



# BRITISH PLAY THERAPY WEEK 2022



## Celebrating Our 30th Anniversary



# INFORMATION PACK

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*Please Note, no clients are in any photos. Photos come from a free photo platform available to the public or from the Therapist's own private collections.*



## Contents

Celebrating 30 things about BAPT	Page Number (s)
Welcome	5
What is Play Therapy	6 - 8
Where to find a BAPT Play Therapist®	9
The History of BAPT	10-11
How BAPT is run	12-14
BAPT's First Journal	15-16
Formal approval of the title 'British Association of Play Therapists'	17
BAPT's Charity status	18

BAPT Book ‘ Becoming and Being A Play Therapist	19-22
BAPT Registered Play Therapist® trademarked	23
BAPT Foundation Course	24
Where and how to train as a BAPT Play Therapist®	25-28
BAPT Portfolio Application Route	29
Embodiment Play	30
Projective Play	31
Role Play	32
Regressive Play	33
Neuroscience and play therapy	34
Axline’s 8 principles of play therapy – establish rapport	35
Axline’s 8 principles of play therapy – accept the child completely	35
Axline’s 8 principles of play therapy – establish a feeling of permissiveness	35
Axline’s 8 principles of play therapy – recognise and reflect feelings	36
Axline’s 8 principles of play therapy – maintain respect for the child	36
Axline’s 8 principles of play therapy – let the child lead the way	36
Axline’s 8 principles of play therapy – remember that therapy cannot be hurried	36
Axline’s 8 principles of play therapy – use limitations wisely	36
Effectiveness of play therapy	37-38
30 Professional views of play therapy and play	39-42
The Therapeutic relationship	43
Co-regulation within play therapy	44
Play therapy is self-esteem building for children	45



## Welcome

The British Association of Play Therapists® is celebrating our 30th anniversary this year. We are looking forward to its future whilst celebrating BAPT's achievements in the field since 1992. We have seen BAPT go from strength to strength, becoming a beacon of good practice and high standards.

This pack contains an overview of what 'Play Therapy is', highlighting the history of BAPT, our high standards of clinically excellent training, our Trademark title, and where to find a BAPT registered play therapist®. Also provided in this pack are insights into children's play development, through embodiment, projective play and role play, and how developing a neuroscience lens enhances play therapists' understanding of children's behaviour. In addition, important principles that underpin the Child-centred Play Therapy methodology are explained, together with evidence of the effectiveness of play therapy through members' testimonials and magic moments, as well as professional views. We also give an overview of the BAPT book, 'Becoming and being a play therapist': developing the therapeutic relationship, co-regulation within the playroom and self-esteem building for children.

We hope you enjoy this pack and find it useful. We look forward to seeing how you celebrate British Play Therapy Week 2022!



## What is Play Therapy?

### ***BAPT define Play Therapy as:***

*The dynamic process between child and play therapist in which the child explores at his or her own pace and with his or her own agenda those issues, past and current, conscious and unconscious, that are affecting the child's life in the present. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change.*

*Play Therapy is child-centred, in which play is the primary medium and language (in the form of speech, sign or Alternative Augmentative Communication) is the secondary medium.*

Play is children's primary form of communication. Children tell us about their inner world through play long before they are able to link words to their experiences through language. Through play, children can experiment with, process and master different skills and experiences. They form a sense of who they are whilst learning to understand that other people can be different. Relationship skills such as being able to trust, respect, empathise, share and co-operate with people can be developed through play.

Play Therapy, therefore, is a form of counselling for children that builds on this developmentally appropriate form of communication through play. It enables children to

explore difficult experiences in a safe environment. The trust, acceptance, boundaries, modelling and reflectiveness of a Play Therapist alongside a child playing can enable them to:

- Feel more confident in expressing their thoughts and feelings
- Develop their emotional vocabulary by accessing the language the Play Therapist relates to their experiences
- Develop more socially appropriate behaviour
- Improve their self-image and self-esteem
- Improve concentration and organisation
- Become more confident and creative in their play.

## How can Play Therapy Help?

Play Therapy can be effective to support people of all ages. A Play Therapist will complete an assessment to decide if Play Therapy is right for someone. Most commonly, Play Therapy is used with children so we will refer to child/children in this document for simplicity. Play Therapy has been proven to be effective in addressing a range of difficulties, including those related to:

- Adoption and Fostering
- Attachment and Trauma
- Abuse
- Anxiety
- Bereavement
- Bullying
- Emotional and Behavioural Regulation Difficulties
- Family Breakdown
- Friendship Difficulties
- Illness
- Low Self-esteem
- Nightmares
- Physical Regulation Difficulties, i.e., Sleeping, Eating and Toileting
- Social Withdrawal

## Timing of Play Therapy

There are times when it is unhelpful to start Play Therapy. Play Therapy can give children the opportunity to explore their deepest and most traumatic feelings and experiences. As such, it is not appropriate to expose them to this if they are not in a situation whereby people around them can keep their physical body and their powerful emotions safe.

It is also important to note that Play Therapy can also result in children's behaviour being more intense away from the therapy sessions and can also result in them regressing to earlier developmental stages. It is crucial that the people around the child have stability in their own resources to be sensitive and support the child in what could be a very challenging time.

