

ASSIST – Mobilization of the Community Towards Secure School



# **PLAY THERAPY IN SCHOOLS**

TIPS FOR GETTING STARTED



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## Author

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Education and Culture

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European Cultural Interactions



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# INTRODUCTION TO PLAY THERAPY METHOD

## WHAT IS PLAY THERAPY?

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Play Therapy is an effective counselling method that helps children modify their behaviours, clarify their self-concept and build healthy relationships. In Play Therapy, children enter into a dynamic relationship with the therapist that enables them to express, explore and make sense of their difficult and painful experiences. It helps children to find healthier ways of communicating, develop fulfilling relationships, increase resiliency and facilitate emotional literacy.

Children use play as a form of communication. So often children referred to Play Therapy do not have the words to describe their thoughts, feelings and perceptions of their internal and external world. Play Therapy helps children understand muddled feelings and upsetting events that they haven't had the chance to sort out properly. Rather than having to explain what is troubling them, as adult therapy usually expects, children use play to communicate at their own level and at their own pace, without feeling interrogated or threatened.

### *Historical Background*

Play therapy is not some new fangled technique but one that has strong historical roots. In giving a background on play therapy, it does not necessarily mean that all or any of the methods mentioned are still in use or that they necessarily work. What we are looking at here are the "roots", the beginnings of therapy with children. Some of the methods would definitely not be used today. They are given to indicate the growing process of our understanding of work with children.

PIONEERS	RELATIONSHIP THEORIES
Hug-Helmuth (1919)	First used play directly in the therapy of children. Murdered by a client, who was her nephew and living with Hug-Helmuth as an adopted son.
Melanie Klein (1932)	Incorporated play into her sessions with children as a 'lure' into therapy
Structured Play Therapies (late 1930s)	Used play therapy as a direct substitute for words. Common factors: A psychoanalytic framework At least a partial belief in the cathartic value of play The active role of the therapist in determining the course and focus of therapy
Otto Rank (1936)	Stressed the importance of the so-called "birth trauma" in human development.
Jessie Taft (1933) Frederick Allen (1942) Clark Moustakas (1959)	Adaptations of Rank's thinking to work with children in play therapy, through therapy the child is given the opportunity to establish a safe, consistent relationship with a therapist in a safe setting. This approach tended to emphasise the child-therapist relationship and de-emphasise the significance of past events. Still maintained a strong tie to psychoanalytic theory.
Levy (1938)	Developed "release therapy" to deal with children with specific trauma – made materials available to re-enact the trauma.
Soloman (1938)	Developed a technique called "active play therapy" which was used with impulsive/acting out children. It was thought that expressing rage and fears through play would lead to more socially accepted play.
Hambridge (1955)	Set up play much like Levy, but was much more directive. Directly recreated the event in play to aid the child's "release".

## *The Importance of Play*

Most of us understand that play is good for us - that it has a therapeutic value. It helps children of all ages, genders and cultures to learn, communicate and develop their personalities.

The Play is important because:

- **Play is essential to emotional, physical, and social development.**
- **Play allows children to explore confusing experiences so as to make more sense of their world and to safely learn from their mistakes.**
- **Therapeutic play and play therapy empowers children to make choices and take responsibilities in line with their ages and abilities.**
- **Therapeutic play and play therapy help children to become happier, more self-confident and to develop a clearer sense of their identities.**

Similarly creative arts can help in the same way. They are also used to unlock the potential in children and make sense of their life experiences. Children can express their feelings without having to use words.

Play therapy pioneers, Anna Freud and Virginia Axline and psychologist Jean Piaget believed that the language of children is play – combining their symbolic and cognitive worlds. Many professional child counsellors consider play and creative arts to be among the most effective ways to reach children, adolescents and teenagers, as the therapist meets the child in the playroom where the child feels comfortable rather than through the verbal world of grown ups.

