Introduction to **Play Therapy**

BY VINOJA RAJAPAKSA

PROGRAMME

TWO KEY PURPOSES – *To Learn & Present an assessed assignment*

- The potential for play therapy
- What's the evidence that it works and why?
- What is it? - Well it depends…….
- How does Play Therapy fit in with other applications of play?
- How do we know which children we can work with?
- Informing Theory (a bit)
- Who is play therapy intended for (conditions) ?

Any other expectations?

How do we relate it to your

Work & Children

WHAT IS MANKIND'S GREATEST NATURAL RESOURCE ?

Our greatest natural resource is the minds of our Children.

01 IN 10 CHILDREN HAVE A MENTAL HEALTH PROBLEM

The British Child and Adolescent Mental Health Surveys in 1999 and 2004 found that 1 in 10 children and young people under the age of 16 had a ***diagnosable*** mental disorder.

Source: Mental health problems in children and young people: Margaret Murphy, Peter Fonagy Chapter 10 Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays

PREVALENCE AND LONG TERM EFFECTS

Among the 5 to 10 year olds, 10% of boys and 5% of girls had a mental health problem while among the 11 to 16 year olds the prevalence was 13% for boys and 10% for girls

Mental health problems in children and young people can be long-lasting. It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 20

Source: Mental health problems in children and young people: Margaret Murphy, Peter Fonagy Chapter 10 Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays

BUT THERE ARE OTHER PROBLEMS AS WELL AS DIAGNOSABLE ONES

- Family and Social Relationships
- Anger Managements
- Attachment Issues
- Loss and Bereavement, etc.

01 IN 05 CHILDREN SUFFER A PSYCHOSOCIAL DISORDER

Sources:

- Venables (1983)
- Rutter,Cox Et Al (1975)
- Jeffers & Fitzgerald (1991)
- Porteous (1991)

WHAT DOES THIS NUMBER MEANS?
WHAT DO WE DO?

- PTUK built it's first demand model in 2014
- There are now full models for the UK, Ireland, Hong Kong and RSA as well as outline models for several other countries
- The model estimates *the need* for play therapy practitioners – ***not the actual number of practitioners***
- The variables are the population of children aged 4 to 12; the percentage of children in need; the average number of sessions; sessions per day; days per week; weeks per year – the values depend upon the latest evidence available
- A full model produces estimates for small, local, geographic or administrative districts
- It is a powerful communications tool

ENGLAND

1.12 million Children in need

17 million Sessions

18,487 THERAPISTS

SUNDERLAND

8,100 Children in need

97,000 Sessions

89 FULL TIME THERAPISTS

SUNDERLAND

Castletown	323	3875	3.5
Central	287	3443	3.1
Colliery	254	3052	2.8
Eppleton	349	4192	3.8
Fulwell	269	3233	2.9
Grindon	302	3625	3.3
Hendon	302	3629	3.3
Hetton	302	3625	3.3
Houghton	286	3434	3.1
Pallion	304	3645	3.3
Ryhope	432	5185	4.7
Shiney Row	413	4961	4.5
Silksworth	381	4574	4.2
South Hylton	355	4255	3.9
Southwick	277	3319	3.0
St. Chad's	247	2965	2.7
St. Michael's	257	3087	2.8
St. Peter's	247	2960	2.7
Thorney Close	339	4464	3.7
Thornholme	252	3025	2.8
Town End Farm	329	3953	3.6
Washington Eas	449	5386	4.9
Washington North	340	4078	3.7
Washington South	523	6278	5.7
Washington West	323	3874	3.5
Total for Sunderland	**8,143**	**97,715**	**89**

THESE ARE ESTIMATES
(USING GOOD ASSUMPTIONS)

How do we make them more

Accurate for our School /Area?

AND HOW DO WE IDENTIFY THE INDIVIDUAL CHILDREN?

- One method is the Goodman's SDQ
- Another is the ASQ:SE

- **Every Child is Checked for:**
  - ***Physical Health***
  - ***Eyesight***
  - ***Teeth***
- **So why not Emotional and Mental Health?**

The Goodman's SDQ & the ASQ:SE

- The SDQ is a brief behavioural screening questionnaire:
  - for 3-16 year olds.
  - its use is commended by Ofsted
  - It was used in the 1999 UK Government Survey
- The ASQ:SE = Ages & Stages Questionnaires: Social Emotional
  - for 6 months to 5 years

THE EFFECTIVENESS OF PLAY THERAPY

- 77% to 84% of children receiving Play therapy delivered PTUK/PTI standards show a positive change.

- The amount of change varies according to gender, age, condition, severity of the issue and country.

CLINICAL OUTCOMES 2016

- Two thirds of the Clients are Boys, One third are Girls

- **Reproducibility**
  - 2010 outcome **= 72.73% -** *prediction for 2011 = 70% to 72%*
  - 2011 outcome = **73.95%** - *prediction for 2012 = 73% to 74%*
  - *2012* outcome = ***74.12****% - prediction for 2013 = 74% to 76%*
  - *2013* outcome = ***74.49****% - prediction for 2014 = 74% to 76%*
  - *2014* outcome = ***75. 56****% - prediction for 2015 = 75% to 77%*
  - *2015* outcome = ***77.25****% - prediction for 2016 = 76% to 79%*
  - *2016 outcome = 77.42%. – prediction for 2017 – 77% to 84%*

- ***Reliability***
  - Level of significance p = <.001 (High – 1:1000 due to chance)

THE PURPOSE ???

Purpose of Play Therapy in Schools is to
Help the Children benefit from teaching.

HOW ???

By alleviating their emotional,
behaviour and mental health problems.

