

Article 31

Using Play to Help Children Cope With Chronic Pain: A New Role for Counselors

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Abstract

This article explores the use of play and expressive arts to treat children with chronic pain, an underreported and undertreated health condition. While there is a growing body of research using play techniques with children in medical and surgical settings, little research was found specifically with children experiencing chronic pain. Counselors can move to the forefront of helping children cope with chronic pain by integrating recommended techniques in treatment.

Keywords: play, chronic pain, children, play therapy

Chronic pain affects children emotionally, physically, cognitively, and socially, and their medical treatment often occurs in healthcare settings that may have little understanding of their many needs. Chronic pain may have an inexplicable source and uncertain outcome; thus, counselors should understand both the illness and the child. When working with children who suffer from chronic pain, counselors must address the developmental level so that children are able to comprehend the complex concerns they are facing (Kozlowska & Khan, 2011). While there is considerable literature on the use of play with children in medical and surgical settings ("Chronic Pain in Children," 2006; Dell'Api, Rennick, & Rosmus, 2007), the conceptual literature on counseling children with chronic pain is limited. This deficit may be related in part to the medical and mental health communities' underreporting or misinterpreting childhood chronic pain ("Chronic

Pain in Children,” 2006; Dell’Api et al., 2007). This article describes the impact of chronic pain on children and presents recommendations for counselors in using play as an effective tool to help children manage and cope with chronic pain.

Children and Chronic Pain

Eccleston, Bruce, and Carter (2006) defined chronic pain as the “persistent or recurrent pain that persists beyond the time of healing, or pain which is persistent or near constant for three months or longer” (p. 31). The American Chronic Pain Association (2012) further stated, “The pain is usually not constant but can interfere with daily life at all levels” (para. 1). Research indicates the percentage of children suffering from chronic pain ranges from 15% to 30% (“Chronic Pain in Children,” 2006; Eccleston & Malleson, 2003; Leo, Srinivasan, & Parekh, 2011). In a review of more than 40 child-pain studies from 1991 to 2009, King et al. (2011) found headaches were the most common pediatric chronic pain complaint, affecting 23% of sufferers from ages 7 to 18. Abdominal pain, musculoskeletal pain, and backaches are other common types, with girls reporting more chronic pain conditions than boys (King et al., 2011). Although there is a tendency for pain to increase as children grow older (King et al., 2011), this may be attributed to an increase in personal health awareness or the ability of older children to verbalize their discomfort.

When considering childhood chronic pain, counselors need to understand what children’s pain is like and how it affects their daily life. Chronic pain can lead to changes in play, sleep, appetite, school activities, and attendance (Kozłowska et al., 2008). Further, chronic pain contributes to anxiety and depression, depending on the child’s ability to cope with and communicate it effectively (Dell’Api et al., 2007; Eccleston et al., 2006; Palermo, 2000; Palermo, Wilson, Peters, Lewandowski, & Somhegyi, 2009). Medical professionals’ unawareness and lack of validation of the child’s feelings (e.g., anger, sadness, fear, and worry) can impact how the brain processes pain and, as a result, increase the pain felt by the child (Kozłowska et al., 2008). Families may also be unaware of the impact that parental emotional distress has on children who somatically experience pain even when no medical issue is present (Kozłowska et al., 2008). Furthermore, children may not be able to clearly articulate their pain, and their condition can be misdiagnosed or go unrecognized.

Treatment Modalities for Children’s Chronic Pain

The medical community’s acknowledgment of chronic pain in children is a fairly recent development; thus, there are few treatment options (Dell’Api et al., 2007; Eccleston & Malleson, 2003). Medication is the primary treatment method for children although treatment protocols are often based on effectiveness outcomes with adults (Eccleston & Malleson, 2003). The use of multidisciplinary teams is an emerging trend for adults, with teams typically composed of medical, psychological, and physical therapy members (Hechler, Dobe, & Zernikow, 2010; Joanna Briggs Institute, 2010; Simons, Logan, Chastain, & Cerullo, 2010). When seeking a diagnosis or treatment for chronic pain, parents frequently consult with four or more health care professionals on a team (Bennett, Huntsman, & Lilley, 2000). This multidisciplinary approach has

demonstrated promise with adults managing chronic pain (Flor, Fydrich, & Turk, 1992; Hubbard, Tracy, Morgan, & McKinney, 1996; Turk, 2002), and initial findings related to the multidisciplinary treatment approach to treat chronic pain in pediatric populations are equally encouraging (Knook et al., 2011; Vetter, 2008).