## *When something troubles the child*

Parents and carers often worry when a child has a problem that causes them to be sad, disruptive, rebellious, unable to cope or inattentive. You may be concerned about a child's development, eating or sleeping patterns and how they are getting along with family, friends and at school.

Every child is unique and special, but sometimes they experience problems with feelings or behaviours, that cause disruption to their lives and the lives of those around them. Some parents and carers often delay seeking help because they worry that they will be blamed for their children's behaviour. Feeling responsible for a child's distress or problems is a normal part of caring. The fact that you have the commitment to start addressing the difficulty is a significant part of helping your child.

## *How can Play Therapy help the child?*

Play is vital to every child's social, emotional, cognitive, physical, creative and language development. It helps make learning concrete for all children and young people including those for whom verbal communication may be difficult.

Play Therapy helps children in a variety of ways. Children receive emotional support and can learn to understand more about their own feelings and thoughts. Sometimes they may re-enact or play out traumatic or difficult life experiences in order to make sense of their past and cope better with their future. Children may also learn to manage relationships and conflicts in more appropriate ways. The outcomes of Play Therapy may be general e.g. a reduction in anxiety and raised self-esteem, or more specific such as a change in behaviour and improved relations with family and friends.

## *What will happen in Play Therapy sessions?*

Play Therapist will have a large selection of play materials from which the child may choose. These may include art and craft

materials, dressing up props, sand and water, clay, small figures and animals, musical instruments, puppets and books. The Play Therapist enables the child to use these resources to express him or herself without having to provide verbal explanations. Informing the child as the session starts that he/she can choose what to play right now and in the last part of the session the counsellor might choose to do something different.

### *What does a Play Therapist do?*

Play Therapist receives extensive training in subjects such as child development and counselling. Child counsellors are also trained to use play, a child's natural form of expression, as a means for understanding and communicating with children about feelings, thoughts and behaviour.

A Play Therapist will begin by carefully listening to parent's concerns about their child and family. He will review their history and find out about the stresses the family have been through so that parents can help their child make sense of it. Therapist may seek information from school and other significant adults in their children's lives. An assessment is made of the child's strengths as well as their difficulties.

Play Therapist will talk with parents about what to tell the child about their Play Therapy and how to anticipate and answer your child's questions.

Therapist may work as part of a team of other professionals or independently and may suggest a referral for other professional intervention as part of the support. This might include support for parents too.

Play Therapists sometimes work with parents in the playroom with their child. Some specially trained Filial Play Therapists may train parents in how to relate better to their child using child-centred techniques.

## *How long does Play Therapy take?*

Some children will respond to a short term intervention (for example up to 12 sessions). However, when problems have persisted for a long time or are complicated a longer-term intervention may be required. It is difficult to give a precise figure, but often Play Therapy requires a minimum of 12-15 sessions. For children with complex needs, Play Therapy may take a lot longer. Unfortunately, there are no quick, easy solutions. In these circumstances some Play Therapists have worked with children for two years or more. Sessions are usually once a week and consistency on a regular day and at the same time and place is very important for developing a trusting relationship. Unplanned missed sessions may disrupt the progress.

## *Why is the therapeutic relationship so important?*

The therapeutic relationship that develops between the child and the Play Therapist is very important. The child must feel comfortable, safe and understood. This type of trusting environment makes it easier for the child to express his/her thoughts and feelings and to use the therapy in a useful way. It is also crucial that children know that their parents are supporting the process.

## *What parents can do to help?*

Parents are very important in supporting their child through the process. Being consistent and encouraging to your child about attending sessions regularly is crucial. It is also important to resist the urge to ask the child what they did during the session, as this will put pressure on them to comment on something they may have difficulty understanding themselves. Usually parents want to check whether their child 'was good'. Therapy is not about being 'good' or 'bad' and child must feel free to express 'bad' feelings in an uncensored way. Parents must not insist their children tell certain things: it is their time and they must feel free to express

themselves at their own pace. Instead, parents should tell their concerns to the Play Therapist on a separate occasion. It often happens that during any therapeutic intervention, behaviour may appear to get worse before it gets better. Telling child's Play Therapist if you have any concerns always facilitates a progress in therapy. Parents should feel free to ask child's Play Therapist any questions throughout the process.

