

What is Play Therapy?

Child-Centred Play Therapy (CCPT) is a psychotherapy approach for children that is based on their natural way of self-expression: Play.



Play is seen as the child's language and 'toys' as their words. Accordingly, the therapeutic materials in the playroom have been carefully selected to facilitate communication.

But the most important resource in the playroom is the therapist. Just like in other modalities, the child-clinician relationship is the highest predictor of positive treatment outcomes.



The therapist builds the relationship, understanding the child's needs and experiences through play. So the underlying sources of challenges are addressed by focusing on the whole child and their needs. Change then happens from the inside out.

As internal growth increases, behavioural symptoms will decrease. This leads to a stronger person, more able to tolerate triggers and changes (i.e. increased resilience and inner strength).

This is a non-directive approach. Children are not pushed to say or do anything they don't feel ready to. In session, children are allowed to take the lead, make their own decisions and work at their own pace.

CCPT follows the child's own internal process. It is therefore important for parents to be patient and trust the process. Sometimes this can be hard to do, as symptoms may worsen before an improvement is seen.

CCPT is an evidence-based approach and one of the most effective therapy modalities for children aged 3 to 11.

Who benefits from play therapy?

Play Therapy works well for children who are struggling with emotional and behavioural difficulties that affect their sense of well-being and ability to learn and grow optimally, such as:

- Common childhood problems and concerns (e.g. low self-esteem, poor social skills, bullying and self-regulation issues).
- Anxiety and low mood.
- Communication difficulties (e.g. struggling to express thoughts, feelings and emotions).
- Adjustment to life events (e.g. birth of sibling, starting school or moving house away from family and friends).
- Trauma (e.g. medical, relational or developmental).
- Grief and loss, including parent separation and family breakdown.

Play Therapy does not resolve problems of a neurological, biological or organic nature, such as ADHD, OCD or biochemical depression. But it is a highly effective complementary treatment for children with these diagnoses, as they tend to have concurrent emotional problems.



What skills can a child develop from engaging in play therapy?

There are four universal outcomes of Play Therapy, regardless of the reason why the child began treatment: Increased self-esteem, increased regulation, increased worldview and increased emotional vocabulary.

These, in turn, lead to an improvement in prosocial and problem-solving skills, as well as a greater sense of self, independence, autonomy, empathy, and responsibility for own actions and behaviours.

The therapist's role

While the therapist's role is non-directive, it is not a passive one. The therapist remains active and disciplined throughout treatment by doing the following:

- Using their skills in a consistent, predictable manner to create an environment that promotes the child's self-expression and self-direction.
- Tracking (describing) a child's actions in play to increase self-awareness and facilitate the relationship.
- Reflecting content by summarising or paraphrasing the child's verbal expressions. This allows the child to feel seen, heard and understood.
- Reflecting feelings (naming or validating feelings) to increase awareness of emotions, learn to accept them and, ultimately, express them verbally.
- Setting consistent limits — gently but firmly— when the child is testing them in session.
- Facilitating experiences of co-regulation.
- Building self-esteem, providing encouragement and sense of self building statements.
- Facilitating decision making and returning responsibility.
- Being an attuned, empathic and unconditional witness throughout the child's healing journey.

How many sessions are needed?

The duration of treatment can range between 20 and 40 sessions or more, depending on each individual child.

But on average, clients need between 27 and 30 sessions. Each session is 50 minutes long, allowing for transition time in and out of the playroom.

Booking an appointment

Please call the Family Psychology Practice and ask to see Ale.

Phone: (02) 8964 9487

Locations

Playroom and counselling space
Suite 14
1 Redman Rd Dee Why NSW 2099

Main office
Family Psychology Practice
2a King St Manly Vale NSW 2093

Alejandra Hayes
Play Therapist and Adolescent Counsellor
PACFA Reg Certified Practising 29750
APTA Associate Member 20190226