called on both to address cultural issues in therapy and to facilitate children's pride in, and preservation of, their culture. Despite this, the existing literature on cultural competence in psychotherapy has rarely been applied to play therapy practice. The author's goal is to do just that so as to provide play therapists with a model relevant to their work. Play therapists must first fully understand the concept of culture and its potential impact on their own lives, the lives of their clients, and the play therapy process. Second, play therapists need to develop adequate levels of culturally related awareness, skills, and knowledge. Last, they can ensure the work they do is more culturally sensitive and competent by following basic guidelines.

"The community surrounding the school at which I work is experiencing a significant influx of new immigrants. As a group, they are experiencing many adjustment difficulties and the children are being referred to me for play therapy. I have no experience with this population and feel terribly incompetent. How do I even approach working with children from backgrounds so different from my own?" This situation is being repeated at schools and clinics across the United States as well as many other countries as the speed of globalization slowly but surely increases. Play therapists find themselves in the very difficult position not only of needing to understand the impact of a particular culture on the children they see but of having to negotiate between the dominant culture, the family's culture of origin, and their rapidly acculturating child clients. However, the existing literature on therapists' cultural competence in psychotherapy has rarely been applied to the practice of play therapy. This article presents some issues for play therapists working with diverse populations to consider, some suggestions on how therapists can improve their cultural sensitivity, and some guidelines for engaging in the practice of culturally competent play therapy.

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Over approximately the past two decades, there has been continuous progress in recognizing the importance of having all mental health professionals develop multicultural awareness, knowledge, and skills to the ethical practice of psychotherapy. In a report prepared by a task force of the American Psychological Association (APA), this value was taken a step further in the statement "[we] call upon psychologists to recognize their professional role in an ever-evolving pluralistic society: to value, affirm and celebrate the richness of individual and cultural diversity within society" (Fouad, Arredondo, Ivey, & D'Andrea, 2002 p. 292).

It is not sufficient for therapists to be aware of a client's cultural differences; they must guard against the tendency of traditional, Western forms of therapy to gradually assimilate the client into the dominant culture. The role of an advocate for multiculturalism is inherently a values-laden task that requires therapists to make and convey values-laden decisions (Merit Council, 2002). To date, psychotherapy, by its very nature, has been a process in which clients learn to get their needs met within the context of a larger family, community, or society. As a result, the tendency has been to help nondominant culture clients learn to live within the dominant culture. The APA task force asks psychologists to resist the tendency to move toward assimilation and to value, affirm, and celebrate diversity. One of the most difficult tasks for those working with children is to balance the needs of the parents who are typically more embedded in and committed to the culture of origin with the needs of their children who often must spend most of their day in systems developed by and for the dominant culture. Although considerable literature exists on the culturally competent practice of psychotherapy, this article attempts to apply that knowledge to the specific demands of the practice of play therapy.

For the purposes of this article, all types of diversity are being subsumed under the general rubric of culture. That is, the term *culture* is being used to delimit any and all group memberships that form a part of the child's identity. These group memberships may include, but are not limited to, gender, gender role, sexual orientation, race, ethnicity, age, physical ability/disability, religion, and social class. The term *culture* also includes the concepts of perceived culture and internalized culture. Perceived culture refers to

the degree to which others perceive the child to be a member of a given group and respond to the child accordingly. Whereas internalized culture refers to the degree to which the child considers himself or herself a member of the group in question and acts in accordance with that identification. For example, others may consider a child to be male but that does not always mean the child will take that group label and make it part of his identity.

In entering into a discussion of the specific impact of cultural variables on the practice of play therapy, I want to acknowledge an inevitable problem one faces in writing about culture and the thoughts, values, and behaviors of various cultural groups. It is impossible to write about group differences without making generalizations that may not apply to specific children, parents, or even therapists. The concept of dynamic sizing, introduced later in this article, speaks to the need to be careful in applying one's understanding of group differences to specific individuals from that cultural group. You are asked to keep this principle in mind while reading this article and to recognize that examples of group differences may exaggerate actual differences and may not apply in the case of certain children from the group(s) under discussion.

