Developing a diagrammatic tool for the Integrative Holistic Model of Play Therapy

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This Research Note describes the rationale and development of a diagrammatic presentation of the Integrative Holistic Model of Play Therapy. The diagram is presented as a new contribution to the field; with ways it could support and enhance best practice. Limitations and recommendations are considered, with suggestions for future research.

***Key Terms**: IHM: Integrative Holistic Model. IHMD: Integrative Holistic Model Diagram. PTUK: Play Therapy UK. PTI: Play Therapy International. APAC: Academy of Play & Child Psychotherapy. PSA: Professional Standards Authority. SDQ: Goodman's Strength & Difficulty Questionnaire.*

The IHM of Play Therapy; reach and communication.

Since its design and launch by Monika Jephcott in 2002, the Integrative Holistic Model of Play Therapy has continued to extend its reach in both practice and training, around the world. Drawing carefully from existing psychotherapeutic models, it integrated humanistic, person-centred, psychodynamic and gestalt perspectives; to form a coherent creative therapy model for work with children.

At the time of writing (Sept 2025) approximately 3000 clinicians are practicing in 67 different countries. Over 450 Clinical Supervisors support safe, best and reflective practice, and students join post graduate courses at an average rate of 650 per academic year. The reach of this workforce is substantial. Clinicians support, train and work systemically with education staff, statutory services, the voluntary and private sectors, and families. It is usual practice to operate in teams containing a range of allied professionals, to attend multi-disciplinary team meetings and to contribute to reports and assessments in concert with professionals with different trainings. Running in parallel, information is disseminated from an organisational level by PTUK & PTI. Formats range from outcome reports, academic articles and media platform communications; and are shared with member practitioners, funders, government officials and in Open Access.

Circumstances or requests to explain the work are frequent. When describing how, why or for whom play *as therapy* works, different ways of answering can help. A clear, diagrammatic depiction of the model could assist by presenting a summative focus from which discussions could zoom in and out of detail. A diagram could provide a constant place to return and refer to, punctuating expansive and detailed debates and descriptions about different aspects of the work.

Research and outcome measures.

Over the past two decades, PTUK/PTI therapists have recorded their clinical outcomes, with the Goodman SDQ as one main measure. Notably, efficacy has remained constant. On average, 7

out of 10 children display improvements in their mental health following play therapy, rising to 8 out of 10 for those with higher levels of need at the time of referral (PTUK, 2025). These results have withstood robust statistical testing O'Neill & Lambert (2025) examined *"the efficacy of IHM play therapy for children across differing risk bands, revealing solid evidence—derived from parent and referrer reports—of significant improvements in Goodman's (1997) Strengths and Difficulties Questionnaire (SDQ) scores for most children receiving IHM play therapy as an intervention. These findings underscore the therapeutic value of IHM play therapy across diverse clinical profiles and, crucially, it's consistency over time."*

Professional and academic accreditation.

The other side of the professional practice coin from clinical outcomes, is the academic accolade of the training. The post-graduate Masters qualification has had longstanding academic university accreditation, where quality assurance and academic excellence are constantly scrutinised. The professional qualifications born from successful graduation from the postgraduate courses hold the prestigious accreditation of the PSA (Professional Standards Authority).

The rationale for developing a diagrammatic tool.

The idea for a diagram that could comprise the component parts of the IHM arose from experiences lecturing, researching, clinically supervising and practicing this model.
The plan was to create a mapping tool for use across a range of training and practice circumstances. A tool to open discussions about knowledge, skills, training and support. A tool to focus on honing and maintaining best practice. And a tool with implications for pedagogical insight by modelling the interplay between inter and intrapersonal processes, theory, active play and artmaking, and context.

Diagrammatics for therapeutic theory are not new (Zinker's (1977) *Awareness-Excitation-Contact Cycle*, Woldt's *Gestalt Homeostasis Cycle*, Gardner & Yasenik's (2023) *Play Therapy Dimensions Model*, Roger's (1993) *Creative Connection Process*) though often focus on particular aspects of relationship, intervention or identity (Early & Grady (2017) *CBT Triangle,* Cooper et al (2028) *Circle of Security*). A goal for the IHM diagram was to represent it's reach across theory, the phenomenology of the therapeutic alliance, creative and contextual factors.