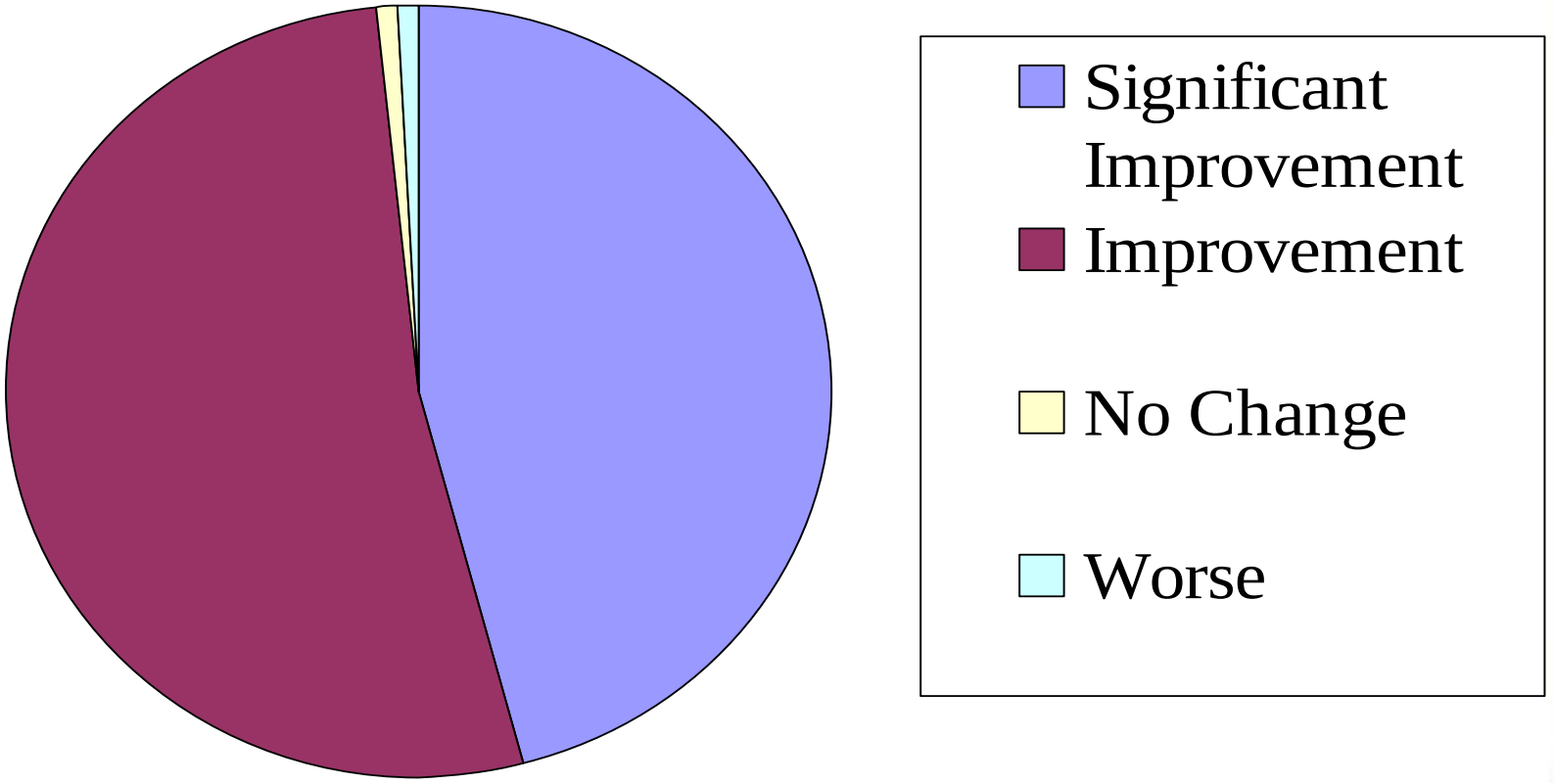
OTHER BENEFITS OF PLAY THERAPY

- Benefits identified by KENT teaching staff to contribute towards academic results
  - Participation in group work
  - Communicates with others
  - Listening
  - Concentration on work
- ***And also***
  - Reducing exclusions
  - Improved attendance rates

KENT / LONDON "PILOT TRIAL"

- Short pilot trial
- 3 Certified Play Therapists
- 126 pupils selected using SDQ assessment
- 6 sessions planned
- Groups of 3-4 children
- Average no sessions 4.6

RESULTS - SCHOOLS' OBJECTIVES



RESULTS - MORE DETAILS

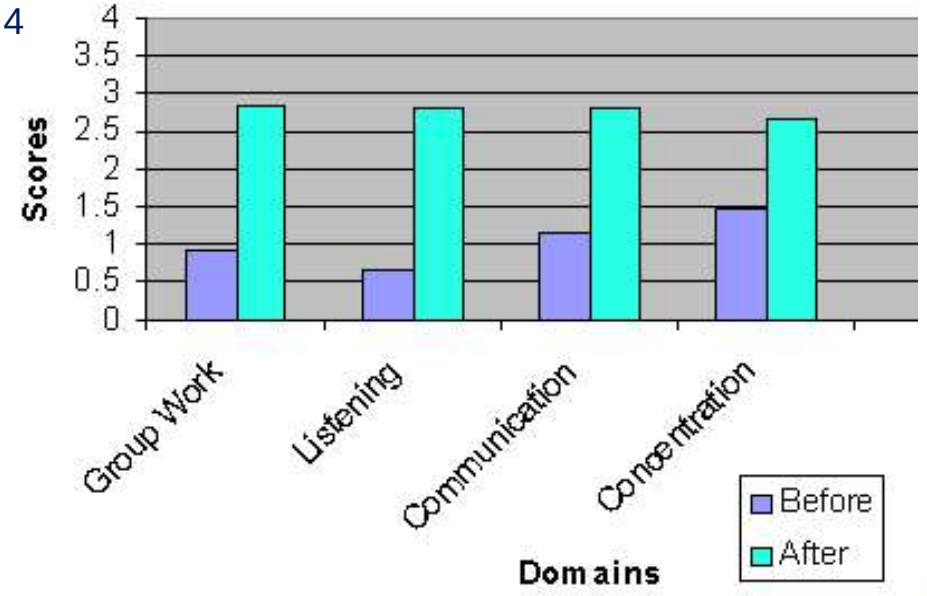
Pre and post therapy scoring (by Teacher)

- Not at all 0
- Only occasionally 1
- Sometimes 2
- Often 3
- Most or all of the time 4

	Pre	Post
Group work	.95	2.84
Listening	.68	2.79
Communications	1.16	2.79
Concentration	1.47	2.68

This type of PTUK/PTI Research is called "SEPACTO"

Strongly recommended that you do it – Compulsory for Diploma!



MORE EVIDENCE?

WHY DID THE CHICKEN CROSS THE ROAD?