Existing Problems

One of the key problems faced by play therapists who attempt to do culturally sensitive work is the conflict between some of the basic assumptions of the majority of play therapy models and the values of certain cultural groups. Five such conflicts will be described here. First, play therapists tend to believe that children's play behavior is highly similar across cultures. This assumption has faded somewhat with growing cross-cultural awareness, but there persists a notion of the "universality" of play that sometimes interferes with the therapists' ability to differentiate between pathological and cultural play variants. Dr. Karen Stagnitti observed, "Australian children show[ed] a wide range of play themes, while the Japanese children did a lot of domestic activities within their play. . . . I noticed Japanese children did not recognize a toy wrench that I have as part of my play materials. They were much more familiar with the domestic elements of life. Whereas all of the Australian children easily knew what the toy wrench was" (Rogers, 2004, p. 3). Although minor, this variation could easily be misinterpreted as indicative of dependency issues for a Japanese child in play therapy as opposed to a broad cultural variant.

Second, play therapists encourage children to express their feelings in their play and in the words they use as an essential step toward engaging in effective problem solving and conflict resolution. Yet, many cultures place substantial restrictions on the direct expression of emotion in favor of more indirect and subtle communication. Koreans, for example, tend to avoid direct interpersonal expression of affect, particularly negative affect. Conflict is handled much less directly than it is among Euro/Anglo Americans. For children of Korean or Korean American parents, the encouragement of direct expression of affect may be perceived by the parents as encouragement for the child to be disrespectful and confrontational.

Related to this issue of affective expression is the problem of nonverbal communication that is nicely explicated by Carmichael (1991). When children speak a different language in the home than

they speak to the therapist, they may rely very heavily on "tone of voice, facial expressions, and body movements" (Carmichael, 1991, p. 429) to clarify the meaning of what is being said (Sue & Sue, 1990). There may also be significant differences in communication styles. Ozimo and Ozimo (1989) offer some observations on Hawaiian families and children, noting that they are more likely to use indirect messages and hints while avoiding confrontation. Hawaiian children tend to avoid direct eye contact with adults, because it is interpreted as a form of disrespect or challenge within that culture. Further, Hawaiian children tend to have a good "understand[ing of] gestures, facial expressions, body language and other nonverbal cues" (Carmichael, 1991, p. 429).

Third, most play therapy practiced in the United States is relatively unstructured, not goal or achievement oriented, and is based on a relatively casual relationship between the play therapist and the child. Many parents have trouble with the notion that the therapist is simply "playing" with their child and find it difficult to believe this will resolve the relatively serious problems they are facing. For parents from Asian cultures who value achievement and direction even more than most Euro/Anglo Americans, the lack of a goal-oriented or achievement focus may appear downright wasteful (Huang & Ying, 1998). These parents may want to know what the child accomplished in session and may expect specific skill building as part of the treatment outcome. They may also prefer the use of more active/directive forms of therapy with their children (Foley & Fuqua, 1988; Hsu, 1983). A "nondirective style of counseling is uncomfortable for the Native American. An approach is needed that requires less verbalization on the part of the Indian client and more directiveness on the part of the counselor. Play and art as a form of symbolic expression need to be incorporated" (Mitchum, 1989, p. 271). The casualness of the relationship between the play therapist and child may also bother some parents. Many African American parents do not approve of their child calling the therapist by his or her first name; they fear that it promotes a level of disrespect that will only add to the behavior problems their child is already experiencing.