In addition to developmental factors, there are also psychological variables such as fear, pain, and anxiety that may hinder the child's understanding of pain (Dell'Api et al., 2007). Children's fear and anxiety may influence their willingness or ability to communicate their painful experiences to parents or medical professionals. In a study by Dell'Api et al. (2007), children reported healthcare professionals frequently misunderstood their experiences with chronic pain, resulting in feelings of frustration, disillusionment, being unheard, and abandonment. Eccleston and Malleson (2003) explained that some healthcare professionals did not believe children's reports of pain, labeling them as dysfunctional or psychosomatic. Further, "Families often interpret these labels as blaming them [parents] for the child's pain" (Eccleston & Malleson, 2003, p. 1408) and their inability to pinpoint the source of the pain. Despite these concerns, parents continued to search for healthcare professionals who might better understand their child's pain (Dell'Api et al., 2007).

Although adult trials have used cognitive behavior therapy (CBT) to treat chronic pain (Eccleston, Malleson, Clinch, Connell, & Sourbut, 2003), no controlled studies were found to support the efficacy of CBT with children (Eccleston & Malleson, 2003). In addition to medication and cognitive-behavioral approaches, physical therapy, exercise, and relaxation techniques have been integrated in children's treatment plans (Simons et al., 2010). These collaborative treatments among healthcare professionals have been limited to how well those who suffer from chronic pain adhere to the treatment protocols rather than the treatments that are administered to the patient (Simons et al., 2010). According to Simons et al. (2010), adherence to treatment protocols depends on both contextual factors (disease factors, family support, doctor-patient relationship, demographics, motivation) and individual factors (perceptions and beliefs about treatment) with individual factors having more impact. Thus, chronic pain can impact the functionality of a child in school and home, as well as relationships with family, peers, teachers, and school counselors (Eccleston & Malleson, 2003; King et al., 2011; Kozłowska et al., 2008; Leo et al., 2011).

Medical Professionals' Use of Play

Research has shown that the use of play in hospitals not only normalizes the situation but also provides children with a temporary distraction and emotional support that might benefit the child (Hendon & Bohon, 2007). Nursing, pediatrics, pediatric oncology, and child psychiatry have developed playful and expressive methods to assist children in coping with physical and emotional pain in both outpatient and inpatient settings (Eccleston et al., 2006; Meldrum, Tsao, & Zeltzer, 2009; Pelander & Leino-Kilpi, 2010). For example, nurses helped children understand complex medical procedures by using music, play, and relaxation before and after procedures (Hendon & Bohon, 2007; Parks, 2008; Pelander & Leino-Kilpi, 2010).

Play, which includes expressive arts as therapeutic activities, allows children with chronic pain to safely express concerns and experiences of their pain without the pressure

of verbalizing emotions and reasons they might not fully understand. According to Landreth (2012), play is a child's most natural form of communication, and toys are the words children use to share information about the world around them as they may lack the ability to verbalize their experiences. Toys and play specialists are often available to children hospitalized for cancer treatment (Aldiss, Horstman, O'Leary, Richardson, & Gibson, 2008; Favara-Scacco, Smirne, Schilirò, & Di Cataldo, 2001). Children with cancer frequently seek toys and playmates to cope with hospitalization for surgery, chemotherapy, and radiation (Aldiss et al., 2008). Chari, Hirisave, and Appaji (2013) found that play "facilitated better adjustment to illness related stressors, enhanced mental well-being, and promoted normalization" (p. 307). In a study of children with leukemia, Gariepy and Howe (2003) reported a positive relationship between the amount of playtime and increased feelings of happiness. According to Jones and Landreth (2002), children with lifelong chronic illness such as insulin-dependent diabetes mellitus "must live with a condition they did not have the freedom to choose. In play therapy children are allowed to choose their activities and direction of play, allowing them to feel more in control of their lives" (p. 120).

Since young children lack the verbal skills necessary to communicate their experience, the use of puppets and dolls allows them to express emotions safely (Cole & Piercy, 2007). Li and Lopez (2008) found children who participated in play therapy interventions in pre- and post-operative procedures reported lower levels of anxiety than those who only received information about the procedure. Additionally, in order to calm young patients' fears, nurses and child life specialists in hospitals used anatomically correct dolls to explain medical procedures (Lieberman, 2004; Parks, 2008). This "medical play" (Lieberman, 2004, p. 24) allows children to reenact their surgery experience with actual medical instruments while supported by a trusted professional. Children aged 7 to 11 with insulin-dependent diabetes mellitus who received intensive child-centered play therapy in 12 sessions that were 30 minutes in length, showed significant improvement in diabetes adaptation during a 3-week summer camp (Jones & Landreth, 2002). The playroom was equipped with syringes, a doctor's kit, and blood glucose monitoring devices. One child administered shots to dolls, stuffed animals, and the play therapist and was then able to self-administer his own insulin for the first time afterward (Jones & Landreth, 2002).