Examples of when it is not appropriate to start Play Therapy include:

- When the child remains at risk of harm
- When the child's carers lack stability in their own presentation and lack an effective support network around them
- When the child's environment is in a period of transition, i.e., moving school, house, caregivers.
- 

## Practical Arrangements

Consistency is key in the development of a trusting therapeutic relationship and a safe, containing Play Therapy space where the child can explore their difficulties. There will be practical agreements made to support this:

- The appointments will be made in advance, ideally for the same time and day of the week for each appointment
- The same room and same play materials will ideally be made available to the child for each appointment
- The same Play Therapist will deliver the therapy
- Where possible, the same person will escort the child to and from the therapy session.

## Sharing Information

Generally, the specific details of the therapy sessions will remain confidential to the child. Parents and professionals will not be given week by week feedback and it is important that the child is not pressured into talking about what they have been doing in the sessions. This promotes the child's feelings of trust with the therapist and the safety of the therapy space.

There is one clear reason why specific details would be disclosed to other parties immediately – where there is a concern about a risk to the child or others. This safeguarding exception will be made clear to the child, parents and any relevant professional before Play Therapy commences.

The other occasion when information will be shared is during pre-agreed review meetings and any formal reports. On these occasions the general themes and progress of therapy will be discussed. Again, everyone will know about this beforehand, including the child.



## Finding a BAPT Registered Therapist®

If you feel that a child you know may benefit from Play Therapy, or you are interested in building connections with Play Therapists in your local area, please visit:

<https://www.bapt.info/find-therapist>



## The History of BAPT

In Britain, Play Therapy started to emerge as a new and differing tradition in the 1980's. Initially the Children's Hour Trust taught professionals the basic techniques of Axline's Play Therapy used in a multitude of settings. In parallel, two Dramatherapists started using Play Therapy methods to inform their Dramatherapy practice with children. Sue Jennings (1994) and Ann Cattanach (1993, 1994, 1998) integrated elements of non-directive Play Therapy to formulate a British Play Therapy movement. In 1990, the Institute of Dramatherapy started to offer a Certificate and Diploma in Play Therapy.

In 1992, the British Association of Play Therapists (BAPT) was started by a group of professionals studying at the Institute of Dramatherapy. Since then, BAPT has developed the British Play Therapy movement and now accredits a number of training courses in the UK including the Masters level programmes.

The British Play Association of Play Therapists® was formed in 1992, the founders were:

- Sue Sowerbutts
- Lynn Bennett (First Chair)
- Katherine Webster
- Ann Walker
- Charlotte Savins

With help and guidance from Ann Cattanach, a leading expert in the play therapy field, a freelance consultant and therapist in Play Therapy and Dramatherapy.

## **Theoretical Basis of Play Therapy**

Play Therapy emphasises the client as trustworthy. Play Therapy is based upon three critical theoretical principles:

### **Actualisation**

Humans are motivated by an innate tendency to develop constructive and healthy capacities. This tendency is to actualise each person's inner potentials, including aspects of creativity, curiosity and the desire to become more effective and autonomous.

### **The Need for Positive Regard**

All people require warmth, respect and acceptance from others, especially from 'significant others'. As children grow and develop, this need for positive regard transforms into a secondary, learned need for positive self-regard.

### **Play as Communication**

Children use play as their primary medium of communication. Play is a format for transmitting children's emotions, thoughts, values and perceptions. It is a medium that is primarily creative.



## How BAPT is run

BAPT is a members-led organisation, and we welcome each and every one of our members to join in with us to shape our future development. Our members are at the core of every decision we make, and we take great pride in offering a wide range of support to them.

## BAPT Sub-Committees

### Introduction

BAPT Sub-Committee members are elected each year at the BAPT Annual General Meeting. BAPT Sub-Committees undertake diverse and distinct areas of work that are allocated by the BAPT Board of Directors. BAPT Sub-Committees are accountable to the BAPT Board of Directors.

## The 2021/22 BAPT Sub-Committees are as follows:

### 1. Training and Education Sub-Committee

**Remit:** To implement, manage and co-ordinate the accreditation and re-accreditation of Play Therapy training courses. To develop and facilitate the continuing development of Play Therapy training. To manage complaints, enquires and queries concerning the accreditation and re-accreditation of Play Therapy training programmes. To develop and implement appropriate criteria for the approval of BAPT Supervisors. To co-ordinate and process BAPT full members CPD portfolios and manage and co-ordinate accreditation & re-accreditation of CPD courses.

**Chairperson:** Tracie Faa-Thompson – [training@bapt.uk.com](mailto:training@bapt.uk.com)

### 2. Finance and Resources Sub-Committee

**Remit:** To maintain, manage and oversee the income, expenditure and funding of BAPT. To organise the application of funding from grants, tasks and other sources. To allocate appropriate funds to the various Sub-Committees for specific and general projects and running costs. To develop, acquire and manage the necessary resources required for the effective functioning of BAPT.

**Chairperson:** TBC

### 3. Conference Sub-Committee

**Remit:** To co-ordinate and manage the BAPT national conference. To evaluate the needs of the membership and organise relevant subject areas within the BAPT Conference.

**Chairperson:** [conference22@bapt.uk.com](mailto:conference22@bapt.uk.com)

## 4. Communications and Public Relations Sub-Committee

**Remit:** To develop and maintain open communications of BAPT's aims, objectives and services to local and national communities, including both public and professional areas. To enhance the communications within the BAPT membership; disseminating information, research, professional information and opportunities. To market and raise the profile of the Play Therapy profession through the dissemination of good practice, research, theories and professional opinion.

**Chairperson:** Esther Schencks - [communication@bapt.uk.com](mailto:communication@bapt.uk.com)

## 5. Membership Sub-Committee

**Remit:** To manage and oversee membership applications, renewals, enquires and queries. To maintain and manage the continuing professional development of BAPT full members.

