

Play Therapy A-Z



From Research Writer Sophia O'Neill

Art-making in Play Therapy is not preoccupied with artistic skill nor primarily with a final piece, but in the making of it. Metaphor-rich creations emerge from a child's experiences, bringing thoughts and feelings into form, shape and colour to be explored together with the therapist, promoting personal insights, growth and wellbeing.

Boundaries in Play Therapy are more than rules, they provide predictability and consistency. These few but essential edges within which we practice, contain the emotional import of the work that we do. They provide the trusted and facilitative space within which process can be held, allowing deep and transformative shifts to take place safely.

Clay in Play Therapy provides a powerful medium for exploration, understanding and growth. Clay creates opportunities to explore and engage with what is created through physical manipulation. Working with clay can assist children to mould previously unidentified and unexpressed thoughts and feelings into physical forms, and work towards integrating and understanding their experiences.

Drama in Play Therapy creates opportunities to: shift, merge, play new roles, experiment with new ways of being and put oneself in another's shoes. Embodiment, movement and projection are explored through narrative and role. The trying out or trying on of different personas, worldviews or belief-systems can promote healing and understanding through insight and creative learning.

Endings in Play Therapy are important. For many children the beginnings, middles and ends of relationships and life events may have been unclear, sudden or painful. Experiencing a planned ending with a therapist, provides opportunities to feel and express previously unarticulated experiences about goodbyes and loss, through play or art-making.

Fortuna is our record management system. A secure place for all your records and a platform from where we can gain strength in numbers. Numbers of Play Therapy practitioners generating numbers of records. Records which together argue the efficacy of our work, making lobbying for every school to have a Play Therapist within reach!

Group work in Play Therapy. Group work provides opportunities for turn and perspective taking in role-play, and opportunities to rehearse and revise social intelligence and skills. Together in groups openings arise to better articulate, reflect and understand social dynamics; leading to self-growth and balanced regulation, outside of the individual therapy setting.

Hide-and-seek in Play Therapy can be understood in developmental terms as object constancy achievement. It can be understood as relational intent; of being searched for, seen, and truly found. It can be a rehearsal of beginnings and endings with the therapist, so as to better integrate and manage these outside the therapy room. Withdrawing, searching and discovering another – precious relational moments, with profound therapeutic value.

Instruments in Play Therapy are powerful modes of communication and self-expression. Music, ensembles, exchanges of rhythms and group soundscapes evoke strong affective experiences and put previously unarticulated

thoughts and feelings into sound, form and movement. Sound becomes the metaphor for the child's experience, its flexibility providing space to experiment with harmony, tone and tempo - as embodied explorations of unity, affect and energy.

Jokes and humour in Play Therapy are often part of the dynamic dyadic between therapist and child. Humour can be planned or spontaneous, freeing and bonding. It can act as metaphor does, generating distance between psyche and traumatic content. Learning how to partake, plot patterns and understand its genesis all add much to a therapist's understanding of content and process.

K (57), L (53), M (64), N(60), O(57)

Knowledge about Play Therapy drives progress, for your practice and for our profession. Practice-based evidence is the information and outcomes we gather from our real-world play therapy sessions. Add training, reading, reflection and discussion and what we Know continues to grow. With this, new opportunities for interest and understanding bring openings for growth. Where next for you?

Liaison as a Play Therapist can scaffold and support our work beyond the therapy room. Explaining our work to teachers, colleagues and families can forge helpful structures and relationships around our clients. Alongside this purposeful and energetic outreach, times for reflection and rest are important too, for balance and longevity of our efforts.

Mess in Play Therapy happens. Mess can feel overwhelming and uncontained. Mess can tap straight into transference and countertransference and be spilt in Supervision. Mess in Play Therapy sessions is held and contained, it is permitted and explored within the trusted therapeutic relationship. Mess can be metabolised here; moving from disorganised and unarticulated towards integrated and understood. A powerful process, but a messy one.

Neuroscience is part of the Play Therapy process. As we learn about the working and wiring of our cerebral organ, we understand better it's links to relationships and play, to trust and creativity, to exploration and growth. This can benefit our understanding of referral issues, relational dynamics, and therapeutic processes – thus developing our minds as we learn how others' work.

Outdoor play in Play Therapy offers a rich field of practice. Grounding, embodied principles vital to regulation and relationship can be understood in the outdoors. Holistic, gentle and rich sensory experiences can lead to healing and growth. Relational ruptures and repairs can be reflected in discourse and connections with nature, supported and contained by the therapeutic relationship.

Puppets in Play Therapy. Projection and narrative are frequent themes in play therapy sessions. Puppets provide opportunity to explore different roles and perspectives, engaging in both storytelling and empathic experiments. Role-play and embodiment are particularly evident in puppetry, bringing to the foreground social themes and physical experiences at the individual level. Puppets can facilitate self-expression and the holistic use of the whole self in this therapeutic play.