Research and case studies have documented the appropriateness of using play and expressive techniques with children in schools, agencies, and hospitals in the U.S. and in other countries (Blanco & Ray, 2011; Eccelston et al., 2003; Green & Christensen, 2006; Wikström, 2005). Based on the versatility of using play and expressive arts in various settings, play and expressive arts may be an appropriate intervention or adjunct to use when counseling with children who have chronic pain. Children with chronic pain may have little hope for a life without pain, but they can learn coping skills through playful activities and play therapy. These techniques can also offer children myriad therapeutic benefits beyond their traditional use in a playroom.

Counselors and Play

Although medical professionals are increasingly using play to assess pain levels, describe surgical procedures, and reduce anxiety, counselors and mental health professionals have not tapped into the power of play to help children manage and reduce chronic pain (Stewart, Algren, & Arnold, 1994). Play is an underutilized modality when counseling children suffering from chronic pain (Dell'Api et al., 2007). While many counseling professionals specialize in working with children, few journal articles or conference sessions about treating childhood chronic pain were found (Bradt, 2010; Dell'Api et al., 2007; Helwig & Schmidt, 2011).

In all cases, the use of a formal play therapy approach requires training and supervision. The Association for Play Therapy (APT; 2012) provides credentialing for licensed mental health counselors as a Registered Play Therapist as well as continuing education. Informal use of playful activities by counselors requires knowledge of the developmental needs of children and an understanding of their modes of communication and expression. Counselors should consult their state board for licensure requirements and any specialization criteria to conduct play therapy.

Playful Activities

Playful activities and play therapy are two levels of play that can be used to help children with chronic pain. The use of play allows children to share their experiences of chronic pain with the counselor in a manner that does not rely on traditional “talk therapy” for processing. Expressive techniques and play are imaginative methods that inspire healing by reframing ideas and perspectives, “externalizing emotion, and deepening understanding of an experience or an issue” (Bradley, Whiting, Hendricks, Parr, & Jones, 2008, p. 45).

For example, Nims (2007) explored the integration of playful activities (sandplay puppet work, and art) into a solution-focused brief therapy (SFBT) framework to assist with goal setting in sessions and to explore what the child wanted to change (Nims, 2007). When the researcher asked a child with anger problems to draw something she would like to change, she drew a picture of her anger and a picture of being calm; the goal for the session became working on behaving calmly.

Play and expressive arts activities can be used to assist with relaxation, to minimize fear associated with the chronic pain condition and medical procedures, and to ease the symptoms of depression associated with loss of ability to function and interact with others normally (Bradt, 2010; Dell'Api et al., 2007; Eccleston et al., 2006; Palermo, 2000; Palermo et al., 2009; Wikström, 2005). When working with children who have chronic pain, counselors can invite the child to draw, narrate using puppets, or tell a third-person story about their pain.

Play Therapy

Since play is the way children communicate what they are processing or experiencing, they are able to play out childhood chronic pain experiences (Landreth, 2012). A more specific modality is play therapy, defined 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” (Association for Play Therapy, 2012, para. 3). Schaefer (2003) adds the use of prescriptive play therapy to this definition that suggests that one approach will not be suitable for all children or presenting problems. Prescriptive play therapy is the integration of directive techniques, which the counselor uses to focus the session, in addition to non-directive techniques, which is when the counselor reflects and tracks the child’s play with no directions to help the child express experiences of pain (Kenney-Noziska, Schaefer, & Homeyer, 2012).

Toys and expressive arts materials allow children to safely displace their emotions onto the objects, which can, in turn, reduce the anxiety associated with communicating with adults (Notter & Holt, 1994). In order to confront the needs of an evolving client population, play therapists have shifted toward the integration of evidence-based directive and nondirective theoretical approaches and models matching the most appropriate techniques to the child’s specific concerns and developmental level (Gil, 2006; Gil & Jalazo, 2009; Shelby & Felix, 2005). Counselors working with children suffering from posttraumatic stress disorder (PTSD) might introduce a doll into the play with special powers that can take away the child’s fears (Cole & Piercy, 2007). The therapeutic key to this approach is the child must first care for the doll and make it feel safe; this can be used with children who experience chronic pain to help them care for the doll in a way that reflects what would also help them.

