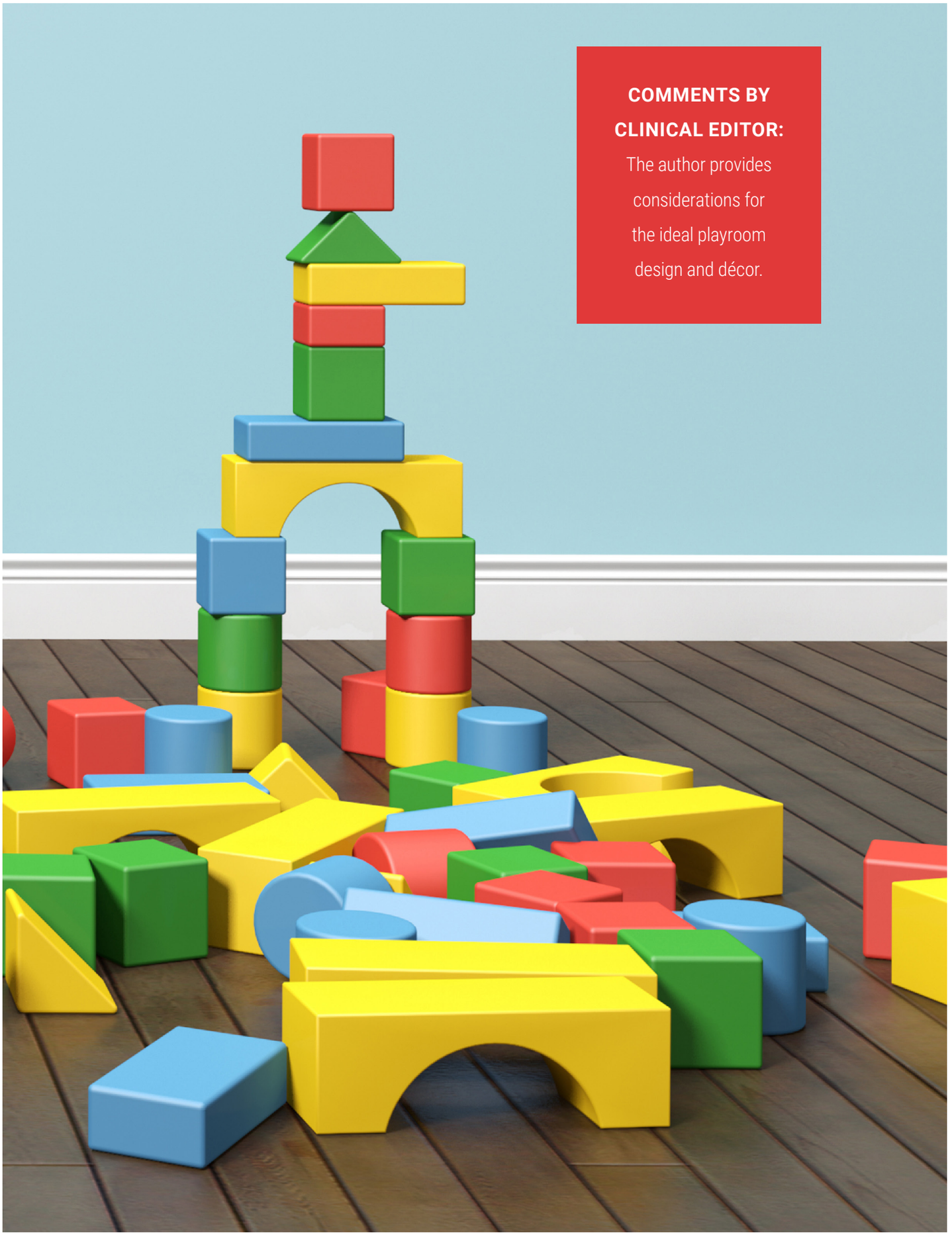

COMMENTS BY CLINICAL EDITOR:

The author provides considerations for the ideal playroom design and décor.

Playroom Design

| KEVIN O'CONNOR, PHD, ABPP, RPT-S

Play therapists are a resourceful group of professionals who are able to do excellent work in the most unlikely of spaces using whatever materials they may have on hand. They have set up playrooms in empty offices, behind dividers in classrooms, at a child's hospital bedside, and even in spare closets. While this resourcefulness is quite remarkable, it begs the question, "What makes for an ideal playroom?" This question is not easily answered because what is considered ideal varies with the therapist's theoretical orientation, the developmental and therapeutic needs of the child, and the cultural context in which the play therapy is being provided. In this article, we will consider the construction and layout of the playroom space, the inclusion of any large, durable equipment, such as tables and chairs, and how the toys are displayed or stored.