Because its *dopaminergic neurons* fired synchcronously across the ***synapses*** of its caudate nucleus, *triggering motor contractions* propelling the organism forward, whilst emitting ‘cluck’ distress signals, to a goal predetermined by its ***hippocampal road mappings*****……**

(The neuroscience explanation)

The Sunday Times Magazine 12th February 2006

You'll hear
a lot more about
NEUROBIOLOGICAL EVIDENCE
Later in the course.
But as a Brief Introduction...

CELLS THAT FIRE TOGETHER WIRE TOGETHER

- New neural pathways develop as we record new experience - play builds these
- Brain plasticity enables change
  - For the good - through therapy
  - For the bad - programming to patterns of abuse
- RH side (emotions) develops before LH side (logic)
- More brain centres light up in response to metaphor than any other form of human communication about emotions, forming new neural pathways. (Levin, F 1997 and Model , A.H 1997)

So symbolic / fantasy play with its use of metaphors provides new experiences that develops the brain/mind

… and more

- Play therapy acts as a ‘brain sculptor’ quietening the amygdala
- Brain research shows that parents and significant others dramatically affect the long term chemical balance and actual anatomical structures in the child’s brain for better or worse - especially the hippocampus
- Play aids the release of opioids and oxytocin:
  - You do not feel aggressive or anxious - you feel calm and psychologically strong
  - You have a feeling that everything is well in your world,
  - You have a deep sense of well-being
  - You feel safe in the world
  - Your immune system works better.
  - You are better able to learn
- Dealing with an ‘out of control child’
  - The reptilian brain has taken over from the cortex
  - ‘IQ’ is reduced
  - Talking is no use - child has to be calmed through play and reflection

The opportunity in Neuroscience Terms

- We have three brains:
  - Reptilian - keeps us alive
  - The mammalian - triggers emotions, helps control flight or fight
  - Rational - distinguishes us as humans
- Sometimes/hopefully they are well co-ordinated
- Some children (our clients)
  - Tormented by reptilian triggering of defence and attack impulses
  - Or the mammalian brain cuts off from feelings of love and need being ruled by the rational brain - unable to form close relationships
- We need to help the rational brain to co-ordinate with the emotional systems of the mammalian brain

PLAY THERAPY

What is it?

- A method of helping children with behaviour and emotional problems *to help themselves*
- Play is the child's natural medium of self expression - it's *essential for development*
- Opportunity to '*play* out ' their feelings and problems
- With a *therapeutic objective*

TEN BENEFITS OF PLAY
(Summary)

- Fun
- Freedom
- Flexibility
- Social Interaction
- Socialisation
- Physical Activity
- Environmental Cognitive Stimulation
- Creativity and Problem Solving
- Emotional Equilibrium
- Self Discovery

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

1. FUN

	Process During play we learn, enact and develop a range of essential life skills, i.e. how to:	**Product** In the longer term playing helps to produce:
	- Be playful - Be funny - Use humour - Tease effectively - Get and give enjoyment - Reduce boredom	Continuation of brain plasticity Happiness

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

2. FREEDOM

	Process	Product
	- Assess risk - Test boundaries - Exercise control - Be assertive. - Use power effectively - Make the best use of freedom of choice	A sense of independence An understanding of the parameters of risk, challenge and danger

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

3. FLEXIBILITY

	Process	Product
	- investigate effectively - explore the unknown - experiment with possibilities - cope with uncertainty - adapt behaviour to get the most out of the environment - develop combinatorial thinking - test unusual combinations of behaviour and thought	Broader horizons An understanding of the world, and an open-mindedness about its true potential

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

4. SOCIAL INTERACTION

	Process	Product
	- make friends - co-operate to achieve an agreed goal - chat informally with friends - understand and appreciate socio-cultural diversity - enjoy solitude - negotiate and resolve conflicts without resorting to violence - develop and use play cues - interpret mimetic actions - use a personal theory of mind	Friendship groups An understanding of social networks Transmission of children's cultures

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

5. SOCIALISATION

	Process	Product
	- Practice social roles - Learn cultural rules - Interact with children's culture - Prepare for adulthood - Challenge social norms - Establish social hierarchies	Self acceptance Respect for others

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

6. PHYSICAL ACTIVITY

	Process	Product
	- Run, Jump, Climb, Crawl, Balance, Swing, Slide, Spin, Hang etc.) - Develop and Utilise Gross Motor Skills - Develop and utilise fine motor skills - Develop hand-eye co-ordination - Use the body effectively - Develop mimetic behaviour - Improve physical strength	Muscular-skeletal development Physical health

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7. ENVIRONMENTAL COGNITIVE STIMULATION

	Process	Product
	- Acquire information and knowledge - Explore the unknown - Understand cause and effect - Play games with rules - Understand shape, size, texture, weight - Understand scaling, calibration, sharing - Make good use of thinking time - Analyse and evaluate - Inspect and contextualise - Develop and use technical prowess and competence	Knowledge and understanding. A sense of wonder about the potential for expanding our horizons

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

8. CREATIVITY AND PROBLEM SOLVING

	Process	Product
	- How to use objects to represent other things - Use the imagination - Make believe - Adapt the environment - Develop an understanding of complexity - Explore combinatorial possibilities - Appreciate beauty	Abstract thinking Aesthetic appreciation Problem solving skills Combinatorial flexibility

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

9. EMOTIONAL EQUILIBRIUM SICKNESS AND HEALTH

	Process	Product
	- use symbolic play to express innermost feelings - come to terms with traumatic events (reconciliation) - reduce objective anxiety (fear of the outside world) - relieve tension and neutralise the stress of everyday life - use transitional objects as a security mechanism - master subconscious conflicts and feelings - satisfy libidinous desires - explore aspirations - construct a preferred reality - create a secure and controllable world	Homeostasis and stress reduction Speedy recovery from illness

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

10. SELF DISCOVERY

	Process	Product
	- make use of the safe practice elements of play - explore a range of different selves - mix fantasy and reality - exercise autonomy of the play experience - develop and utilise survival skills - step up the pace and range of exploratory activities - control a personal microcosm of the world	A unique individual personality – self awareness and self-confidence

** Source: Brown, F. (2014) Play and Play work: 101 Stories of Children Playing.*

ANOTHER RECOMMENDED BOOK AND PERSPECTIVE…

The Ambiguity of Play

Brian Sutton-Smith, Harvard University Press

The Seven Rhetoric's of Play

1. Progress – Play, games
2. Fate – Chance
3. Power – Skill, strategy, deep play
4. Identity – Festivals parades, parties, new games
5. Imaginary – Fantasy, tropes
6. Self – Leisure, solitary, extreme games
7. Frivolity - Nonsense