Integrating Play When Counseling Children With Chronic Pain

Many stressors in diagnosing, testing, and treating chronic pain in children can contribute to adverse physical reactions and increase existing pain, which can potentially delay the recovery process and period(s) of feeling well (Rozanski & Kubzansky, 2005). Counselors can integrate play and creative arts techniques into treatment plans to help children cope with chronic pain. Dell’ Api et al. (2007) recommended that healthcare professionals understand childhood chronic pain and improve relationships with children by communicating in developmentally appropriate ways, enhancing active listening, and “encouraging children to tell their stories of pain” (p. 284). Additionally, Kozlowska and Khan (2011) addressed communication concerns with children by first introducing non-verbal representations of physical body states and then verbally expressed symbolic representations to describe the anxiety or confusion associated with their chronic pain.

Counselors can collaborate with medical professionals by using established playrooms in hospitals and outpatient facilities to augment their work with this population. Encouraging children to play in a hospital setting may provide a much-needed outlet for them to process hospital and treatment stress and reduce social isolation (Blake & Paulsen, 1981; Hendon & Bohon, 2007). Further, some hospitals offer play settings where children and their siblings are encouraged to play together (Blake & Paulsen, 1981). Establishing playrooms in schools, community agencies, and private practices provides an opportunity to integrate playful activities into counseling children, especially those with chronic pain. When space is limited, counselors can use go-bags and rolling cabinets to bring materials to children. These can include PlayDoh, markers, crayons, paper, sand trays, miniature figures and cars, plushies, dolls, medical items, action figures, and books.

Play Therapy Approaches

There are a number of formal approaches to play therapy, each having its own protocol and credentialing. The following are some of the better known approaches that may be applicable for children with chronic pain.

Child-Centered Play Therapy. Child-centered play therapy (CCPT) can be easily used or integrated in any therapeutic setting as it allows the child to fully lead the session with no direction from the counselor. In CCPT, children are free to play with whatever toys or materials they choose while the counselor tracks and reflects what they are doing, saying, and feeling (Landreth, 2012). This freedom to play with any toy they choose empowers children with a sense of security in situations where they feel little or no control. CCPT also allows the child to feel heard by a professional who is not involved in the medical treatment of the chronic pain (Dell' Api, 2007; Jones & Landreth, 2002).

Filial Play Therapy. Filial play therapy (FPT), which has been used with parents of children suffering from chronic or life-threatening illnesses (Schaefer, 2003; Steen, 2004), can be easily adapted for use with families of children with chronic pain. FPT teaches parents how to play with their children, emphasizing both acceptance of children as they are and the importance of letting the child lead the session (Schaefer, 2003). The use of FPT has resulted in increased communication between the child and parents about personal feelings and medical concerns (Steen, 2004). Additionally, Steen's case study (2004) found that a child with a life-threatening illness was more cooperative in medical situations and had increased confidence overall after parents learned to respond with empathy toward the child's struggle with physical and emotional pain, leading to a greater understanding of their child's perceptions. Parents reported increased confidence in their parenting ability and a higher level of understanding and tolerance for a child struggling with pain to develop successful coping skills (Steen, 2004). Play therapists trained in FPT can apply the model to the needs of children with chronic pain to increase both children's and parents' abilities to cope with the uncertainty related to diagnosis and treatment of chronic pain.

Cognitive Behavioral Play Techniques. Cognitive behavioral play therapy (CBPT) addresses the child's developmental level while applying CBT, an evidence-based component of multidisciplinary treatment for adult chronic pain (Eccleston et al., 2003). CBPT interventions include collaborative goal setting, modeling of adaptive coping mechanisms, and self-monitoring (Schaefer, 2003) to help a child learn new methods of coping with pain by minimizing anxiety related to pain or painful procedures, and identifying times when pain is less severe. This will help the counselor and child discern whether anything during that time of reduced pain can be replicated to maintain pain reduction.

An extension of CBT, trauma focused-cognitive behavioral therapy (TF-CBT) promotes reduction of fear of a trauma-causing event and increases emotional regulation and mindfulness on the part of the child (Smith & Saunders, 2005). In one technique, the child is invited to pretend to be a guest on a talk show as the identified expert, answering questions from imaginary callers about coping with chronic pain and what coping skills have been successful (Smith & Saunders, 2005). It is important that counseling focus on agreed-upon goals between the client and counselor (Nims, 2007). Involvement of the child and the parent or guardian in the treatment decisions is a critical success factor.

Children with chronic pain may be unable to express their needs except through play. The TF-CBT free online course provides several examples of play activities that can be adapted for children with chronic pain (see <http://tfcbt.musc.edu/>).