**Chairperson:** Audrey Lee – [application@bapt.uk.com](mailto:application@bapt.uk.com)

## 6. Professional Practice Sub-Committee

**Remit:** To develop and implement guidance and regulations relating to the effective, competent and ethical practice of Play Therapy. To consider enquiries, queries and questions relating to professional practice by BAPT members, other professionals and the general public.

**Chairperson:** Donna Benson - [info@bapt.uk.com](mailto:info@bapt.uk.com)



## BAPT's First Journal

The British Journal of Play Therapy was first published in May 2004.

The editorial from Robert Dighton begins with these paragraphs, highlighting the process of play therapy up to 2004.

*The publication of the British Journal of Play Therapy heralds the beginning of a new era in the profession. It represents not only a synergy of theory, practice and research, but also a particular maturation of the play therapy profession.*

*In its infancy, play therapy focussed predominantly upon its mode of delivery. Over the last twelve to fifteen years, its theoretical basis has rapidly evolved. This journal provides an academic context for play therapists and related professionals to develop, explore and elucidate theory, practice and research.*

The Journal contained papers on the following subjects:

- Storytelling and its application in non-directive play therapy, by D. Hutton
- Play Therapy with Looked After Children: An Attachment Perspective, by K. Robson and A. Tooby
- Play Therapist and the Children's Rights Movement, by J. Carroll
- 'My new mum'. How drawing can help children rework their internal models of attachment relationships in non-directive play therapy, by V. Ryan

- Transforming Therapy into Research. Is it possible to conduct research that investigates the process of play therapy without affecting the delicate balance of the relationship between the child and therapist, which is central to the therapy, by C. Daniel-McKeigue
- Non-directive Play Therapy: Should we and can we attempt to measure its effectiveness, by A. S. Naylor





## **Formal approval of the title ‘British Association of Play Therapists’**

As the first and foremost professional association for Play Therapy in the United Kingdom, ‘British’ was added to its name in 1996 to avoid confusion with its American counterpart.

Formal approval of the title ‘British Association of Play Therapists’ was authorised by the Secretary of State in 2005 when BAPT became a Company Limited by Guarantee (registered number: 5477406).



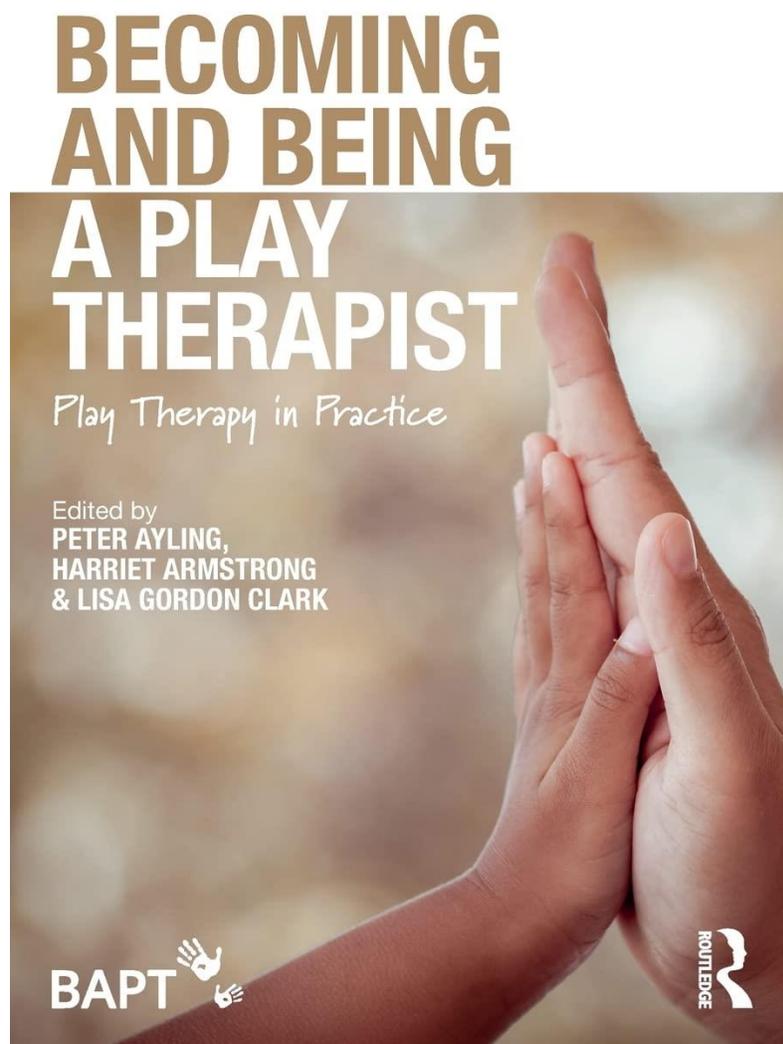
## **BAPT's Charity status**

In 2006 The British Association of Play Therapists Ltd was granted Charity Status by the Charities Commission (registered charity number 1115673)

## **The Charity's Objects are:**

To relieve the needs of children, young people and adults suffering emotional and behavioural difficulties by promoting the art and science of Play Therapy and promoting high standards in the practice of Play Therapy for the public benefit.

## BAPT Book 'Becoming and Being A Play Therapist'



For those of you who are not yet a Play Therapist, the first port of call for you might be to read our book, *Becoming and Being A Play Therapist*, available from Amazon and our publishers, Routledge.