Fourth, the play therapy relies on the parents and child voluntarily and spontaneously communicating with the play therapist. Parents are expected to tell the therapist about both problems and gains the child has experienced during the week so the play therapy can be tailored to respond to these developments. Similarly, the child is expected to volunteer both positive and negative information about his or her life experiences so these can be addressed in the course of treatment. However, such voluntary disclosure of individual and family problems to the therapist who is a relative stranger is not consistent with the social values of many cultural groups including African Americans, Hispanic Americans, Asian Americans, and Southeast Asian Americans, all of whom tend to believe that problems should be handled within and by the family. Children and parents of Southeast Asian descent are not only reluctant to disclose such content but are not likely to do so unless directly questioned by the therapist, because the therapist is viewed as an authority figure to whom they should not speak unless first spoken to. Play therapists often interpret this apparent withholding as resistance rather than respect. Similarly, when a Japanese American family enters the play therapist's office for the first time, they may do so with a sense of shame from having failed to address their child's difficulties (Nagata, 1998).

Japanese culture historically views mental health difficulties as malingering and therefore willful. Failure to resolve such an issue in a child represents a failure in parenting. Clarification of the structure of the therapeutic relationship and a specific commitment to confidentiality can help the parents understand the process, show respect for the shame they feel in seeking help, and allow the therapist the later opportunity to address the issue of their shame (Hinman, 2003).

Last, traditional Western thinking tends toward linear and logical problem solving. Alternatively, many non-Anglo/Euro American groups feel more comfortable with an intuitive and holistic approach. Some groups, such as North American First Peoples, often place more emphasis on spiritual rather than logical elements of human behavior and existence. The play therapist may find the parent's lack of desire to focus on the sequential discussion of elements of the problem very frustrating, while the parents and child may be confused by the play therapist's focus on seemingly meaningless behavioral details. For example, a play therapist presented with a cross-dressing boy might spend a great deal of time questioning the child and family about the origins of the behavior as well as the rewards and consequences of the behavior. The child and parents on the other hand may be quite satisfied with a spiritual explanation that attributes the behavior to the child being of "two minds" and existing comfortably between traditional male and female thinking and roles. Further, North American First Peoples emphasize the here and now; "time-consciousness does not go by the clock in traditional Native American Culture . . . the right time occurs when one is ready" (Axelson, 1993, p. 71, as quoted in Coleman, Parmer, & Barker, 1993).

In addition to these potential conflicts between some of the basic assumptions of play therapy and certain cultural values, play therapists often make particular culturally derived errors in the course of conducting their work. Three common errors will be discussed here. First, play therapists tend to either over- or underestimate the importance of one or more cultural factors in their client's lives. Play therapists are most likely to underestimate the day-to-day impact of group membership on their client's lives. Some play therapists, in an effort to set aside cultural biases, prefer to focus on the notion that all children are really the same. They are, after all, just human. This trivializes or even denies the realities of the child's cultural identification. The counterpoint to this error tends to be made by play therapists who are making sincere efforts to apply newly acquired cultural sensitivity or information in their work and, in so doing, assume that a particular cultural generalization fits all of their clients equally. Having learned that many African American children have experienced hostile discriminatory behavior at school, they immediately assume all of their African American clients have had such experiences and move to include strategies for managing such situations in their play therapy role plays. Although well intentioned, such assumptions do the client no more good than does ignoring significant cultural factors.

A second common error made by play therapists is failing to adequately differentiate between cultural subgroups. The experiences and values of African American children who grew up in a major city in the northern United States are likely to be very different from the experiences and cultural values of similar children who grew up in the rural, deep South. The numerous tribes

that make up the larger group of North American First Peoples reflect highly diverse values, organizational structures, beliefs, and cultural practices. Similarly, the Asian American group includes a highly diverse number of subcultures. Recent Southeast Asian immigrants from Laos, Cambodia, and Vietnam represent cultures very different from one another and have very little in common with Chinese, Japanese, or Korean Americans who are equally diverse.

Last, many play therapists make the mistake of failing to experience the target cultural group outside of the therapy relationship. That is, they become familiar with the culture only as it is reflected by their clients, and they forget that clinical populations are rarely representative of any of the larger groups of which they may be members. By not understanding how members of a particular cultural group behave in a normative situation, the therapists are likely to have trouble recognizing the boundaries between cultural issues and pathology-specific issues in a particular child or family.