Expressive Arts in Play

Art in counseling provides a safe playful environment for children with chronic pain to express their thoughts, feelings, and fears (Palmer & Shepard, 2008). Children can use art as a way to express pain, fear of the medical procedure, or simply a fear of the unknown (Carlson, 1997). Art techniques also allow family members to understand the child's suffering (Palmer & Shepard, 2008). Specifically, structured drawing or painting has the potential to help chronic pain sufferers increase feelings of control over their situation as the children draw their pain, fear, or anything else they wish to draw and then discuss it with the counselor (Nims, 2007). Art as a creative process allows counselors a glimpse into a child's internal world.

Free drawing, in which children can draw anything they like and then tell the counselor a story about the picture, helps them externalize the issue being faced. For example, a girl attending the previously mentioned camp for children with diabetes (Jones & Landreth, 2002), rapidly drew large abstract faces with dark colors when her previous drawings in play therapy sessions had been controlled and detailed. The night before that, she had a seizure after a severe insulin reaction. After she shared her hospital experience, the play therapist reflected her feelings of fear, connecting empathically with her experience. Additionally, the solution-focused cartoon technique provides the child with a way to structurally imagine and then draw a possible solution in the form of a "hero," in this case an effective coping skill hero that has helped or could help the child relieve the chronic pain (e.g., Relaxation Robot; Berg & Steiner, 2003). The child is then asked to draw a time to call on that hero again in the future (Berg & Steiner, 2003).

Bibliotherapy

Bibliotherapy is also a useful play tool for children with chronic pain. Books such as *Be the Boss of Your Pain: Self-Care for Kids* (Culbert & Kajander, 2007) offer children psychoeducation and specific techniques such as belly breathing, replacing negative thoughts with positive self-talk and positive thinking, acupressure, and aromatherapy. The book *When My Worries Get Too Big! A Relaxation Book for Children Who Live With Anxiety* (Buron, 2006) provides a stress scale for the child to complete along with a calming sequence that can be implemented if the anxiety becomes overwhelming. These techniques can be used in conjunction with play as a way for the child to have tangible concepts and coping mechanisms for use in the home.

Sandplay

In sandplay, children place miniature figures in the sand to tell a story about what the child has experienced related to his or her chronic pain or what the child is experiencing at that moment (Homeyer & Sweeney, 2005; Taylor, 2009). The miniatures are representations of the world around the child and include such objects as plants, animals, people, vehicles, human environments, and so forth (Rae, 2013). "A primarily nonverbal method of intervention, the 'work' is done through the sand material and the carefully selected toys the client uses to construct and sometimes to play out his or her

world” (Taylor, 2009, p. 56). Sandplay has been used in conjunction with solution-focused therapy to help children identify goals for change (Nims, 2007; Taylor, 2009). Work with miniatures in the sand tray allows them to safely reveal the content of their world, externalizing the experience with chronic pain and treatment onto the miniatures. For example, the play therapist was asked to help a child attending the previously mentioned diabetes camp who complained daily about stomach pains (Jones & Landreth, 2002). For five sessions, the child built complicated battle scenes with soldiers in the sand box; then he added doctor and nurse figures into the battles questioning the play therapist about his “anxiousness” that the medical professionals discussed.

The use of sand and miniatures by counselors without formal training requires a different approach. The child can use the figures to tell his or her story and the counselor listens and observes attentively but not does make interpretations. The child can also photograph the scene in the sand tray, write or dictate story about the scene, or draw a picture to illustrate the scene. Training in sandplay is conducted at the American Counseling Association conference, and the Sandplay Therapists of America conference.

Recommendations: Expanding the Role of Counselors

As children’s chronic pain becomes more recognized, it is important for counselors to understand this condition and its multiple dimensions. Counselors can use playful activities as interventions for working with a child experiencing chronic pain. Play offers children an opportunity to express themselves in developmentally appropriate ways and provides them with power over how they perceive and feel their chronic pain. As a new frontier in counseling, research should be undertaken to determine the effectiveness of play with children with chronic pain and the conditions that best promote children’s active involvement.

Counselors can benefit from the experiences of medical professionals who use play to help children experiencing pain as active members of the child’s treatment team. Counselors can also advocate for integrating play into the treatment plan. As more counseling degree programs include aspects of coursework that specifically address children with medical needs, the use of toys and play in counseling children can become more common. Counselors who have not received training in play therapy can integrate playful activities that meet the developmental and communication needs of children such as providing appropriate toys for play and sandplay, books, and art materials for expression. This is a critical time for counselors to move to the forefront of helping children cope with chronic pain by integrating play into counseling sessions.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: <http://www.counseling.org/knowledge-center/vistas>