This book literally takes you on the journey from applying and studying to becoming a Play Therapist and then onto discussions about themes you will need to consider in your professional practice.

## **Chapter 1: Training Issues Before, During and After**

This chapter explores issues around Play Therapy training at pre-qualifying, qualifying and post-qualifying stages. It offers guidance on training programmes, prior qualifications and experience needed as well as discussing Continuing Professional Development Pathways.

## **Chapter 2: The Play Therapist's Personal Therapy**

This chapter discusses the need for 60 hours of personal therapy whilst completing the BAPT training. The author examines the viewpoints of practising Play Therapists in relation to personal therapy during training and when fully qualified.

## **Chapter 3: The Role of Clinical Supervision in Play Therapy Practice**

In this chapter Carol Platteuw explores the different models of clinical supervision and incorporating creative medium with this. She explains roles and responsibilities of the supervisor and shares case studies which illuminate the theories in practice.

## **Chapter 4: The Play Therapy Room, Why it Matters**

Anna Fullalove considers how the setting can positively impact the specific functions of play therapy and support the holding environment of the therapeutic relationship. The physical space promotes competence and self-efficacy, it sets the stage for exploration and change. Anna discusses the theories that underpin the importance of the physical space and suggests this is an area for further research.

## **Chapter 5: Setting up in Independent Practice as a Play Therapist**

This chapter provides a guide for those looking to work as a self-employed therapist as there are many professional considerations to be made as well as establishing yourself as a therapist. It explores the benefits and challenges of working in family homes, within schools and renting a space and legal and ethical considerations to be made.

## **Chapter 6: Being an Ethical Play Therapist**

In this chapter the author explores the BAPT ethical framework and skill competences needed to work as a BAPT Registered Play Therapist®. There is also a discussion surrounding setting up in private practice with regards to working systemically with families, contracting, obtaining consent and safeguarding.

## **Chapter 7: Being a Playful Therapist**

This chapter explores the importance of playfulness not only in a child's development but also in the therapeutic relationship. It discusses the need for knowledge of play, what it is and its functions to enable the playful play therapist.

## **Chapter 8: Being an Improvisational Play Therapist**

This fascinating chapter explains some theory about improvisational acting skills and the therapeutic relevance of these in the playroom, where therapists often find themselves acting in scenes directed by the child or co-creating narratives with them.

## **Chapter 9: Containing Feelings and Setting Limits in Play Therapy, Working with Aggression**

This chapter explores how theories of emotional development and neuroscience can inform play therapy practice. It focuses on aggression within play therapy sessions and the therapeutic relationship and how setting limits can promote safety and create optimal conditions for processing traumatic experiences.

## **Chapter 10: Time-Limited Play Therapy**

This chapter explores the limits and advantages of short-term play therapy. It also offers some alternatives to individual play therapy, that are useful when considering individual cases. The author also considers her own experiences and ways she has adapted to meet constraints on Play Therapy interventions.

## **Chapter 11: Play Therapy within a CAMHS Setting**

This chapter explains the context of Child and Adolescent Mental Health Services (CAMHS) in the UK. It gives a brief overview of each author's journey into CAMHS and an in-depth case study of two children attending play therapy sessions within the service. This gives a fascinating insight into how play therapy is supporting children in this specialist setting.

## **Chapter 12: Play Therapy in Schools**

This chapter looks at the challenges of delivering play therapy in the school setting. Exploring the planning, preparation and practice in schools, whilst also offering strategies to minimise the impact of challenges faced.

## **Chapter 13: Narrative Group Play Therapy in a School Setting**

This chapter explores some of the challenges and practices to consider when setting up group play therapy interventions. It discusses the benefit of group work with regards to children and the school environment as a whole.

## **Chapter 14: Play Therapy with Children Affected by Sexual Abuse, Developing Awareness, Safety and Trust**

This chapter focuses on undertaking play therapy with children who have been affected by sexual abuse. The author sensitively explores the difficult subject taking into account the prior experiences of the child, how their experiences may affect their ability to engage in play therapy and with the play therapist.

## **Chapter 15: Working with Bereavement and Loss in Play Therapy**

This chapter explores how children might be affected by bereavement and loss. It considers theories of loss and their implications for play therapy practice. It concludes that children are often the 'forgotten mourners' however with encouragement and sensitive support, grieving children can develop strategies for managing loss.

## **Chapter 16: Integrative Approaches to Working with Trauma**

Chapter 16 shows us how children who have suffered trauma, particularly developmental trauma, can benefit from an integrative approach which adds other therapeutic interventions to child-centred play therapy as needed on the journey. A powerful case presentation is given to show the process.

## **Chapter 17: Play Therapy and Polyvagal Theory, Towards Self-regulation for Children with Paediatric Medical Trauma**

The chapter author explores how the polyvagal theory supports our understanding of medical stress and PTSD through an understanding of the mobilisation and immobilisation systems. It highlights how the face-heart connection enables the play therapist to down-regulate a child's stress response back to a calm state.

## **Chapter 18: Working with Child Trauma through EMDR and Play Therapy**

This chapter describes a case study of a child suffering from PTSD was able to make sense of their trauma through Eye Movement Desensitisation Reprocessing (EMDR) and play therapy. The author explains how EMDR and play therapy can be integrated effectively within one intervention to support a child who has experienced trauma.

## **Chapter 19: Relational Approaches to Play Therapy, Supporting Adoptive and Foster Carers and their Families**

This chapter explores one author's integrative and relational work using play therapy to support both children and carers. Giving a detailed reason for the work style, the author shares examples of this in practice. This chapter is also clear about common themes in play therapy work with children in foster care.