Becoming Culturally Competent

To create models of play therapy in which the impact of various cultural biases and culturally derived errors are minimized, the play therapists must first see the value of such efforts and of cultural sensitivity in general. Bennett (1998) describes six stages individuals pass through in their development of intercultural sensitivity: (a) denial, (b) defense, (c) minimization, (d) acceptance, (e) adaptation, and (f) integration. In writing this article, I have assumed that you have reached at least the stage of acceptance where cultural differences are recognized without being evaluated as positive or negative and you have moved from ethnocentrism to ethnorelativism. At this stage, you are interested in learning how to bring your new-found enthusiasm for diversity issues to bear on clinical practice. This assumption seems consistent with some recent research (Ritter & Chang, 2002) suggesting that most play therapists see themselves as somewhat competent to competent even though they did not believe their multicultural training had been adequate. Further, this article focuses on general competencies that will enhance play therapy practice as opposed to specific intervention strategies. This is because the very nature of culturally sensitive practice requires constant modification of the technique to suit the needs of child clients based on the cultures in which they are embedded. The presentation of the basic elements that make for cultural competence within the practice of play therapy is organized using Pedersen's (1988) classic and wonderfully flexible Awareness, Skills, and Knowledge (ASK) model.

Awareness

The first step toward becoming culturally competent involves developing an awareness of one's own culture and group identification. Until therapists understand just how their identity and experience are affected by their membership in various cultural groups, it is impossible for them to understand how such memberships affect the lives of their clients. The use of a fairly simple art technique in play therapy can help you facilitate this self-examination. A large sheet of paper is divided into two columns. The first column is to contain symbols representing the groups

with which the therapist identifies. The second will contain symbols representing the groups with which others identify the therapist. The symbols are arranged within the columns according to their valence. That is, those group memberships about which the therapist feels most positively are closest to the top of the sheet while those about which the therapist feels negatively are close to the bottom of the sheet. There is likely to be a great deal of overlap between the columns, but discrepancies are typically very significant. For example, if the therapist's internalized cultural identity is African American but others tend to believe the therapist is Anglo or Hispanic because he or she has very light skin (attributed cultural identity), this is likely to be an area of conflict or distress. In completing the activity, the therapist might consider including symbols or words reflecting his or her race, ethnicity, gender and gender role, sexual orientation, age, relative physical ability, and religion. The goal, however, is not to identify simple individual characteristics (artist, student, etc.) but enduring group memberships integral to the therapist's identity. This technique can be made more elaborate if the therapist first draws a shape within the paper that will signify a personal "crest" depicting the therapist's identity in the way that a family crest represents a person's lineage. Although this technique is great for play therapists' self-exploration, it can certainly be used in individual play sessions and it can be particularly powerful when prepared and discussed in the context of a playgroup.

The technique can be adapted further for use with children in play therapy by actually having them put relevant symbols on a shield cut out of cardboard. In this version, the children can be encouraged to put identities about which they feel secure on the outside of the shield while putting identities about which they are uncomfortable or which make them feel vulnerable on the inside of the shield where they can be protected. Therapy can then focus on the development of strategies that would allow the child to consider becoming sufficiently comfortable with the identities on the inside of the shield to consider moving them to the outside.

Another variable, social class, is not often mentioned in discussions of cultural competence, but it certainly affects the therapists' world view and, consequently, the way they practice play therapy. This is often manifested in play therapy through the inclusion of a single-family dollhouse in the playroom. Although this toy represents the world of many middle class children, it does not represent the living situations of most lower socioeconomic children and families.