Questions for Clinical Supervision provide an educational and nurturing experience for trainee and qualified Play Therapists alike. Arriving with theoretical queries and patterns in session content to explore, with soft hypotheses to discuss and transference to unpick, helps support therapists to remain cognisant and not overwhelmed by the nature of the work that we undertake. Like any resource it pays to be prepared, and to reflect fully on each session.

Room to practice safely and in confidence is vital to Play Therapy. Therapists spend time organising a space to work, within allocated space and within any organisation. The space remaining predictable and uninterrupted is reassuring in its consistency. A Play Therapist working outdoors considers boundaries in their setting, and holds these agreed edges therapeutically. Fundamentally in all practice, the therapeutic relationship forms this role too.

Sandtray is an integral part of our Play Therapy Toolkit. NEW findings from our global clinical dataset, show sandtray as the second most chosen Toolkit media by children, both in number of times chosen and time spent using it. The average proportion of session time that children spend using the sandtray across almost 210,000 PTUK/PTI sessions, equates to 7 minutes of a 40-minute session (*Fortuna, Feb. 2022*).

Therapeutic stories in Play Therapy. Narrative in play is often present, and storytelling an ancient and rehearsed way of being together and sharing experiences and intent. Its composition can focus the practitioner on clinical issues at hand, and convey modes of self-growth to the child via the conduit of relevant, insightful metaphor. Narrative provides a place from which to explore reflective functions, intersubjectivity and perspective-taking and provide subtle, therapeutic insight.

Unconscious processes in Play Therapy elicit thoughts and feelings outside of conscious awareness. In therapy a child's previously unarticulated or buried internal experiences can move into awareness through metaphor. Through the physicality and narrative of therapeutic art and play, a child can integrate the unconscious with the conscious, in order to better understand their experiences and lives in the present.

Virginia Axline's work is central to our Holistic Integrative Play Therapy Model. Her 8 Principles can serve as a touchstone for client-centred, empathic work. She encouraged focus on the child and respect for who they are "Accept the child as is". **V**iolet Oaklander contributed to our I-H Model with her gestalt perspective of the individual. She also encouraged a present, respectful focus "start with where they are. Pay attention."

WhyWhyWhy? Questions posed to the Play Therapist provide opportunities to discover what the underlying need or motivation is beneath them. Without a literal answer. Learning the therapist's favourite colour may just enable an adapted strategy of discovering what others like, and delivering it, with no gained insight. Uncovering the need to please leads to growth and truly answers the question at its relational root. The answer 'blue' would not.

X-marks the treasure. Hidden precious psychic realms, highly fortified experiences and beliefs. As Play Therapists we understand the layering of defences constructed necessarily by the children that we work with. As work proceeds there can be times of unfurling and allowing the submerged to emerge. This process occurs in the safety of the therapeutic relationship and predictable boundaries of the sessions. The psychic riches of integration and growth.

YUCK! Disgust, fear and revulsion can emerge in play therapy sessions. As clients experience complicated and disturbing feelings, therapists too confront split affect and dissociative defences. Our grasp of taboos, perfection, love and abuse contribute to our practices. Understanding disgust as a core emotional response, an urge to expel, fight or avoid, can help unpack these emotional events.

Zzz & Self-Care is essential for best practice, but can be side-lined as we lean further into giving. Just as our work needs care and time, so do we. Exhaustion and anxiety, if left unchecked, can lead to absences from our vocations. Our training teaches resilience and encourages self-worth and the seeking of support. At the end of our A-Z let me ask – *what will you do today, for you?*

A is for

A



Art-Making

B is for

B



Boundaries

C is for

C



Clay

D is for

D



Drama

E is for

E



Endings

F is for

F



Fortuna

G is for

G



Group Work

H is for

H



Hide & Seek

I is for

I



Instruments

J is for

J



JOKES & HUMOUR

K is for

K



Knowledge

L is for

L



Liaison

M is for

M



Mess

N is for

N



Neuroscience

O is for

O



Outdoors

P is for

P



Puppets

Q is for

Q



Questions

R is for

R



Room

T is for

T



Therapeutic Stories

S is for

S



Sand Trays

U is for

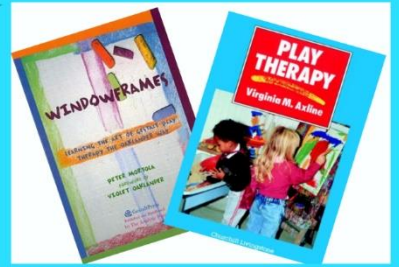
U



Unconscious Processes

V is for

V



Violet & Virginia

W is for

W



Why Why Why?

X is for

X



X Marks the Spot

Y is for

Y



YUCK

Z is for

Z



Zzzzz