## **Chapter 20: Working with Parents and Carers, Child Parent Relationship Therapy**

This chapter explores the model of CPRT and how it has been used to support and strengthen parent/child relationships. It discusses how CPRT empowers and motivates parents as they take the lead in their therapeutic sessions with their child.



## **BAPT Registered Play Therapist® trademarked**

In 2021, BAPT took the step of trademarking the title “BAPT Registered Play Therapist®” so you can be sure that your play therapist has been fully trained in Play Therapy, not just attended a workshop for an hour or so.

A BAPT Registered Play Therapist® will have a professional qualification, such as teaching, social work, occupational therapist, or a related degree, plus 5 years’ experience working with children BEFORE being accepted on the rigorous 2–3-year MSc/MA training, that encompasses the theoretical, practical work with clients under supervision, child observations and personal therapy.

For information about our training: <https://www.bapt.info/play-therapy/play-therapy-training/>

Once qualifying, Therapists on the BAPT register have to keep up with post qualifying training, our ethical standards, and prove their insurance and DBS to be on our Professional Standards Authority monitored register.

This way you can ensure that you have a fully trained, professional working with you and your family. The link to our register is here: <https://www.bapt.info/register/>



## **BAPT Foundation Course**

The Play Therapy summer school is designed to offer individuals the opportunity to learn and experience some of the theory and practical of Client-Centred Play Therapy.

Participants who attend will be able to use their learning to enhance both their understanding of children's emotional and behavioural development and their skills in working with children who experience difficulties.

The summer school is mainly workshop-based as we aim to learn through practice and experience - participants are asked to come prepared to play! A variety of areas will be explored, including Client-Centred Theory and how this can be applied to Play, understanding and using 'Symbolic' play, and the use of different media when working with children, including sand-play, art, drama etc.

As well as being of interest to those seeking to prepare to apply for a qualifying Play Therapy training, this Summer School can also serve as CPD to anyone already professionally involved in working with children including those working in Education, Social-Work and Child Psychotherapy and Counselling.

<https://www.roehampton.ac.uk/professional-development-courses/psychology-short-courses/foundation-course-in-play-therapy-2022/>



## Where and how to train as a BAPT Play Therapist®

Currently, BAPT run three clinical qualification courses which would enable you to become a BAPT Registered Play Therapist®. Two are part time, whilst one is full time. All courses are at Masters Level. Our courses take place at the following amazing universities:

- Queen Margaret University, Edinburgh <https://www.qmu.ac.uk/study-here/postgraduate-study/2022/msc-play-therapy/>
- University of Roehampton, London <https://www.roehampton.ac.uk/postgraduate-courses/play-therapy/>
- University of South Wales, Cardiff <https://www.southwales.ac.uk/courses/msc-play-therapy/>

Our universities sometimes run introductory taster days or short introductory courses. If you are interested in those kind of experiences, you should get in touch with the university course leaders to find out more. For now, let's focus on the core Play Therapy Clinical Training Programmes.

## Queen Margaret University: Part Time 3 Years

Studies show that 20% of children have some form of emotional, behaviour or mental health problem that can prevent them fulfilling their full potential. Furthermore, children who experience mental health issues can go on to develop serious mental health issues as adults. Play therapy provides an opportunity for children experiencing emotional and behavioural issues to work through difficult experiences and feelings with a trained therapist and enabling a more positive outcome.

The key purpose of the profession of play therapy is defined by the British Association of Play Therapists (BAPT):

'Play therapy is the dynamic process between child and play therapist in which the child explores at his or her own pace and with his or her own agenda those issues, past and current, conscious, and unconscious, that are affecting the child's life in the present. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change. Play therapy is child-centred, in which play is the primary medium and speech is the secondary medium.'

This innovative course is structured to develop your skills through a variety of modules and learning experiences. You will gain a thorough understanding of the fundamental inter-relatedness of the theory of a child's physical, social and emotional world, and will develop the

skills to work effectively and therapeutically to enhance emotional wellbeing and transform life chances. You will work directly with children and families with increasing complexity on practice placement over the three years and this will include clinical observation of a child/children from infancy to primary.

Applicants should possess qualities that enable them to undertake study in an appropriate manner and at the appropriate academic level. Thus, the students recruited onto this course will be committed, diligent and enthusiastic and will also possess the skills, curiosity and drive to enhance their knowledge base.

## University of Roehampton: Full Time 2 years

Based on a humanistic person-centred model of therapy, this course emphasises the use of play within a therapeutic relationship between the therapist and client to facilitate therapeutic change. The course encompasses theoretical, practical and experiential learning. With our holistic approach to teaching, you will be provided with thorough and systematic knowledge, experience, skills and the confidence to work as a professionally qualified play therapist. At the end of the course, you will be able to demonstrate a comprehensive understanding of therapeutic techniques and approaches that are required for professional registration purposes.

This course leads to a qualification that entitles you to registration as a Full Member of the British Association of Play Therapists (BAPT) whose register is accredited by the Professional Standards Authority (PSA). You will be taught by experienced practitioners who are practising play therapists and will bring the teaching on the course to life by drawing upon their own clinical experiences and case materials.

All students are required to be in personal therapy for the duration of the course and will complete two specified periods of supervised clinical placements alongside their studies.

This intense, rigorous and comprehensive programme is made up of ten modules that encompass the theoretical, practical and experiential learning experience required to become a professional play therapist. All modules are designed to prepare you for child-centred therapeutic practice that is theoretically sound and emotionally aware, complying with the core competencies of a play therapist as specified by the British Association of Play Therapists.