TYPES OF PLAY THERAPY - 1

- Adlerian Play Therapy
- Child-Centered Play Therapy
  (some similarities but also significant differences)
- Cognitive Behavioural Play Therapy
- Ecosystemic Play Therapy
- Ericksonian Play Therapy
- Family Play Therapy
- Gestalt Play Therapy

TYPES OF PLAY THERAPY - 2

- Group Play Therapy
- Jungian Analytical Play Therapy
- Non-Directive Play Therapy *****
- Object Relations / Thematic Play Therapy
- Phenomenological Play Therapy
- Prescriptive Play Therapy ***
- Psychoanalytical Play Therapy *
- Theraplay: Attachment Enhancing Play Therapy ****

PTI / APAC'S THEORETICAL MODEL

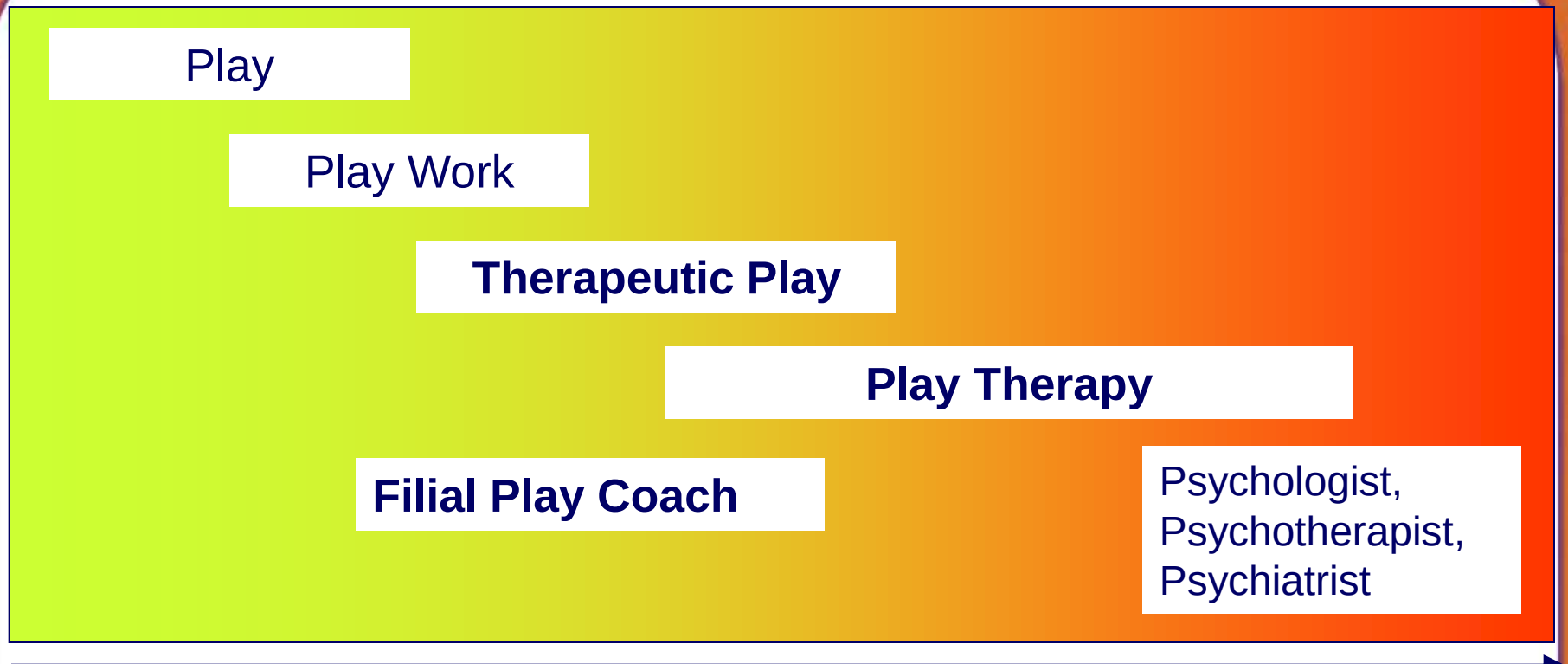
Integrative Holistic

- Integrates
  - The Play Therapy 'Tool-Kit' – wide range of creative arts media
  - Non-directive and directive approaches
  - Working with unconscious and conscious processes
  - Psychological theory with neurobiological evidence
  - Practice and research
- Holistic
  - The whole child and their environment

INTEGRATIVE HOLISTIC

Creative visualisation	Understanding and thinking
Storytelling	Moral & Spiritual development
Drama	Social relationships
Puppets and Masks	Caring for self
Art	Creativity and aesthetic experiences
Music	Communication
Dance & movement	Physical
Sandplay / sandworlds	Emotional

THE THERAPEUTIC PLAY CONTINUUM



PLACING A CHILD ON THE CONTINUUM

- *Child A*
  - *Parents a bit worried about their son not mixing with other children easily*

  Therapeutic or Filial Play
- *Child B*
  - *Girl aged 12, arsonist, repeatedly runs way, excluded from school for abusing younger children, drug abuse*

  Child Psychotherapy / Psychiatry
- *Child C*
  - *Age 6 needs after school care*

  Play Work
- *Child D*
  - *Age 2 - cries a lot, disturbed sleep, no physical problems*

  Filial Play
- *Child E*
  - *Age 8 - Nightmares, quiet and withdrawn, bullied at school*

  Play Therapy

THEORETICAL MILESTONES

- Jungian Principles
- Erikson Psychological Stage Model + Piaget
- Bowlby Attachment Theory
- Hug-Helmuth (1919) First recorded, recognised use
- Melanie Klein(1932) ‘Lure’ into therapy
- Structured Play Therapies (1930s) - largely discredited
- Bixler & Ginott (1949 - 1961) “Limits Are Therapy”
- Carl Rogers & Virginia Axline (1940s)
  - Modification of Client Centred approach
- Violet Oaklander (1980s) - the ‘Tool-Kit’ approach - Gestalt - directive
- Mark Barnes (1986) - non directive application of the tool kit
- Integrative holistic (1999) – MJ & JT

PLAY THERAPY
A DEMONSTRATION

- How does it differ from ‘Conventional Play’ ?
- How does it differ from ‘Talking Therapy’ ?