Last, consider the degree to which a person's culture values individuals versus the group (family, cultural system or society) in which they are embedded. Most Euro/Anglo Americans highly value the individual as reflected in the placement of self-actualization at the top of Maslow's hierarchy (Maslow, 1970). Play therapy, especially psychodynamic and child-centered play therapy, certainly reflects this value. However, families more closely linked to their European, Hispanic, or Asian heritage are much more likely to place greater emphasis on family or communal obligations than on individual needs. When working with children from these cultures, play therapists negotiate a balance between the needs of their child clients and the families and community systems in which they are embedded.

Skills

Within the ASK model, only two skills are posited as essential to carrying out culturally competent therapy (Sue, 1998). One is *scientific mindedness*, or the ability to develop, test, and evaluate hypotheses. In the case of cultural sensitivity, this means having the ability to develop hypotheses about a child client based on knowledge of the specific cultural groups of which that child is a member. Play therapists must evaluate the relevance of the identified cultural variables to the diagnostic and treatment processes for each child.

The other skill mentioned by Sue (1998) is *dynamic sizing*, which refers to the play therapists' ability to balance the need to make generalizations and be inclusive versus to individualize and be exclusive when it comes to applying culture specific knowledge to a given client. In other words, dynamic sizing refers to the need to understand the relationship between group and individual differences. Although many people argue that individual variability within groups always exceeds the variability between groups, this negates the meaning and value of cultural identity. On the other hand, an excessive emphasis on group differences can result in stereotyping that is just as harmful to the play therapy process as is a lack of cultural sensitivity.

A key variable to which dynamic sizing should be applied is the child's experience with oppression or discrimination. Even though an entire group may experience considerable discrimination, any individual's experience of discrimination may vary considerably. It is important for play therapists to understand that the greater the child's experience of discrimination on the basis of a particular cultural identification, the more acutely aware the child will be of that aspect of his or her cultural identity. Play therapists who identify with groups that have not experienced substantial ongoing oppression or discrimination may have considerable difficulty relating to the day-to-day burden this can create for clients. Typically, children develop one of two responses to ongoing discrimination. One is to incorporate the day-to-day negative feedback they receive into their self-image, rejecting or even hating a part of the self. The alternative is to embrace the cultural identity that triggers the discrimination and to make it a valued part of the self so as to withstand the assaults. This strategy is often manifested in clear outward signs of identification with the culture and expressions of pride in being a member of the culture. It may also manifest as a sort of challenging, even belligerent, attitude in which children seem to dare others to hostility in an effort to take the offensive in social exchanges.

The importance of dynamic sizing also manifests in the play therapists' interactions with the child's parents. Often parents bring the child to therapy because they are distressed by their child's adoption of dominant culture behaviors and they hope to make the child more compliant with the mores and behavior of their culture of origin. The therapist is often in the difficult position of having to negotiate a cultural reconciliation between parents and children. There are two strategies that can facilitate this process. One is to address the "functionality" of each of the child's behaviors in context. That is, can the parents reframe their child's refusal to behave in ways that are not appropriate within their culture of origin as potentially serving some function other than simple rebellion? A child who is pushed to wear traditional dress into a

modern day American classroom may face constant day-to-day battles with peers. Some children can withstand such battles, but others would much rather do battle with their parents than face the hostility of their peers. In this case, the child's behavior is not oppositional per se, rather it is a survival strategy. When framed this way, parents are often willing to be more flexible and to negotiate with the child. Similarly, can the child learn to see the parents' insistence on preserving certain culture of origin practices as also being functionally driven? Many parents fear for their children's moral-spiritual well being if traditional values are not upheld. Others hope to preserve cultural pride and traditions through their children. Children are often more accepting of their parents' insistence on certain behaviors or traditions if they better understand their motivation, thereby reducing the likelihood of a power struggle.

