Play for Life

SUMMER 2024

Play for Life - The Periodical for members of the International and UK Societies of Play and Creative Arts Therapies

September 2024

Welcome to the Summer edition of Play for Life. As we reflect on the events of our summer as an organisation, there has been much to be thankful for. A great number of our members gathered in Sussex for our annual conference as you will see from the following reports.

The summer school welcomed many students from across the world as they either started out on their Play Therapy journey with certificate training or continued their pathway with Diploma. You can read later in this edition, how all these pathways combine to make up the whole of the course culminating in the MA. There's lots to share about the exciting research that has taken place over the past year.

As we know, there is always something new to learn and share with our experience and knowledge.

We encourage you to have a look at all the CPD opportunities that are coming up and not least in signing up for the forthcoming online conference. It's a great opportunity to join fellow members from across the globe in a day of learning, reflection and building on the important work that we are doing in our many and various ways.

We would love you to join us for our 2024 PTI / PTUK Online Conference Friday 22nd November 8am UK Time – Helping to make meaning out of loss.

Our Keynote speaker is Rachel Tegg and you will have the chance to join in workshops too. See page 16 for more details.

If you have stories to share, please contact us on pfl@ptukorg.com

Tiffany Allen and Helen Mzuanda
Joint Editors

PTUK and PTI Conference 2024

It was wonderful to welcome so many people to our Annual Conference on Saturday 22nd June 2024. The Conference is one of the most special days in our Play Therapy calendar as we so enjoy seeing and meting our members face to face. The East Sussex National hotel was a great venue with open airy spaces and beautiful grounds for many of you to reconnect, network and socialise. There was a wonderful atmosphere, and we are so grateful to so many of you who travelled a great distance to join us.

Enveloped in a beautiful rainbow in the National Suite, we reflected on the past year, celebrated milestones as well as recognising those who have gone above and beyond for our organisation and the Play Therapy profession. It was also wonderful to hear from the Child Mental Health Charter (CMHC) team and the amazing work they are doing. Before our Keynote began, we took a moment to reflect to remember those we have lost and are grieving for by blowing bubbles to the song 'Over the rainbow' sung by Sofia Lamberton (Course Director - Lauren Lamberton's daughter). This was such a poignant and emotional moment that brought the whole room together.

Over 200 members engaged with our brilliant Keynote Speaker Rachel Tegg from Child Bereavement UK. The theme of Grief and Bereavement was the most requested topic from the conference evaluations last year, so we were thrilled to be able to work in partnership with CBUK. We have had such wonderful positive feedback about Rachel and how relevant her Keynote was to your work.

'It was very relevant from a practice perspective as I have done some therapeutic play with children who have suffered loss. I'm also looking to run a group for my diploma around loss. I found the ideas and information given useful and will take these back and make them part of my toolkit.'

'The keynote address provided me with a deeper understanding of bereavement and how I might tailor my practice to suit the needs of an individual client.'

'Excellent as dealing with children who have experienced loss. Also going through a different phase of my own loss with approaching redundancy and endings with lots of clients this week. Lots of things resonated with that too. In awe of her delivery.'

The afternoon was filled with innovative workshops delivered by our members. Each workshop was unique, interesting and inspiring. Here are some comments from those who attended:

PTUK and PTI 2024 Conference

Workshop 1: Grief and Bereavement with Sarah Bentley

'I am glad that I chose this workshop because I felt it led on well from the Keynote Address, and developed/ built on the introduction to grief and bereavement. It was helpful and validating to hear Sarah Bentley acknowledge and value the wider context and complexity of "loss" rather than focusing only on death. I also found it helpful to learn about the importance of using the language of death, grief and bereavement with children and young children.
Sarah's sharing, with compassion, of some of her experiences brought the reality of working with grief and bereavement to life/ into the room and I found both humbling and this inspiring.'

Workshop 2: Refugee children and the impact of loss with Camilla Crowter

'Although I only occasionally work with refugee children I found this workshop insightful and helpful. I particularly liked the practical activities as these could also be applied with other client groups.
A very helpful workshop.'