Play can be messy and it is helpful if child can wear old clothes to minimise their anxiety about this.

### *Confidentiality*

Confidentiality is central to the play therapy process and this means the play therapist must maintain a strict level of privacy, though this rule is broken if the therapist believes the child is at risk of harm. Without confidentiality, the child will not be able to trust the therapist and this will cause the play therapy to be ineffective or even break down. The confidentiality rule can be difficult and frustrating, but it is essential for play therapy.

Information that you share about your child and family will usually be kept confidential. The therapist may share information with other colleagues and professionals for the benefit of the child with only permission of the parents. The play therapist must share information with other professionals if they are concerned that a child is being harmed, hurting others or themselves. They will usually talk to you about this first. Child's play therapist will meet with parents at regular intervals to discuss progress in therapy sessions and any changes and developments parents have witnessed or experienced at home. However the play therapist will not disclose specific details of what the child has played. This is important in order to maintain your child's trust and feelings of safety with the therapist.

## PLAY THERAPY BASIC PRINCIPLES

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Play therapy is one piece of a total picture. It is an important piece, but still, just one part of a larger process. There are other areas and people to be dealt with, either by the therapist or by colleagues. As work proceeds with the child, it is also important for someone to be involved with other people in the child's environment. Very professional and well intentioned therapy process can result in a break down, because of insufficient communication with the teachers of the child.

### *Ages of Children*

Play therapy techniques can just as easily be adapted for adults and their children. Obviously, there are certain adaptations that have to be made for different age groups but, in general there are few limitations in tapping playful or creative impulses in the healing processes. Until now 3 years has been assumed to be the youngest age at which a child could benefit. However the exciting developments in filial therapy and the latest research into how young children learn and think suggests otherwise. It is agreed worldwide, that children in the range of age from 5 to 12 form the main clientele for play therapy. Though, adapting the play materials and involving more activity therapy elements into the play therapy process, allow teenagers up to 16 bear the use of Play therapy.

### *Avoid Dogma*

Remember that the entire mental health field is brand new. It is hardly a century old and therapy with children is really so new that there is no excuse for getting locked into dogmatic beliefs about there being "one wonderful model that works". There are tons of theories and philosophies of working with children but relatively few facts. Models are based on theories. Unfortunately, when much of a theory has been disproved, mental health professional are sometimes left with the models. A critical thinking is vital for a therapist.

## *Directive v Non Directive Approaches*

There is an ongoing debate in the play therapy field over which approach is better – non-directive or directive. There are two issues of concern. First, there is not one right way to proceed in work with children. Contrary to the dogmatic views of some theorists in the field, many approaches work with children. Second, it is highly questionable that there is really any such thing as non-directive therapy. The term “non-directive” is a misnomer.

A therapist should be fairly non-directive in the therapeutic process, often quite directive with regard to the methods used in a session, and as non directive as possible with regard to the interpretation of the material which arises during a session, and quite directive in the issues of safety and best interests of the child. Therapists who call themselves non-directive or client-centred are often only non-directive in terms of what they do in a session. They suddenly become very directive in interpreting and analysing the client’s inner world and reflecting back to the child.

School play therapy tends to short-term, while directive is a preferred method once the child is acclimated. Non-directive play therapy works well with children who have a behaviour problem or a resistant client. Using a combination of directive and non-directive play therapy allow the session to begin to flow and end with structure to return to the classroom.

## *Client Centred Approach*

Carl Rogers has developed this approach for therapy with adults. In 1946 he introduced a client-centred approach in therapy (later called person-centred) therapy (Rogers, 1959) Virginia Axline (1964) modified the client centred approach into a play therapy technique for children. Client centred play therapy aims at resolving the imbalance between the child and his/her environment so as to facilitate natural self-improving growth.