The other, related strategy is to help parents and children accept the idea of *contextual biculturalism*. That is, can both sides see the need for children to act in different ways in different settings? Children are quick to learn situational cues for behavior. They know certain language is acceptable when interacting with peers and unacceptable when interacting with adults. They know the difference between "playground behavior" and "church behavior." Often families can be helped to develop lists of home/culture-specific behaviors versus behaviors that are necessary and acceptable when in a dominant culture setting. Very often it can be useful to do simple activities like dividing the playroom in half representing two culture-specific contexts, such as school and home, and having children and parents participate in role-playing where they "switch" cultures as they cross between areas of the playroom. This activity can even help parents recognize the degree to which they may adopt dominant culture behavior in certain settings.

Knowledge

In addition to developing good self-/other awareness and certain basic skills, culturally sensitive play therapists will need to acquire culture-specific knowledge (Sue, 1998). Of the three elements in the ASK model, this is probably the most difficult to achieve, because not much cultural and subcultural information exists in general, still less with respect to children's behavior and even less that relates to culture-specific modifications in the practice of play therapy. There are three areas in which culturally sensitive play therapists will want to obtain knowledge. One is cultural variation in children's normative play behavior. An excellent resource for this type of information is *Children's Play in Diverse Cultures* edited by Roopnarine, Johnson, and Hooper (1994). A second is the type of play materials most familiar to and accepted by children and families of different cultural groups. The last is specific play techniques or activities that may be better suited to the child or family's particular cultural group.

Suggestions for Culturally Competent Practice¹

A number of authors have developed specific suggestions for practicing therapy in general and play therapy in particular in a culturally competent manner. These guidelines operationalize the previously presented concepts of awareness, scientific minded-

ness, dynamic sizing, and culture-specific knowledge. The following suggestions were synthesized from several sources including the Association for Advanced Training in the Behavioral Sciences (1988), Coleman et al. (1993), and Paniagua (1994) and Vraniak and Pickett (1993) as each was summarized in Thomas and Cobb (1999). Suggestions on how teachers can respect children's home languages and cultures made by Garcia (2003) were also incorporated. I then expanded all of these suggestions to include specific strategies with material discussing how these might be implemented within the practice of play therapy.

Awareness/Sensitivity/Empathy

When it comes to practicing culturally competent play therapy, the point of the therapists developing awareness of their and other cultures is to facilitate their ability to empathize with their clients. The suggestions and guidelines may help play therapists apply this to their work.

1. Play therapists should respect historical, psychological, sociological, and political dimensions of a particular culture and/or ethnic group and should be certain that the child and family feel that they accept their belief system. This can be implemented in many simple ways, such as learning to pronounce the child's name as the family pronounces it and learning a few short phrases in their language (Garcia, 2003).

This suggestion is geared not only to play therapists' behavior but also to their selection of toys and materials and to the play therapy environment they create. As a general rule, play therapists should include both culture-neutral and culture-specific toys in their playrooms. One example where cultural neutrality is needed involves the gender bias inherent in some toys. The play dishes available in most toy stores are highly feminized in that they are in pastel colors decorated with floral designs. Although this may appeal to girls, it can be off-putting to boys. Play therapists may want to consider selecting more gender-neutral play dishes that are in primary colors and free of decoration. This is not to say that stereotypically masculine or feminine toys do not have their place in the playroom but rather to encourage play therapists to consider this variable when selecting toys.

All children should have access to toys that accurately reflect the diversity to which they are exposed in their day-to-day lives. For example, pretend play figures and dolls of a variety of ethnicities, ages, genders, and abilities should be available. Inclusion of such objects as canes, crutches, wheelchairs, and other adaptive devices with pretend play figures reflects the reality of children's worlds and helps them address issues of physical ability and disability. For children who live in communities with highly diverse populations, toys that evoke thoughts of the different populations are important. This might be as simple as including a felt rug in the dollhouse (or dollhouse variant) on which a Navajo-type design has been drawn with a marker.

