

Play Therapy: Information for Parents

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What is play therapy?

Play therapy is a specialised form of counselling or psychotherapy which enables children to work through and understand their big feelings and life events that they may not be able to express through words. Whilst adult therapy may rely on talking about what has happened, play therapy maintains that play is a child's natural language. By building a therapeutic relationship with the child, the play therapist facilitates a safe space in which the child can work at their own pace. Play therapy is an emerging profession in the UK and draws upon a range of theories. Key contributors include Anna Freud, Melanie Klein, Carl Rogers, and Virginia Axline.



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What happens in the play room?

The play room is equipped with a variety of toys, symbols, instruments, therapeutic stories, puppets and creative arts materials referred to as the "Play Therapy Toolkit". The play therapist usually works non-directively which means that your child is free to choose what they wish to use in the play room provided that the child, the therapist and the objects in the room remain safe. The child is able to express, communicate and externalise without relying on verbal communication. There are times when the play therapist may work more directively with a child by leading the way and exploring certain themes or aspects of the Toolkit in a more focused way.

The Tool Kit

Creative Visualisation
Therapeutic Story Telling
Drama - role play
Puppets & Masks
Sand Tray / Sand Worlds
Art - drawing
Music
Dance & Movement
Clay



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Who is play therapy for?

Play therapy may be a suitable intervention for a child if they have experienced one or more of the following:

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- Academic underachievement
- Anxiety
- · At risk of being/ is excluded from school
- Attention deficiency
- · Autism Spectrum Condition (ASC)
- Barriers to learning
- Bedwetting (enuresis) or soiling (encopresis)
- Behavioural difficulties
- · Bereavement
- Bullies or is bullied by others
- Depression
- Developmental delay
- · Disability/ long-term health condition
- · Displays inappropriate behaviour
- Doesn't play
- Emotional difficulties
- · Friendship difficulties
- · Is adopted / fostered or in the process of this (with consent)
- Long-term illness or terminal illness
- Nightmares or disturbed sleep
- · Selective mutism
- Sensory processing
- · Separation / divorce
- · Stress and phobias
- · Trauma
- · Withdrawn behaviour
- · Has experienced neglect emotional, physical or sexual abuse

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How does the process work?

Initially, a child will need to be referred by either a parent, teacher or SENCO. I will make contact to arrange an initial meeting and assessment to find out more about the child, their needs and how they present. After assessing whether a child is eligible for play therapy, I will meet the child and work with the child on the same day and at the same time each week. Play therapy usually lasts for a minimum of 12 sessions. Longer term play therapy is reviewed after every 6-8 sessions.

Play therapy sessions are confidential. Nevertheless, I am able to share information with parents, colleagues and professionals about the general progress of a child. I must share information with other professionals if I am concerned that a child is being harmed, hurting others or themselves.

I will keep you informed about your child's progress throughout the duration of play therapy. You will meet with me at the start of therapy, attend regular review meetings and, finally, an end meeting

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What can I do to support my child?

You are very important in supporting your child through the process. Here are some ways in which you can support your child:

- Encourage your child to attend sessions regularly.
- Try to avoid asking your child what they have done in the play room.
- Refrain from asking your child to "be good" or "have a nice time"; your child must feel free to express their feelings.

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- During therapy, behaviour may decline before it improves. Please tell me if you have any concerns.

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How will I know if it has worked?

Play therapy can provide a number of therapeutic outcomes for children. Play therapy outcomes may be general such as improved mood and confidence or more specific such as an end to bed wetting (enuresis). Your child may achieve a better understanding of their thoughts and feelings. There may also be notable positive change in their behaviour or social, and emotional needs. Children who have experienced trauma may have processed their experiences through re-enactment or a recurring play theme. This increased self-awareness can help a child to better understand these experiences and support them in building resilience for the future.

According to recent Play Therapy United Kingdom (PTUK) statistics, between 74% and 83% of children receiving play therapy delivered to PTUK standards showed a positive change.

Further Reading

Axline, V. (1964). Dibs: In Search of Self. Boston: Houghton Mifflin.

Axline, V. (1969) Play Therapy. New York: Ballantine Books.

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