AXLINE'S PRINCIPLES

- Warm and friendly relationship
- Accepts child as is
- Establishes a feeling of permission
- Reflecting back so that child gains an insight
- Responsibility to make choices is the child's
- Child leads - Therapist follows
- Does not hurry the therapy
- Few limitations - anchor to reality - Child aware of responsibilities

DOES ANYTHING GO?

NO!

A child should have as FEW limits / Boundaries as possible……..

…….. but as many as NECESSARY

APPLYING AXLINE

- We call the time spent by therapists with children ‘Special Time’
- Which is:

  Non Judgmental

  Non Directive

  Non Interpretative

THE TOOL KIT

*Creative Visualisation

* Therapeutic Story Telling

* Drama - role play

* Puppets & Masks

* Sand Tray / Sand Worlds

* Art - drawing

* Music

* Dance & Movement

* Clay

WHO IS PLAY THERAPY INTENDED FOR?

Abuse (Emotional, Physical, Sexual)
ADHD
Anger
Attachment Issues
Autistic Spectrum
Behavior Problems
Bereavement / Loss
Bullied / Bullies
Communication Problems
Delayed Development
Family relationship problems
Lack of confidence
Nightmares
Physical Disabilities
Poor School Attendance
Separated/Divorced Parents
Social Exclusion
Trauma
Unauthorized Absences
Under Performing (Academically, Socially, Culturally)
Withdrawn Personality

MOST COMMON PRESENTING CONDITIONS

Relationship difficulties	2406	16.63%
Anger	1578	10.91%
Attachment	1081	7.47%
Lack of Self Esteem & Confidence	1046	7.23%
Adjustment Issues	1174	8.12%
Bereavement	517	3.57%
Domestic Violence experience of	497	3.44%
ADHD	481	3.33%
ASD	402	2.78%

WHAT HAPPENS ?

A few case illustrations

- Art / Clay
- Creative Visualization
- Sand Play
- Music

EXTRA SLIDES FOLLOW...

Play Therapy International Career Development Map - Part 1

Prior Learning / Qualifications

A degree or professional diploma

Arts, Drama, Music, Dance	Social Services	Counselling, Psycho-therapy, Psychology	Teacher training	Care training	Medical Training - Doctor, nursing

↓

Work Experience

With children or adults or families or patients

↓

Post Graduate Training in therapeutic play skills (Certificate level)
+ 100 hours clinical work with children

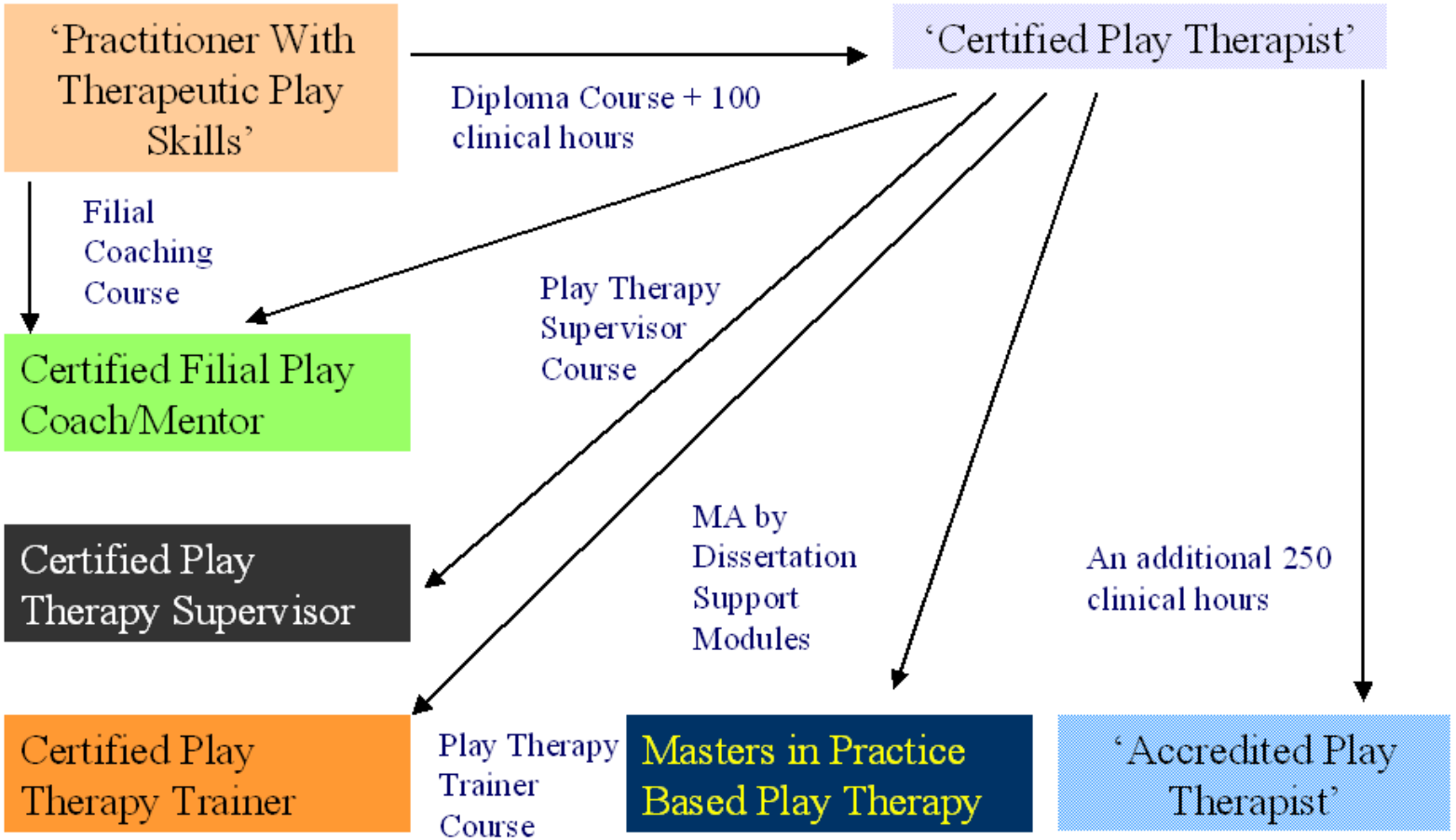
Qualification = 'Practitioner With Therapeutic Play Skills'