The inclusion of culture-specific toys or activities is even more important for children from cultures who experience a great deal of

¹This section of the article is a somewhat expanded version of material from O'Conner (2000, pp. 59–83). Information specific to the practice of play therapy has been added throughout.

discrimination or hostility. For an African American child, the availability of African American dolls is an important affirmation of their rightful place in society. Most of the doll families currently available consist of traditional nuclear families with a mother, father, one son, one daughter, and a baby of indeterminate gender. By purchasing two such families rather than one, play therapists ensure that children from gay and lesbian households have the figures they need to accurately represent their family constellations. The inclusion of various religious symbols along with other sandtray materials accomplishes the same thing. Additionally, play therapists may wish to consider recognizing certain culture-specific events or practices within their offices and playrooms. Many child clinics decorate for traditional Christian holidays such as Christmas and Easter. Although this is a great way of acknowledging children from Christian backgrounds, the failure to decorate the clinic for non-Christian holidays implies a clear preference for one culture over the other. Play therapists should consider the implicit message that is sent to their child clients in choosing to recognize one holiday or group over another within their setting.

2. Play therapists should display an appreciation for strengths of different cultures. When children disclose something unique about their culture, play therapists can use it as an opportunity to comment on its positive aspects. Many Jewish children receive gifts on each of the eight nights of Hanukkah while Christian children just receive them on Christmas. It is interesting to note that some Jewish children think it is better to get a lot of gifts all at once, and some Christian children are jealous of the length of Hanukkah. A skilled play therapist can easily use this as an opportunity to enhance children's perception of the relative strengths of their cultural practices. It is easy to further this by incorporating "personal and formal stories, games, songs, and poems from various cultures and languages" (Garcia, 2003, p. 16) into the play sessions.

3. When therapists are working with a client of a different racial or cultural group from their own, they should acknowledge to the client their awareness of the difference and ask both the parents and the child in a supportive way if they have any concerns regarding this issue. This should be done as early as possible in the treatment process (Katz, 1981). Many play therapists assume that the child will have less difficulty than the parents in working with a culturally different therapist. Although this may be true, it largely depends on the child's experiences with people of the therapist's cultural background prior to entering therapy. Again, play activities or role plays could be introduced to highlight some similarities and differences between the cultural backgrounds of the child and therapist.

Dynamic Sizing

As stated earlier, two issues are key when it comes to dynamic sizing. One is the ability to understand and evaluate the meaning of culture for a specific client, and the other is the ability to assess the impact that a history of discrimination may have on the therapy process.

4. Play therapists should not generalize about all clients who belong to a particular racial or cultural group. They should draw on their knowledge of cultural patterns to develop hypotheses regarding values, behaviors, and attitudes toward therapy, but should

always focus on understanding the particular individual with whom they are working. There are some significant pros and cons to seeking this sort of information directly from a child's parents. Therapists should beware of using parents as cultural informants. Although it is quite appropriate to check with the parents to see if a child's behavior is culturally normative, therapists should not ask the parents to serve as primary cultural informants. This places an unnecessary burden on the parents, who are already trying to cope with their child's problems.

In the same vein, children should not be the therapists' primary cultural informants. Children can provide insight as to the degree to which cultural generalizations fit their experience. This is usually best done by the therapist stating the generalization and then asking the child what, if any, modifications are needed for the statement to fit him or her. This can be done in the form of a game in which statements about the cultural group, which have been written on slips of paper, are drawn from a hat and divided into "like me," "not like me," and "sort of like me" piles. Resorting to the statements relative to how well they apply could highlight differences between the child and the dominant culture, the child and their family of origin, or the child and the therapist.

5. Social, economic, and political discrimination and prejudice are real problems for racial and cultural minority groups in the United States. Because of a history of deleterious relationships with those in power: (a) Children may display a deeper level of mistrust when forming new relationships; (b) Children may display behaviors that test the limits of the therapist's practical knowledge of their culture, and adolescent skepticism may be especially acute; (c) Children may want to explore the therapist as a person, including his or her authority role as well as the therapist's ability to connect with them; and (d) Children may question how much the therapist actually cares about them and how much the therapist can be of help. Again, clients from Asian cultures may prefer a more active/directive form of therapy, believing it better demonstrates the degree to which the therapist will work to help them get better (Foley & Fuqua, 1988; Hsu, 1983).