## *Axline's Basic Rules*

Since much of current play therapy practice is based upon Virginia Axline's work it is worth quoting her basic rules.

The therapist:

1. Must develop a warm and friendly relationship with the child.
2. Accepts the child as she or he is.
3. Establishes a feeling of permission in the relationship so that the child feels free to express his or her feelings completely.
4. Is alert to recognise the feelings the child is expressing and reflects these feelings back in such a manner that the child gains insight into his/her behaviour.
5. Maintains a deep respect for the child's ability to solve his/her problems and gives the child the opportunity to do so. The responsibility to make choices and to institute change is the child's.
6. Does not attempt to direct the child's actions or conversations in any manner. The child leads the way, the therapist follows.
7. Does not hurry the therapy along. It is a gradual process and must be recognised as such by the therapist.
8. Only establishes those limitations necessary to anchor the therapy to the world of reality and to make the child aware of his/her responsibility in the relationship.

## *Limits*

Bixler (1949) wrote an article "Limits Are Therapy" which began a movement where the development and enforcement of limits was considered the primary vehicle of change in therapy sessions.

Therapist sets the limits with which she or he is comfortable. For example, the child should not be allowed to:

- 1. Destroy any property in the playroom other than play equipment**
- 2. Physically attack the therapist**
- 3. Stay beyond the time limit of the session**
- 4. Remove toys from the playroom**
- 5. Throw toys or other material out of the room**

Ginott (1959, 1961) felt that the therapist, by properly enforcing limits, can re-establish the child's view of her/himself as a child who is protected by adults.

Today we know that setting and enforcing limits is an important part of both parenting and therapy. A child without limits is an abused child. Without limits there is no sense of safety, boundaries or protection in the world. Children without limits cannot trust adults to behave in a consistent manner. We owe children limits. This is not to imply rigidity or inflexibility. Limits should stem from loving concern for a child not for a desire for power over the child. A child should have as few limits as possible but as many as necessary.

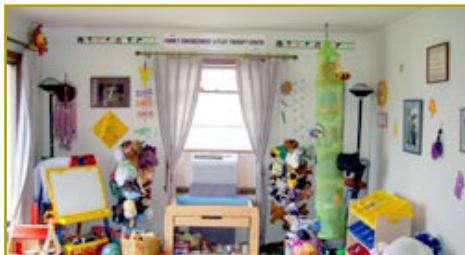
One of the consequences of testing the limits should, under no circumstances, ever involve physical punishment, spanking etc. Physical punishment only represents inability to properly establish and enforce reasonable limits earlier. It is a message in the clearest possible manner to the developing child that physical abuse is legitimate and that hitting someone is something that both parents practice with acceptance.

## TOOLS OF PLAY THERAPY

The techniques and methods are the tools in the “tool-kit” of a play therapist or a practitioner of therapeutic play. The more skills or tools one has the better one can adapt to new situations, difficulties or problems and follow the lead given by children in the sessions. These tools are also resources. However it is no use knowing the theory of a tool without the practical experience of using it, initially under safe conditions. The play therapy tool-kit is also based upon the set of competencies that a professional working with the child can demonstrate.

### *Main themes and materials for play therapy*

**A playroom**



**Arts for Creative Visualisation**



**Sandtray or sand-box**



**Music**



**Dance and Movement**



**Theatre**



**Puppets**



**Masks**



Clay or play-dough



Tough toys



Table and board games for  
facilitating group activity.  
Engage in board games with  
older students



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And many other toys and games which are extremely valuable in specific circumstances.