The clinical placements are a central component to the training in this programme. In your first year, the modules will include experiential learning to prepare you for your first work placement, as theoretical understanding will give you a strong grounding for your clinical practice. Your professional development is inter-related with the development of theoretical knowledge, skills and personal awareness. Within the clinical placements you will synthesise, integrate and apply all aspects of your learning into practise.

In the second year, you will build upon your play therapy skills and knowledge from your first year modules. You will have the opportunity to develop and explore your understanding of the theory and practice of play therapy in relation to working with different client groups and more complex needs. You will also synthesise your theoretical knowledge and clinical experience to pursue your research interest in the Research Portfolio module. A clinical issue, your own clinical work or a professional issue may provide the inspiration for this research project. Recent research areas have included: child-centred play therapy and the use of therapeutic boundaries, play therapy and unresolved bereavement issues, play therapy in schools, and play therapy and different cultural beliefs.

## University of South Wales: Part Time 3 years

The MSc Play Therapy is a three year therapeutic training programme that is accredited by the British Association of Play Therapists (BAPT). On successful completion of this course, graduates are entitled to join BAPT as full members and are qualified to work as Play Therapists. The course covers theory, practice and personal development and supports the development of confident, competent and knowledgeable play therapy practitioners who are ready to engage in real world challenges and provide therapeutic support for children and their families.

What experience do I need to apply for the MSc Play Therapy?

The MSc Play Therapy is a Level 7 postgraduate course that has strict entry requirements set by BAPT, including having a relevant degree and evidence of relevant experience of working with children. This course cannot accept recent graduates as BAPT specify that the majority of experience of working with children must be postgraduate experience.

BAPT stipulate that all students need to demonstrate that they have relevant prior experience of working with children. Students with a relevant degree (including, for example: Psychology, Education, Early Years, Childhood Studies) must demonstrate five years' worth of relevant experience, the majority of which is postgraduate experience.

Students with a professional vocational qualification (including, for example: degrees in Paediatric Nursing, Teaching with QTS, Social Worker, Educational Psychologist, Occupational Therapy, Speech and Language Therapy) are required to demonstrate two years' postgraduate experience.

Experience should ideally include work with different client groups (e.g. children with social or emotional difficulties, children who have developmental delay, children with different educational needs, children who are fostered or adopted, family support etc...). Voluntary work and part-time work is considered but must equate to full time equivalent experience.



## Portfolio Application Route

If you have achieved an appropriate University Level Qualification in Play Therapy, you may be able to apply to BAPT if you complete our Portfolio Route. The Portfolio Route is also accessible for Overseas-Trained applicants working in the UK.

Full membership of BAPT may be awarded by completion of a Portfolio application to those who are able to demonstrate they meet the rigorous criteria. The multiple components of this Portfolio Route are explicitly mapped onto the core professional and personal competences of a Play Therapist as defined by BAPT. The portfolio represents the equivalence of what a student on a BAPT accredited Master's course is expected to evidence in their Competence Log, the final substantial submission at the culmination of their clinical training. The portfolio is thus intended to ascertain parity of professional standard to that of an applicant who has successfully completed a BAPT accredited Play Therapy training-programme.

BAPT understand that embarking on a process of application for an PSA accredited register can feel daunting, especially if you have been through similar processes before. BAPT would welcome your application and aim to support you through this as painlessly as possible!

Please see the BAPT website for more information and guidance about how to apply:

<https://www.bapt.info/bapt/join-bapt/> Or contact us for a chat: [Applications@bapt.uk.com](mailto:Applications@bapt.uk.com)



## Embodiment Play

Jennings (2006) believed that this was the first stage of Play. Embodiment uses the senses and movement to help children make sense of and explore their worlds. This is where coping and regulation skills begin to develop.

From S. Jennings (2006) Creative Play with children at risk.

### Benefits of Embodiment Play it allows children to:

- Practice processing information
- Use all their senses
- Experience new experience/feelings in a safe and fun way
- Explore and experiment
- Develop their motor and social skills
- Use their creativity and imagination

### The Role of the Play Therapist

The role of the Play Therapist in Embodiment play is to help the child develop sensory 'feeling' vocabulary and develop 'emotional' vocabulary. Also, to support the child in their sensory discoveries which helps them to make sense of their experiences, whilst being accepting, curious and share in their wonderment. This helps develop attunement, builds attachment and containment.



## Projective Play

During projective play the child is responding to the world beyond the body to things outside the body.

The child's experiences, feelings, thoughts, wishes are projected out onto the toys and media. The child selects toys on which they can project their experiences and then uses these objects to take on roles and relationships which the child wishes to explore.

### Benefits of Projective Play it allows children to:

- Use their creativity and imagination
- Develop language and communication skills
- Continue to develop emotional regulation
- Manage frustration
- Develop numeracy and organisation skills
- Boosts self-confidence

### The Role of the Play Therapist

Children can be encouraged to create in different media, and therapists can create at the same time, so the child does not feel scrutinised. The child and therapist can co-create an artistic construction thus building a shared endeavour.



## Role Play

In Play Therapy, role-play allows children to explore their inner and outer experiences and convey messages about these lived experiences to their therapist about their thoughts and feelings.