Knowledge

Two types of knowledge make it more likely that therapists will be successful with clients from diverse backgrounds. One is knowledge about how to modify the therapeutic process to suit a given cultural group. The other is knowledge of the culture itself and the way it is manifested in the systems in which the clients are embedded. Carmichael (1991) provides some basic information in both these areas relative to the practice of play therapy with children of North American First Peoples and of Hawaiian descent.

Therapy-Specific Knowledge

6. Eurocentric counseling techniques and rules may or may not be appropriate; however, therapists must determine the efficacy of a given approach based on consultation with other mental health professionals and the support system of the children. Where there are differences between the child's culture and the culture of play therapy, therapists should strive to achieve a reasonable compromise. For example, many play therapists adopt a therapy rule against accepting gifts. However, in many cultures, parents com-

monly give gifts to those who work with their children as a sign of their esteem and respect for the professional's work. The following is an example of such a conflict as manifested and resolved in a childcare program.

The center recognized their rule as "you cannot accept gifts" and the rule of the Mexican American population they were serving as "you cannot reject gifts."

Their challenge was to reconcile these seemingly contradictory rules. They worked out a strategy to accept gifts on behalf of the entire center and to work them into the operation of the program for the general benefit of the entire community. Once they made a commitment to resolve the contradiction without choosing between the values of the families and the school, the question became, "How can we receive the gifts in the spirit in which they are offered?" (example attributed to Antonia Lopez by Bredekamp, 2003, p. 60)

For play therapists, potential compromises include incorporating the gift into the other materials and toys in the playroom or directly sharing the gift with the child. The latter option works quite well in the case of food gifts that can be shared with the child over one or more sessions.

7. To facilitate the optimum counseling process, a blend of pluralcentric (approaches that accept diverse cultural perspectives yet acknowledge the impact of the society or the mainstream culture in which the individual lives) methods and techniques may be the best solution for children from multicultural backgrounds.

8. Interpretation is an important aspect of play therapy and can only be done accurately when the context of the client's life is taken into consideration.

9. Clients may need to be taught the protocol of therapy, an understanding of the purpose and nature of the process, the potential content of the sessions, and expected outcomes. In addition, a greater therapeutic alliance may be formed from the outset if the therapy includes activities that are direct, active, and structured and that provide a potential solution to the primary problem within the first session or within a relatively short time frame.

Culture Specific

10. Specific to play therapy, the role of play for multicultural populations should be critically examined in order that the mental health professionals have an understanding of its influence on children from different ethnic groups and cultures. *Children's Play in Diverse Cultures* (Roopnarine et al., 1994) is an excellent resource for such information.

11. "Therapists who work with multicultural populations should actively seek opportunities for interaction with these groups *outside the counseling situation*. Attending churches, cathedrals, synagogues, temples, and so forth; visiting ethnic community centers; viewing movies and theater productions that explore different cultural experiences; participating in educational activities; . . . and eating in ethnic restaurants are but a few of the many opportunities . . . [play therapists] may become involved in to gain a better understanding of other cultures" (Coleman et al., 1993, p. 71, italicized material added). Play therapists should also be aware of social and community supports to which the client can be referred (e.g., social service agencies and religious organizations).

For a list of 10 specific considerations in addressing cultural differences within the psychotherapy process, you are directed to the work of La Roche and Maxie (2003).

Conclusion

True cultural or diversity competence in play therapy requires therapists to have a good understanding of their complete ecosystem and their place within it as well as the ability and desire to become fully aware of their child client's ecosystem and the child's place within it. This article has offered some suggestions as to how such awareness, skills, and knowledge can be acquired and applied in the context of play therapy. It also includes suggested strategies play therapists can use as they seek to provide appropriate play therapy services to the rapidly diversifying group of children and families they see as a result of ever-increasing globalization.

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