↓

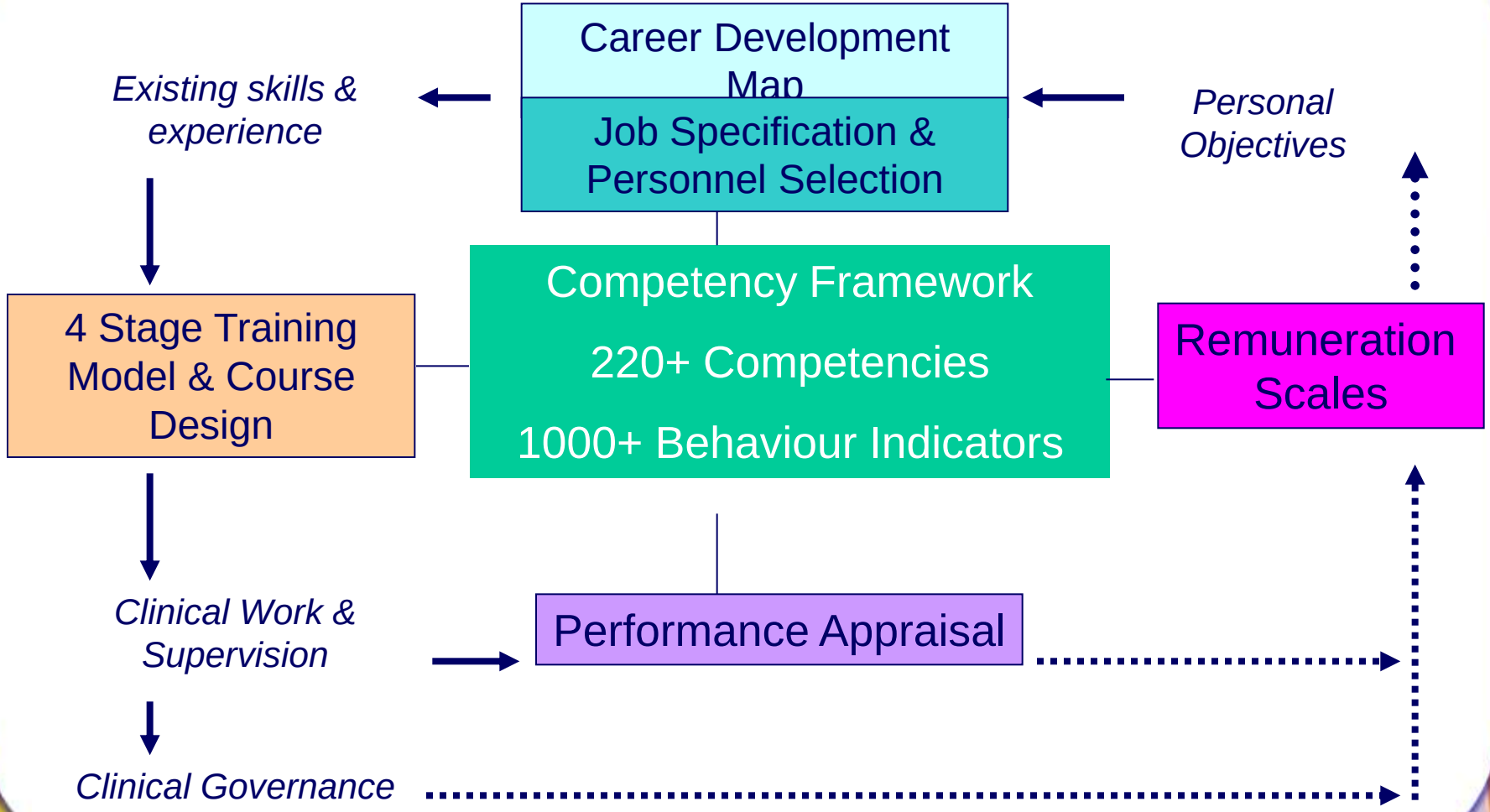
Post Graduate Training in Practice Based Play Therapy (Diploma level)
+ 100 hours clinical work with children

Qualification = 'Certified Play Therapist'