# PROVISION OF PLAY THERAPY IN SCHOOLS

## *Distinctiveness of Play Therapy in Schools*

Play therapy in school differs from play therapy in other settings in only the amount of time a counsellor has to counsel with each Child. Ideal time for play therapy session in a clinical setting would be 45-50 minutes, though it is quite acceptable, that 30 minutes sessions in a school would be appropriate to establish a therapeutic rapport with a child. First of all, a school setting has education as a goal, but a child counsellor needs to be therapeutic and stay “detached” from educational tasks. Schools are often attempting to cope with children with complex emotional and behavioural difficulties and teachers may be the first to identify concerns and worries for their pupils. Play therapy not only helps children to recover from difficult life experiences, but also in doing so, helps children to be more receptive to learning and therefore enables their educational needs to be better met.

Children often enjoy play therapy – it is a special and unique experience for many children. When children are disruptive or difficult, teaching staff may feel that play therapy is a reward for bad behaviour. However, children need to feel secure in the knowledge that their ‘space’ is there for them each week and is not contingent on behaviour. Indeed, when a child has been disruptive or difficult, it is often especially important that they attend play therapy so the play therapist can help the child to process their thoughts and feelings.

Play Therapy in schools can also:

- **Help children to build healthier relationships with teaching staff and peers;**
- **Reduce emotional, behavioural and social obstacles to learning;**
- **Improve adaptation in the classroom;**
- **Enhance communication skills and emotional literacy;**
- **Address the needs of at-risk children;**
- **Support and advise teaching staff.**

Play Therapy in schools is very appropriate for the following reasons:

- a) **It is a familiar and safe environment for both children and their parents/carers;**
- b) **It is accessible for all children;**
- c) **It provides consistency and reliability;**
- d) **School staff often has a unique perspective on children in their care and can identify difficulties and changes early on;**
- e) **School staff interacts closely with children in their care and therefore can help modify their development, learning and behaviour.**

In order to provide school based play therapy, schools will need the following:

- 1) **a dedicated, private room that is accessible every week at the same period of time;**
- 2) **regular time slots for relevant teaching staff to meet and discuss referrals, play therapy cases and other issues;**

- 3) regular liaison between the play therapist, special needs counsellor and teacher with responsibility for behaviour, or another member of the teaching staff to discuss child protection issues, parent/carer contact, teaching staff support etc.;
- 4) an understanding of the play therapy rules and requirements.

It is important for school staff to be familiarised with the five essential “C’s” of Play Therapy:

1. **Confidentiality:** That the Play Therapy has to be private to allow the child to feel safe enough to express and explore difficult and painful experiences.
2. **Consistency:** That the Play Therapy takes place at the same time, in the same space each week. It is important that no changes to attendance occur, even when the child is disruptive or difficult.
3. **Commitment:** That the Play Therapist, teaching staff and parents/carers are committed to helping the child. This requires patience, trust and dedication to the Play Therapy process.
4. **Consent:** Before Play Therapy can start, the parent/carer (or the person holding legal responsibility for the child) must give written consent to Play Therapy. The child must also give verbal assent prior to starting.
5. **Child Protection:** Play Therapists adhere to the School’s Child Protection procedures and Local Authority Child Protection procedures.

## GENERAL PROCEDURES FOR PLAY THERAPY IN SCHOOLS

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Play Therapy generally follows a standard procedure. This includes:

1. **Referral;**
2. **Referral discussion and liaison;**
3. **Consultation with parent/carer;**
4. **Assessment of child;**
5. **Play Therapy according schedule;**
6. **Regular review sessions with child;**
7. **Regular review sessions with parent/carer;**
8. **Regular review sessions with teaching staff;**
9. **Endings;**
10. **Discussion and liaison with teaching staff.**

Often, teaching staff will refer the children who are in most need. But play therapists have many factors to consider before accepting a child for play therapy. Generally, play therapists are not saying 'no' to accept a child, but rather that it is either not the right time for play therapy or that the child needs a different type of intervention.