The IHM is both integrative and holistic as it brings together interconnected components of theory and skill, which are taught academically and experientially. It was necessary that a diagram of the model separate these facets but emphasise their interdependence. This resulted in the identification of five core components each with a short summary.
The five components of the model all work together; they are integrated and connected. Therapists need to keep on top of the skills and knowledge that each element requires for their practice to benefit from the model's clinical coherence and consistency.

A summary of aims for the IHMD:

- To depict the balance of skills and understanding necessary for best practice;
- To present the approach clearly to other professionals;
- To provide a base to refer to when teaching the model to trainees;
- To usefully link the 'how' and the 'what' of the work;

- To support practitioner clinical decision making;
- To assist in clinician reflection on practice habits and tendencies, by tracking patterns of movement between components of the model;
- To precipitate well-rounded discussions in Clinical Supervision;
- To identify potential further training needs;
- To identify possible support needs.

Presenting the IHMD.

The IHMD is presented in Figure 1 below. It's five facets are then available in more detail via hyperlinks (shown here as textboxes in Figures 2 – 6).
Practitioner employment of the Play Therapy Dimensions Model for the three integrative facets (therapeutic alliance, theoretical stance and therapeutic Toolkit) is noted. This assists in tracking sessional therapeutic processes along two axes; non-directive/directive and unconscious processing/conscious processing. The intersection of the axes creates four quadrants of practice, with movement between them the focus for discussion and reflection (Gardner & Yasenik 2004/2023). The integrative facets are understood together with the holistic; the five components forming a whole greater than the sum of its parts.
Using the diagram, aspects of practice can be expanded and minimised as practitioner focus shifts between detail and overview. In this way, the complexity and fluidity of the work is contained coherently yet sensitively.

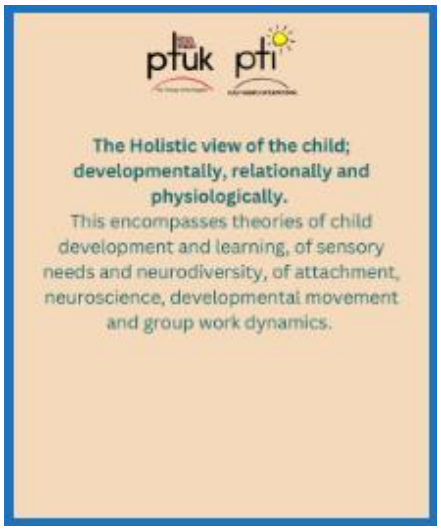
Implications and limitations of the IHMD.

Implications for best practice will arise from use of the IHMD as a resource for learning, a tool for training, a guide for reflective practice and a tracking device for professional development.
Limitations born from difficulty accessing or understanding the model have been considered. Mitigation for this includes current plans to train all lecturers in use of the IHMD, and all Clinical Supervisors who express interest. A series of publications is planned in different formats to suit different platforms. Resources will include short social media posts, video resources and downloads.
Findings and insights from these initial presentations, consultations and trainings will form the next report; focusing on early measures of the utility of this new diagrammatic tool in the workplace(s).

Figure 1: The Integrative Holistic Model of Play Therapy Diagram

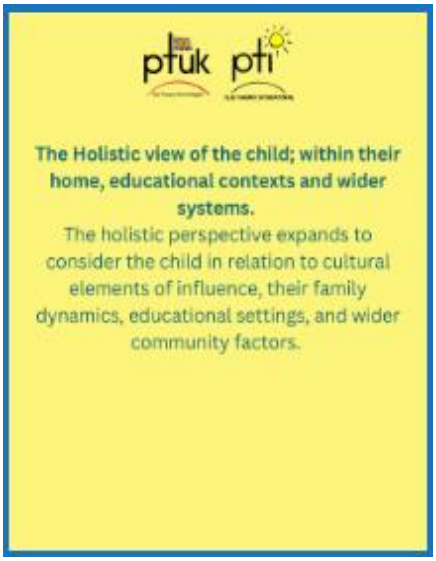
Figures 2, 3, 4 5 & 6: The five facets of the IHMD.

2. 

3. 

4. 

5. 

6. 

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