Before beginning to design the ideal playroom, all play therapists would prioritize the safety of the space. For example, they would ensure any windows or mirrors in the playroom are made of either safety glass or plastic. Next, play therapists need to conceptualize the purpose of the space from their theoretical perspective. Most child-centered play therapists also would want the space to convey an inviting and permissive atmosphere. Psychoanalytically-oriented play therapists think of the space as a neutral container in which the child can disclose intrapsychic material through interaction with the toys and materials (O'Connor, Lee, & Schaefer, 1983). Most Theraplay® (Booth & Jernberg, 2010) and ecosystemic (O'Connor, 2000, 2016) play therapists also tend to think of the playroom as a neutral container; however, they conceptualize its primary purpose as promoting the interaction between child and therapist, rather than interaction between child and toys. While similar, these varying purposes will manifest somewhat differently in ideal playrooms.

Having conceptualized the purpose of the playroom, the first design consideration would be the size of the space. Smaller spaces are most easily used by play therapists who are working from a traditional psychoanalytic or cognitive framework with children who have primarily internalizing symptoms who, therefore, act out very little. These children are comfortable playing quietly and engaging in primarily verbal interactions with the therapist. Conversely, Theraplay® therapists would find it very difficult to work with an energetic or easily dysregulated child in a small space where the child's ability to engage in active, interactive play was limited. Ideally, any playroom should be big enough to allow children to engage in some gross motor activity. Rolling or tossing a ball back and forth with the play therapist, jumping, dancing, or tossing bean bags at a target require more space and contribute to both children's gross motor development and a sense of mastery over their physical and emotional selves. Additionally, "teachers most commonly refer students for assistance in the schools because of student behavioral problems" (Abidin & Robinson, 2002, as cited in Ray, Schottelkorb, & Tsai, 2007, p. 95), because the futures of children with "highly disruptive behavior evident in early elementary school years are bleak" (Cochran & Cochran, 2015, p. 60). For this reason, the playroom should not be so small or cluttered that it unnecessarily constrains the child or inadvertently creates behavioral demands similar to those in the classroom. A larger space allows these children to move freely without harming themselves, the space, or its contents. At the same time, the playroom should not be so large that children can isolate themselves from the therapist, potentially interfering with the development of a positive therapeutic relationship. In other words, the playroom should not be too small or too large but rather, to quote Goldilocks, "just right." "The minimum playroom size is about 10 X 10 feet and no larger than 16 X 16 feet. If the room is sometimes to be used for seeing groups of children, then it must certainly be larger, a room about 15 X 25 feet is excellent for group work" (O'Connor, 2000, p. 235).

No matter the size of the playroom, the play therapist can use the fact most children tend to be sensitive to environmental cues and can learn to adapt their behavior accordingly. A great example of this is Leland's (1983) use of two adjoining playrooms to help developmentally delayed children learn to engage in messy play, such as painting in the *messy room,* and clean play, such as pretending or board games in the *clean room.* In a single playroom, an area with a tiled or linoleum floor can be designated for messy activities, while an area rug and a couple of beanbag chairs might be designated for reading, talking, or just relaxing. In more the more elaborate playrooms favored by many child-centered play therapists, various stations could be arranged similar to those one sees in many preschool and elementary school classrooms. The therapist might want to include stations specifically for painting, with an easel or wall mounted pad of paper; for house play, with a miniature sink, stove and refrigerator; or a corner with a sandtray flanked by shelves for miniatures. These different stations

allow for different play themes to emerge and provide opportunities for the child to engage in creative and expressive play. Once play therapists have determined the basic setup of their playroom, they can consider adding specialized items like an art easel, a very large sandbox, specialized shelves for sandtray minatures, a mini-trampoline, a puppet theater, and so forth. Before making any such additions, the therapist should consider four questions:

- Will there still be enough open space allow for active, gross motor play?
- Once the added item is in place, will the space still be accessible for children whose mobility is compromised? For example, children in wheelchairs need extra space between large stationary items and for the toys and materials to be reachable from a seated position.
- Will the arrangement of the playroom still be simple enough to minimize the chances a child will engage in dangerous or problematic behavior and, thereby, reduce the likelihood the therapist will have to set limits? For example, although shelving units with closely spaced shelves may be great for displaying miniatures, they also make fun but dangerous ladders for children who tend to engage in a lot of exploratory or active play.
- Lastly, will the planned addition be overwhelming for some children? For example, an elaborate wallpaper border of the type often used in elementary classrooms can be more distracting than appealing. This can be a significant issue for children with attention problems as well as for those who are easily dysregulated.