Sometimes children explore themselves and their world through roles and relationships which can be projected onto different characters. Sometimes the portrayal is 'for real' such as when the child, in play, regresses to babyhood and spontaneously replicates early childhood experiences. (West, 1992 p61)

### Benefits of Role Play it allows children to:

- Develop mastery and self-regulation
- Helps build resilience and coping strategies
- Facilitates problem solving and conflict resolution
- Is essential in brain development
- Creates flexibility and further develops imagination
- Develops social skills and competence

### The Role of the Play Therapist

Sometimes children play alone, with the therapist as 'audience', sometimes they actively involve the Play Therapist, the child projecting his /her own needs into the phantasy role plays. The child can impose or ascribe many roles on the therapist who can then be an active participant, scripted and directed by the child.



## Regressive Play

Therapeutic regression is normal. The non-judgemental Play Therapy relationship enables children to revisit earlier developmental stages to reprocess trauma or life experiences that happened to them at those times.

### Benefits of Regressive Play it allows children to:

- To communicate both consciously and subconsciously drive-related feelings and needs.
- Addresses unmet needs.
- Fosters a sense of trust and attachment
- Comforts and soothes
- To work through and master fears and anxieties based in unmet needs

### The Role of the Play Therapist

The therapist may take on the role of a caregiver and provide nurturance to the child as if they are an infant.



# Neuroscience and Play Therapy

## Dr Bruce Perry on Play Therapy:

Traumatic experiences create alternations in key neural networks in the brain. These stress related networks span multiple areas of the brain – from the brain stem to the neocortex, and therefore, ‘getting at’ these systems in order to provide therapeutic ‘activations’ to create positive change is difficult using conventional cognitive heavy approaches.

The beauty of play is that it engages these widespread networks in controllable, predictable and moderate ways. Play engages sensory, motor, emotional and cognitive systems. These play therapy ‘experiences’ therefore are a recipe for effective therapeutics and resilience building.



## **Axline's Eight Principles of Play Therapy**

The Basic Principles which guide the therapist in all non-directive therapeutic contacts are very simple, but they are great in their possibilities when followed sincerely, consistently, and intelligently by the therapist.

The principles are as follows:

### **1: Establish Rapport**

The therapist must develop a warm, friendly relationship with the child, in which good rapport is established as soon as possible.

### **2: Accept The Child Completely**

The therapist accepts the child exactly as they are.

### **3: Establish A Feeling Of Permissiveness**

The therapist establishes a feeling of permissiveness in the relationship so that the child feels free to express his feelings completely.

#### **4: Recognise And Reflect Feelings**

The therapist is alert to recognise the feelings the child is expressing and reflects those feelings back to them in such a manner that they gain insight into their behaviour.

#### **5: Maintain Respect For The Child**

The therapist maintains a deep respect for the child's ability to solve their own problems if given an opportunity to do so. The responsibility to make choices and to institute change is the child's.

#### **6: Let The Child Lead The Way**

The therapist does not attempt to direct the child's actions or conversation in any manner. The child leads the way; the therapist follows.

#### **7: Remember That Therapy Cannot Be Hurried**

The therapist does not attempt to hurry the therapy along. It is a gradual process and is recognised as such by the therapist.

#### **8: Use Limitations Wisely**

The therapist establishes only those limitations that are necessary to anchor the therapy to the world of reality and to make the child aware of their responsibility in the relationship.

Axline, V. (1969). Play Therapy (Revised ed.) New York: Ballantine Books.

## Effectiveness of play therapy

### Magic Moments and Testimonials

“ Our son was in a car accident when he was just 3 years old. Due to the accident, he was diagnosed with PTSD. We were struggling to support our son in the way he needed emotionally. He was referred to Play Therapy for 24 sessions, we are around 13 sessions in as I write this, we cannot praise play therapy enough. Our son is transformed. He is confident, his school reports have improved dramatically, he is beating his anxiety and irrational fears.

*The Play Therapist is very professional, our son adores her, she is very personable and down to earth. The Play Therapist is always approachable when you need her. She has taught us how to deal with our son in a positive manner which brings out better thought processes in him in stressful or fear invoking situations.*

*Thank you for helping our family.*

“ Play therapy is my safe space, Play Therapy is really good, when I feel angry or upset, I can come into the playroom and let it all out.

“ Play Therapy is the place to be, you can be whatever you want to be and be whoever you want to be.

“ The Play Therapist is sensitive to the needs/restrictions of a primary school. The clients (children) are very positive about the sessions and meetings with parents have been positive and supportive for the clients.

*The Play Therapist has a good relationship with parents - they have felt able to discuss their concerns for their children and have opened up over the sessions. Parents clearly feel comfortable with her and able to share their experiences and seem to have benefited themselves from the play therapy process.*

**“** *[My child] seems to want to talk more and most of the time it is not about problems she cannot solve, just talking in general.*

*She has grown up since coming to play therapy, she does not give up when faced with a task, she is more confident and finds speaking about feelings easier.*

**“** *[My child] has become more comfortable with his life story and understanding his feelings. It no longer feels like everything is a battle and we can now talk about things, express how we feel and find a way of helping each other.*

*It can be a long, hard and frustrating experience but worth every minute of it. I've learnt more about [my child] in the past year than I would have been able to do in 5 years by myself.*

*The Play Therapist kept us informed throughout the process and we felt supported every step of the way. We would not have changed anything.*

**“** *Child referred for emotional regulation difficulties and not being able to identify emotions... whilst playing in the sand tray with the peg dolls (each has a different emotion written on it) the child was placing dolls head down in the sand.*

*I wondered why they might be doing this to which they replied these are all the feelings that I don't like how they make me feel inside.*

## 30 Professional views of Play Therapy and Play

Play can become a doorway to a new self, one much more in tune with the world.  
Because play is all about trying on new behaviours and thoughts

Stuart Brown MD

The environments in which the child and therapist interact and participate, plus the relationship they develop, and the embodied meanings they enact together, provide the path that leads to the pathway of change

Santostophano (2004)

Play Therapy is based upon the fact that PLAY is the child's natural medium of self-expression. It is an opportunity which is given to the child to 'play out' their feelings and problems just as, in certain types of adult therapy, an individual 'talks out' their difficulties

Virginia Axline

Play is a child's work and this not a trivial pursuit

Alfred Adler

Enter into children's play and you will find the place where their minds, hearts, and souls meet

Virginia Axline

Children need the freedom and time to play. Play is not a luxury. It is a necessity.