Play Therapy International Career Development Map - Part 2



PTUK'S PROFESSIONAL STRUCTURE MODEL



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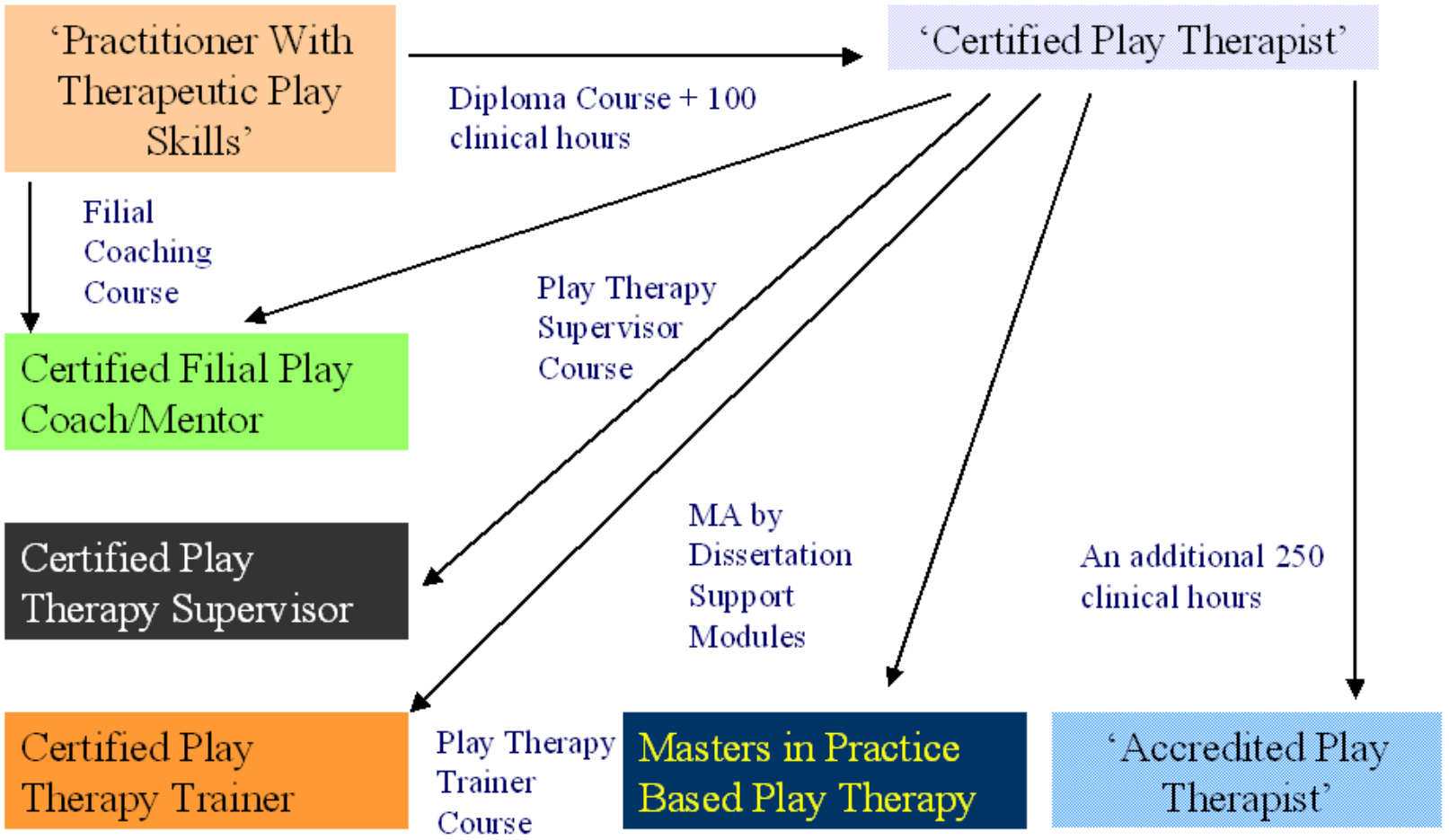
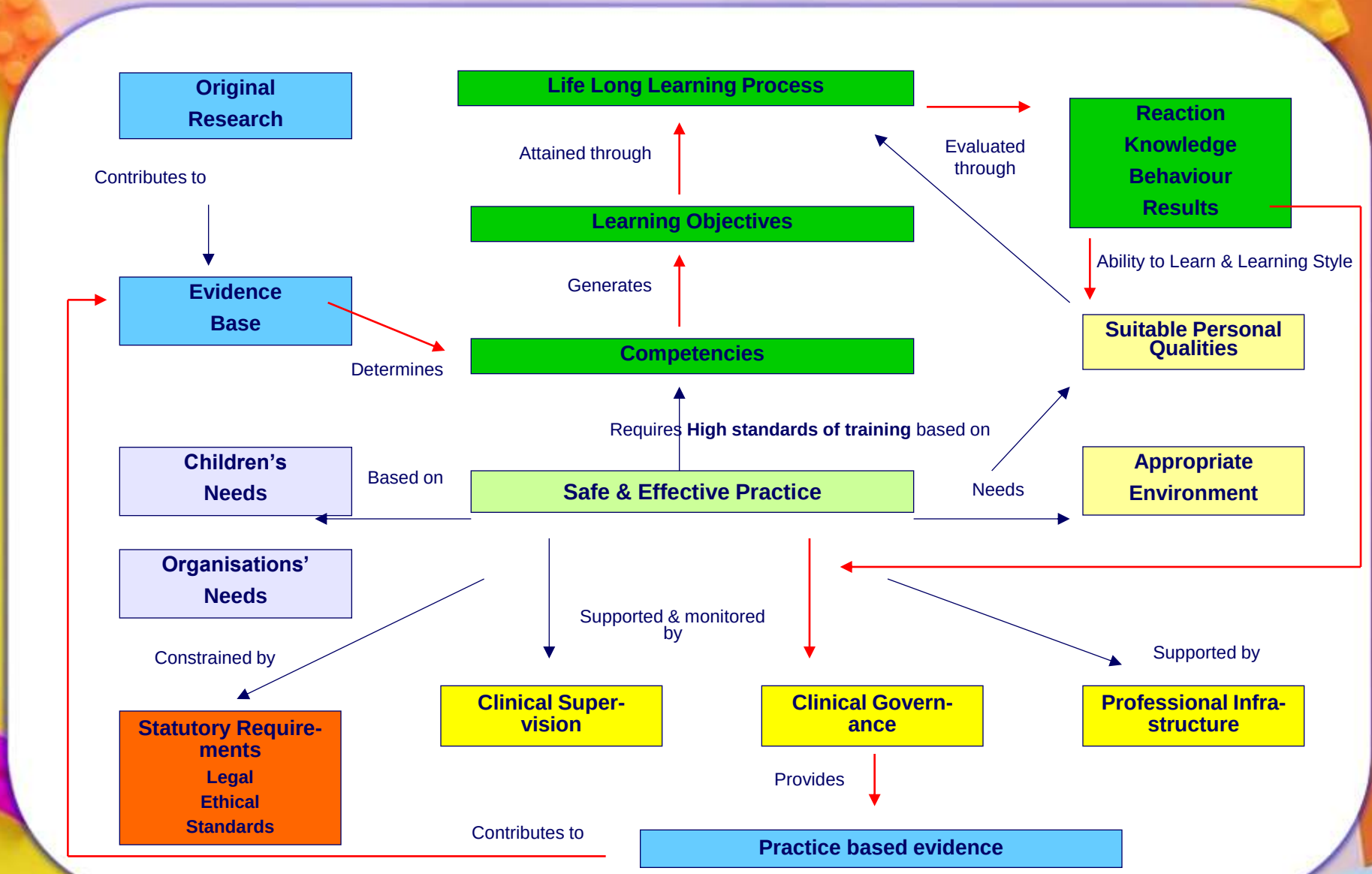


PLAY THERAPY PRACTICE - A SYSTEMIC VIEW



ACCREDITED TRAINING

- Clinical
  - PTI administers PTUK standards outside the UK, often through affiliates such as PTIrl, PTHK, PTIndo
- Academic
  - Academic quality managed by Leeds Beckett University (LBU)
- Training courses run by APAC in a collaborative partnership with LBU