Play therapists need both teaching staff and parents/carers to be involved in the therapy process. The therapist will want to hold regular meetings with the teaching staff and parents/carers in order to review the play therapy process and to collate information about the child's circumstances. It is also important to note that ending play therapy sensitively is crucial. Endings take several sessions – premature or unplanned endings are always detrimental to the child.

## **Setting a play room**

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The ideal setting for a playroom would be 15-20 m<sup>2</sup> space available for only play therapy sessions. Although the traditional setting for play therapy has been a private room in a school, but if resources do not allow, a fully equipped playroom is not essential for children to express themselves. At the beginning, play therapy sessions can be held in the corner of workroom, the nurse's office, the library, the corner of a regular classroom, etc., to which the therapist brings a bag or box of materials and toys for each session. Using some screens can create enough safe space for child's communication.

The most important thing in holding a play therapy session is careful selection of toys and material. A mobile play therapy toolkit can be filled with most necessary toys and "themes" for children acting out. Further you can find a full scope of toys and materials for stationary play room, from which therapist can choose what is necessary while going from one facility to another, from one school to another.

## Recommended items for the playroom

Doll house with furniture	Egg cartons	Bus
Bendable doll family	Sponge, towel	Pounding bench, pine
No-name doll	Broom, dustpan	log, hammer and nails
Dolls	Soap, brush, comb	Xylophone
Doll bed, clothes	Crayons, pencils, paper	Drum
Pacifier	Transparent tape	Toy soldiers and army
Nursing bottle (plastic)	Construction paper	equipment
Purse and jewellery	Toy watch	Fireman's hat, other hats
Chalkboard, eraser	Building blocks (different	Sandbox (tray), large
Coloured chalk	size and shapes carton)	spoon, funnel, sieve, pail
Refrigerator (wood)	Paints, easel, newsprint,	Zoo animals, farm
Stove (wood)	brushes	animals
Dishes (plastic, tin)	Play-dough or clay	Rubber snake, alligator
Pans, silverware	Rags or old towels	Bobo (bop bag)
Dishpan	Lone Range type mask	Suction throwing darts
Plastic food	Pipe cleaners	Target board
Medical kit	Vehicle for riding on,	Rubber knife
Hand puppets (doctor,	scooting around	Handcuffs
nurse, policeman,	Truck, car, airplane,	Dart gun
mother, father, sister,	tractor, boat	Toy machine gun
brother, baby, alligator,	Tinker toys	Balls (large and small)
wolf)	Rope	Two telephones
	tissues	Blunt scissors
	Play money and cashier	

Many of these toys and materials can be obtained inexpensively from garage sales or donations from parents whose children have outgrown their toys. This should only be done after the counsellor has explained the play therapy programme in a teacher's and parent's meeting. Avoid random request for toys because many items will be "collected" that are not appropriate for play therapy.

If storage allows, there is always good to have a collection of games for older children regarding age, culture and local traditions, e.g.: Chess, Thinking, Feeling, and Doing Game, Family Happenings, Communication Skill Builders, Tattletale Trivia,

Touche, Girltalk, Commercial games modified for therapeutic use, Topples, Battleship, Stay Alive, Hangman, Jenga and many more.

## Guiding the progress of play therapy in school

Here you find listed the milestones for the Play Therapy start in a school:

STEP	PROGRESS	REMARKS
	Play therapy in a school has the full cooperation from all administrators	
	Teaching staff is informed that the counsellor will be part of the curriculum	
	Play room (or play therapy tool-kit) is available	
	Carefully selected toys	
	Work out a regular timetable for meeting with children regularly	
	Meet once with child to assess what will benefit the child.	
	Inform parents (Invite parents to view from behind two-way mirror, if applicable)	
	Keep session confidential, respect the child's privacy	
	Work cooperatively with staff	
	Suggest guidance curriculum into the classroom.	
	Make referrals to outside professionals	
	Use digital camera to take pictures of art work or sand art pictures	
	Get to know new students to meet needs	
	Allow the students to get to know the counsellor	