Kay Redfield Jamison

Toys are children's words and play is their language

Garry L. Landreth

When you are free, you can play and when you are playing, you become free

Heidi Kaduson

Whoever wants to understand much must play much

Gottfried Benn

Playing is itself a therapy

Donald W. Winnicott

It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self

Donald W. Winnicott

Play like dreams serves the function of self-realisation

Donald W. Winnicott

Birds fly, fish swim and children play

Garry L. Landreth

Play is the child's symbolic language of self-expression and can reveal what the child has experienced, feeling about what was experienced, reactions to what was experienced, what the child wishes, wants or needs and the child's perception of self

Garry L. Landreth

Growth is a slow process and so is change in behaviour. The therapist must be patient with the process

Garry L. Landreth

Play is the highest expression of human development in childhood, for it alone is the free expression of what is in a child's soul

Friedrich Froebel

Almost all creativity involves purposeful play

Abraham Maslow

If you feel safe and loved, your brain becomes specialised in exploration, play and cooperation; If you feel frightened and unwanted, it specialises in managing feelings of fear and abandonment

Bessel van der Kolk

Nonverbal skills are critical in Play Therapy, even more so than verbal skills as children express themselves in a nonverbal world

Dee Ray

The play therapist is an adult who intently observes, empathically listens, and encouragingly recognises not only the child's play but also the child's needs and feelings. The play therapist knows that being present with the child requires much more than a physical presence; being there is truly an art form that makes the play therapy experience unique for the child

Garry L' Landreth

Play allows us a safe distance as we work on what's close to our hearts

Fred Rogers

In play therapy, children create their own tolerable doses of stress that builds resilience.

Bruce D. Perry.

Play therapy is the only form of therapy that incorporates the core elements of regulation.

Bruce D Perry

Children express themselves more fully and directly through self-initiated, spontaneous play than they do verbally

Garry L. Landreth

For child, it is in the simplicity of play that the complexity of life is sorted like a puzzle pieces joined together to make sense of the world

L.R. Knost

In play a child always behaves beyond their average age, above their daily behaviour. In play it is as though they are a head taller than themselves

Lev Vygotsky

To 'play it out' is the most natural self-healing measure childhood affords

Erik Erikson

The positive relationship that develops between therapist and child during play therapy sessions can provide a corrective emotional experience necessary for healing

Moustakas

We are built to play and built through play. When we play, we are engaged in the purest expression of our humanity, the truest expression of our individuality. Is it any wonder that often the times we feel most alive, those that make up our best memories, are moments of play?

Stuart Brown MD

Play allows us to develop alternatives to violence and despair, it helps us to learn optimism and perseverance

Stuart Brown MD



## The Therapeutic relationship

Child-centred play therapy is an immediate and present experience for children in which the therapeutic process emerges from a shared living relationship developed on the basis of the therapist's consistently conveyed acceptance of children and confidence in their ability to be of help to themselves, thus freeing children to risk using their own strengths. Experiencing this acceptance of themselves, children begin to value themselves and come to perceive and accept themselves as unique and separate. (Landreth, G page 78-79)

### Basic Dimensions of the Relationship:

**I am here** – I'm fully present physically, mentally and emotionally.

**I hear you** – I listen fully with both ears and eyes to everything about the child.

**I understand** – I understand and accept the child's feelings, experiences and play.

**I care** – The child will not perceive me as a threat, allowing me into their world

Adapted from Garry L. Landreth



## Co-regulation within play therapy

Within the therapeutic relationship and the safety of the play therapy space, the therapist is able to meet a dysregulated child, exactly where they are in that moment. They do not look to rescue them or diminish their emotions, but to hold them calmly within that space, recognising and hearing their needs to bring them back within their window of tolerance.

The first-hand experience of having an adult support them in moments of such high emotion are valuable experiences but rely on the trust and respect that comes with building the therapeutic relationship to generate a connection before any other work begins in a play therapy intervention.



## Play therapy is self-esteem building for children

Child-centred play therapy can help children gain a more balanced view of themselves, thus building their self-esteem. A large part of this comes from the therapeutic relationship, which generates mutual respect, self-awareness, trust, feeling heard and being seen.

Play within the sessions gives the child a safe space to work through their experiences, thoughts, and ideas, whilst building strategies to cope.

Play therapy can open up a space whereby the child starts to recognise their own strengths, uniqueness and qualities as they begin to understand experiences and react more positively to change.

## Thank you!

We hoped you enjoyed this Play Therapy Week 2022 Pack and join BAPT and its members past and present in celebrating our 30<sup>th</sup> Anniversary.

We are very active on our Social Media channels so please join us and share the work we do, participate in conversations, share ideas and promote the use of Play Therapy.

If you are a BAPT Registered Play Therapist® we are always looking for volunteers to join our various sub-committees and get involved in promoting the practice and organisation.