PTUK'S POLICIES & ACTIVITIES

- Not for profit organisation
- The United Kingdom Society **for** Play and Creative Arts Therapies – known as Play Therapy UK (PTUK)
- Manages the Register of Play and Creative Arts Therapists accredited by the UK Professional Standards Authority (PSA)
- The first play therapy register in the world to be accredited by an independent government funded agency
- PSA standards assures the **quality** of work – PTUK assures the **effectiveness** of its registrants' practice (clinical evidence base)
- PTUK has just over 2000 registrants (December 2017)
- PTI manages its standards and the register outside the UK

REQUIREMENTS

- MUSTS
  - Safe play room (consistent)
  - Assurance that sessions will not be interrupted
  - Assessment, screening and post therapy evaluations using Goodman's SDQ
  - Time for sessions and clinical supervision
  - Assured time-tabling
  - Agreed scheduling / advance notification of changes
  - Agreed communication protocols
  - CRB and Insurance
  - Parental consent
- NICE
  - Parental involvement
  - Assessment of all children at appropriate stages
  - Lots of materials and equipment!

PROBLEMS, SOLUTIONS & OPTIONS

- People
- Procedures

PROBLEMS, SOLUTIONS & OPTIONS

Teachers' Concerns

- Different expectations
- Lack of consultation
- Indifference or resistance
- Programme forced upon them
- Loss of learning time
- Loss of control
- More admin tasks

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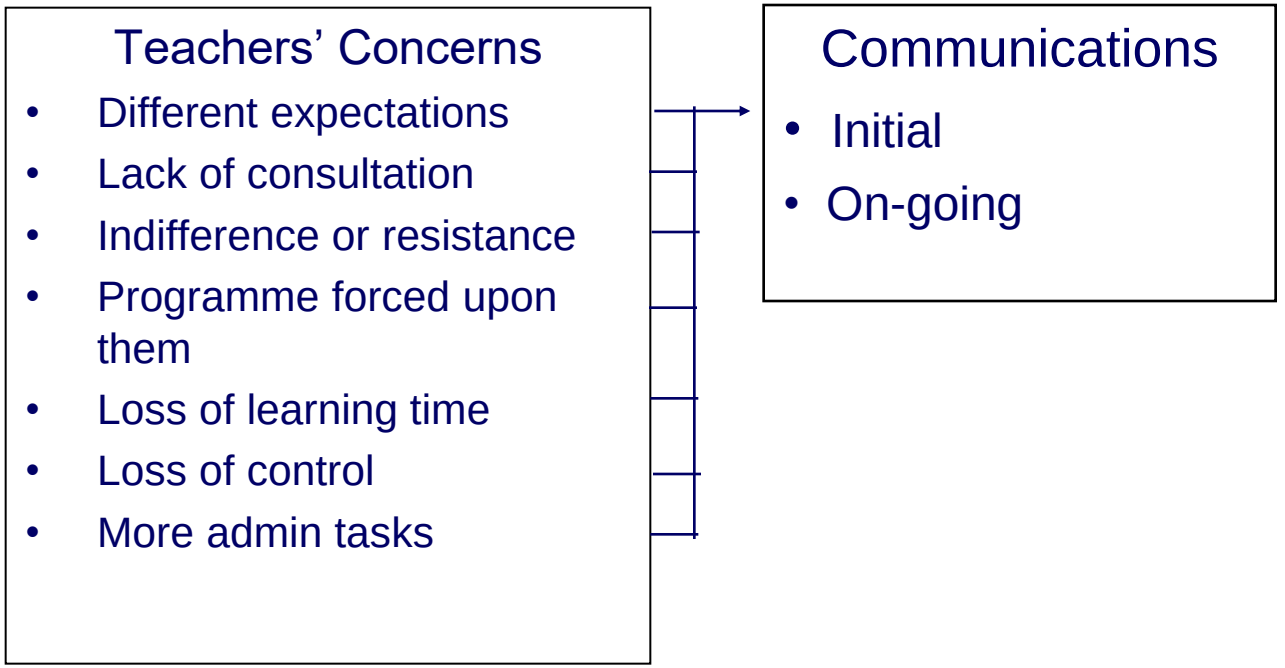

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- Initial
- On-going

Options

Briefings:

- Short (60 mins) or
- Experiential workshop (1/2 a day)

Progress Reports

- Web site
- E-mail
- Newsletters

Review meetings

- Teachers/Supervisors (ad hoc)
- Group progress meetings 1/ term?)

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Parents' Involvement

Insert in school brochure, opt out form, review meetings, PTA meetings?

PROBLEMS, SOLUTIONS & OPTIONS

From our experience ….

- Measurements may be compromised by teachers and students changing schools
- Maintaining the continuity of sessions – field trips, school functions etc
- Future evaluations should include achievement data
- Longitudinal study needed

SDQ taken on last session - notification

Integrated scheduling

Data interchange protocols

The data almost certainly exists - it just needs linking

INTEGRATING THERAPEUTIC PLAY WITHIN THE SCHOOL

- Circle Time
- Emotional Literacy
- Mentoring
- Nurture Group
- Anger Management
- Bereavement Support
- Crisis Intervention

CIRCLE TIME

- Teacher Led. - Social Skills, Health, Hygiene, Relationships, Feelings
- Therapeutic play provides for self exploration in a safe environment
- Is child led, undivided attention, child explores own feelings
- Therapeutic play *complements* Circle Time

Integration

EMOTIONAL LITERACY

- Definition - ‘Children area able to recognize, understand, handle and appropriately express their emotions’
- Aim - Every Learner to achieve their best
- Therapeutic play has *major role* in achieving EL

Integration

MENTORING

- Supporting under-achievers by removing barriers to learning for individual children
- Therapeutic play has a *major supporting role* where there are emotional, behaviour or mental health problems

Integration

NURTURE GROUP

- For pupils not coping in the classroom environment
- Provides a different learning experience
- Aim reintegration into classroom.
- Therapeutic play has a *major supporting role* where there are emotional, behaviour or mental health problems

Integration

OTHER SERVICES

- Anger Management - provides strategies
- Bereavement Support - provides strategies
- Crisis Intervention - revisits events
- Mainly ‘talking’ interventions
- Therapeutic play can play a *major role* in alleviating these types of conditions
- Child led - given support and a safe environment to work through the issues themselves at their own speed

Integration

THANK YOU !
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