In completing the design of the space itself, most therapists choose to paint the walls gender-neutral colors such as white, beige, gray, green, or yellow in order to appeal equally to boys and girls. In order to ensure the playroom appeals to the broadest range of children, most therapists limit how much they decorate the room. Large murals in primary colors may appeal to very young children but may make the room seem "babyish" to latency-age or older children. In the dominant culture in the United States, boys are often socialized to avoid things they perceive as too feminine while girls seem less concerned about masculine appearing spaces or décor. Play therapists may choose to add some décor items recognizing and affirming various cultures, because the inclusion of culturally diverse elements in the playroom should be considered regardless of the population with which one works. Filling some inexpensive frames with textiles from different ethic or cultural groups would be an affordable way to do this.

Durable Equipment

Durable equipment refers to the relatively permanent fixtures in the playroom, such as tables, chairs, and shelving. Most play therapists will want to have some sort of work surface or a table and some chairs. Unless one's practice is devoted exclusively to working with very young children, it is best to get furniture that is full-size or close to it. Small children readily adapt to larger tables and chairs, but older children may feel infantilized when asked to use preschool-sized furniture. A round table is preferred because it easily accommodates several people and allows them to easily adjust how far apart they are. Beyond this, play therapists need to carefully consider whether any of the added items are worth the floor space that they will occupy. For example, a small tent can be a lot of fun but it takes up valuable real estate. An easy alternative would be to include among the play materials a large blanket children can drape over the table and/or chairs to create their own tent.

Play Materials: Display and Access

As much as the play therapist's theoretical orientation determines the purpose of the playroom, so, too, it determines the nature and purpose of the toys and materials placed in the room. In traditional psychoanalysis, each child has his or her own toys, which are selected by the therapist for the degree to which they symbolically represent the child's intrapsychic issues (O'Connor et al., 1983). Because the toys are only used by one child, they are usually stored in an individual, locking drawer or cabinet so they are not available to other children. On the opposite end of the spectrum, the purpose of the toys in traditional child-centered play therapy is to foster self-directed play, which allows children to resolve their symptoms at their own pace (Landreth, 2012). In this model, all of the children have shared access to a large variety of toys and materials, usually displayed on open shelves. Somewhere in between these two approaches lie Theraplay® and ecosystemic play therapy. In Theraplay®, the primary purpose of the toys or materials is to promote interaction between the child and therapist (Booth & Jernberg, 2010). In ecosystemic play therapy, the toys can serve many purposes including maximizing children's developmental progress, allowing them to symbolically represent intrapsychic issues, promoting interaction with the therapist, and fostering self-directed play, as needed (O'Connor, 2000, 2016). Both Theraplay® and ecosystemic play therapists usually have a lot of toys and materials at their disposal from which they select items specific to the child's treatment goals prior to the session. To facilitate this, they are more likely to store the toys somewhere outside of the playroom or in large, locked cabinets within the room to which the children are never given access.

In spite of the vastly different theoretical rationales for how toys and materials should be displayed, there are several advantages to implementing a display and storage system that allows the play therapist at least some control over the accessibility of all or some of the toys and materials. First, access control enables the therapist to adjust the amount of stimulation in the playroom to meet the needs of the child. More toys and materials can be provided to children needing an enriched environment and fewer to those with attention problems or those who easily become dysregulated. Second, access control allows the therapist to restrict materials to those most likely to stimulate the child in developmentally appropriate ways. Toys the child has outgrown can be removed, and new, more challenging ones added to what is available. Third, the therapist can add or eliminate toys to increase the amount of time the child spends in therapeutic, as opposed to avoidant, play. Instead of a child spending multiple sessions coloring in a coloring book, the book can be replaced with a more interactive or creative art activity. Lastly, the therapist can reduce the need to set limits on highly disorganized or dysregulated children, or those who are particularly aggressive, by limiting the toys

or materials, particularly early in the therapy process. "While limit setting can be a therapeutic experience, most children do better when the environment is structured in such a way as to minimize the need for limits thereby maximizing the opportunities for play and positive interaction with the therapist" (O'Connor, 2016, p. 211).

So what is the ideal playroom? The answer seems to be multifaceted. The room needs to be clearly aligned with the theoretical orientation of the play therapist who will be using it and to be designed in such a way as to meet the developmental and therapeutic needs of the clients being served. Lastly, attention needs to be paid to how the playroom affirms or denies the diversity issues most relevant to the children who will be using it.

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