



For children, play can have significant therapeutic benefits regardless of culture and background. Briony Richter speaks to **Monika Jephcott**, chief exec and clinical director of Play Therapy UK and **Sophia O'Neill**, course director, postgraduate MA in Practice-Based Play Therapy about the play therapy process and why it can work for all children.

Bridging the gap:

Across early years development, children are encouraged to engage in a variety of different activities, including play-based ones.

However, as research into play therapy evolved it became clear that for children, play was not only an activity, but a way to express themselves and learn how to communicate what they are feeling.

This has become especially important for children with complex communication needs who rely on alternative methods. Expressing emotions through play allows children to not only react openly but work through and reflect on behaviour in a safe place.

BR: Play therapy is becoming increasingly popular. Sophia, what is your role and how has the training process evolved?

SO: I trained as a play therapist through this organisation right back in 2005. The course had been running for a while but it was a newer concept. So, I moved through the qualification tiers and became a play therapist and have practised ever since. I love the clinical work and we work with so many different children at schools and settings. That includes working in partnership with the staff at the nurseries and schools to help them understand what I'm doing to support the children.

how play therapy is a universal language

I'm now the course director for the masters. So, after moving through the tiers of qualifications, the final level is the MA qualification which is achieved through a dissertation. It's quite a contained piece of training. It's an 18-month long course and the students have to design an original piece of research, carry it out themselves and write it up in dissertation format for the university.

I've always been interested in evidence-based work. I started with a psychology degree in the beginning, moved into the research side of evolutionary psychology which is why we are how we are and where things come from. I always knew I wanted to be a therapist but I hung around in statistics for a while.

All of our registrants across the globe, in order to register their membership with us annually, have to input data about the work they do. That will include how many sessions they have run but also what was involved in those sessions and how those involved reacted. This will be translated into numerical data and Monika has her brilliant tech team redesigning our large database.

MJ: The training is extensive but encourages those studying to think outside of the box and be able to adapt to each child's unique needs and expectations. The research we do analyses a wide range of areas and factors that are noted during sessions.

The newly designed database has launched and it will be updated regularly which is a huge undertaking but absolutely essential for our research and growth.

It is fascinating how much information is gathered simply by observing how a child presents themselves during a session. It's worth noting that the expectations from teachers and parents is also tracked and reflected back on.

Connecting the whole support network

No matter what a child's background, race or religion is, play therapy is accessible for all. When children are struggling or feeling frustrated, play therapy offers a means for adults to focus on providing the right conditions for them to express themselves and develop the skills they need to cope

with different emotions. Therefore, it is just as important for parents and teachers to be involved in the methods of play therapy so an environment can be created at home as well.

BR: How essential is it for parents to be part of the process?

MJ: It is very important to have parents brought into the conversation. It allows us to help them understand what we are doing and why. It also gives them the chance to talk to us and possibly share their insights and hopes for their child.

SO: It's a very joined up working idea at PTUK, we really are involved in the whole cycle with children, teachers, parents and carers. It's very true that parents will bring to parenting what was parented to them and they will think very carefully about how they want to do it.

However, what I often find is the bits that parents want to do differently they haven't really thought about what that means and how it can be implemented which is where we can offer some guidance.

MJ: We know generationally that 81% of parents bring up their children how they were brought up. This doesn't necessarily mean anything bad, however when it comes to children with mental health problems, it can be tricky if the parent has no experience or experience from their parents to go on from.

SO: And this is where we come in as well from a compassionate point of view to help them understand how we got here and what needs to happen to make some changes. There's no blame just trying together to work through it.

The training that all the therapists go through will include how to support all different types of families. People's capacity to change is possible in so many different moments of the therapeutic process. I do put my trust in continued growth with after therapy. In a controlled environment with the therapist, the child can explore more things through play and the transition after has to be gradual. When the child

leaves therapy we hope the experience becomes the foundation for how they can base behaviour and future relationships. The therapy sessions are very reflective and this gives children the tools to be able to cope with their emotions.

Diversity in therapy

The world continues to become more interconnected and cultures merge with each other in households and communities.

Play therapists have the opportunity to provide culturally sensitive play therapy areas for all children but what is important about play therapy is that it can be used across all cultures, acknowledging both the similarities and differences.

BR: When treating children, how significant is diversity in adapting your training and practices?

MJ: Play therapy is child led and that is for all children, no matter race, disability or sexuality so our therapy methods don't necessarily change but we will make sure we have a diverse set of tools and toys to mirror the variety of cultures and backgrounds that we help.

The actual methods we use aren't specific to a particular race or culture but like everything in psychology, it is all observed and every factor is considered during the therapeutic process. It's always about expression and that is universal for all children.

Of course, where you were raised and what your background is will have some impact on behaviour and response but this is the case for every parent and child and so our therapists are trained to treat each situation based on how the individual child is acting during the session.

SO: We must pay attention to the narrative and not be ignorant to the needs of different communities and cultures. Part of thinking carefully is doing your research about the families.

In the therapy room it comes right back down to a child who has been referred and they will present however they will present in that safe space with us. That is how we will base our approach.

The training is extensive but encourages those studying to think outside of the box and be able to adapt to each child's unique needs and expectations.

My clinical experience is that the only time I have noticed differences is if there is a significantly pronounced intellectual disability. That means that I can still forge a therapeutic relationship but sometimes some of the referral criteria might not be met if that doesn't coincide with the organic disability. So, diversity itself doesn't change our strategy or criteria because it will always be about the individual child that we see that day.

BR: What is the most important thing for you to say to the parents or teachers?

MJ: For me, parents often think the behaviour is their fault and I really do try to avoid that sort of talk. We are all a team in this and so there can't be blame. I try to reassure them of this and that we will be working together. It's important not to point any fingers, this only distances people and heightens tensions.

SO: I wholeheartedly agree with that, we have to be empathetic. The thought that popped into my head, perhaps because of the couple of weeks I've just had, is that I spend a lot of time encouraging parents to try to watch their children and tune into how their children might be feeling. Parents themselves might not always know what they are exactly feeling because life gets busy but teaching their children to notice how they are feeling is really important.

At all times it's about that child and helping them heal and grow to a point where they can address their own emotions and cope with the challenges outside of the therapy room. ■