Workshop 3: Understanding and influencing the dynamics of families and schools to support a child's grieving process with Georgina Rawson & Jennifer Graham

'This was a great workshop. It was really good to hear the work of this organisation and how it stretches beyond play therapy to give a holistic approach for families. Very interesting.'

Workshop 4: Beyond the Playroom: Innovation into Therapeutic Practice with Eileen Russell

'Very relevant to the reflective, creative and developing nature of my practice.
Beautifully presented, motivated myself and fellow colleagues.'

Workshop 5: Let's see What We Mean - Working with Grief & Bereavement Through Clay with Lynne Souter Anderson

'I really enjoyed this workshop with Lynne. It was very relevant to our work and she invited us to proactively think how we were going to incorporate elements into our practice. I personally am going to invite clay work in more to both client work and supervision.'

PTUK and PTI 2024 Conference

Thank you to everyone that attended, it has been brilliant to hear how much you enjoyed the day! Here are some highlights:

'I really enjoyed the Keynote speaker and the opportunity to network. This was my third PTUK conference and was by far the best. Thank you.'

'I most enjoyed networking and reconnecting. Keeping the passion alive! The venue was lovely and the food was amazing!'

'The keynote address was excellent and being able to network and talk to other play therapists is always so valuable to my work.'

The whole day was stunning'

We are excited to announce we have launched our forthcoming PTUK/PTI Online Conference which will be on Friday 22nd November 2024 at 8am UK time.

If you were unable to attend in June, you will be able to book and watch Rachel Tegg's Keynote following this you will be able to attend a variety of online workshops.

Bookings are now open. Follow the link on Page 16 to sign up. Bookings close in November.

PARENTS' PERCEPTION OF BEREAVED SIBLINGS' EMOTIONAL NEEDS AND PLAY THERAPY - Pamela Tan Jia Hui, PTSG, Certified Practitioner in Therapeutic Play Skills

Pamela is a therapeutic play worker and accredited social worker at Children's Cancer Foundation (CCF), She is passionate about using therapeutic play to support children who have encountered cancer in their lives. By using play to help them express themselves, she aims to help them grow purposefully in their emotional awareness and regulation, and help build their sense of self. Her philosophy and practices centering on therapeutic play were first inspired by her early work as an early childhood educator, where she researched how play is crucial to children's growth and learning.

Introduction

The influence of sociocultural factors on child development is well established in the classic works of Bronfenbrenner (1979). The work with children, be it education, recreation or therapy, always needs parental consent. Thus, parents' perception and understanding of play therapy can be a very important variable that influences the extent to which children are exposed to play therapy. Previous research has stated that sociocultural factors on the perception and acceptance of play therapy as a treatment mode differs from each place, and this will influence parents' decision-making on their children's engagement in play therapy.

The first nationwide study of 10- to 18-year-olds in Singapore has found "a gap in parents' understanding of such (mental health) issues – only about one in 10 parents observed signs of distress in their children," but one in three adolescents reported "internalising symptoms" (Teng, 2023). The findings indicate that many parents do not know their children from young very well, as the strong formation of parent-child relationship begins from a young age, and emotional problems can be found out easily in the period of adolescence. Children are more likely to show all their emotions in front of their parents, especially negative ones, as children expect their parents to accept these negative emotions, which may suggest how parents are an important emotional support for children, especially after children enter primary school (Chaplin & Aldao, 2013), .

A Child's Emotional Needs

A child's basic needs are often met. However, emotional needs can be challenging for parents who have limited emotional literacy and expression especially in the Asian context where one is more emotionally repressed. There are five emotional needs of a child: Secure attachments to others; Autonomy; Freedom to express valid needs and emotions; Spontaneity and play; and Realistic limits and self-control (International Society of Schema Therapy, 2021), and when these needs are unmet, it leads to unhealthy life patterns. Axline (1991) states fear, hatred, loneliness, feelings of failure and inadequacy are more common to be played out during play therapy sessions.

Typically, a parent might not have the ability to be attuned to all of their children's emotional needs. Most of the time when one is ill, or has more externalising behaviours, the attention will go to the child who is misbehaving. In the case of children with cancer, parents are more focused on the child diagnosed with cancer and undergoing active treatment. There are many needs that vie for parents' attention, much more now when one of their children has a life-threatening illness.

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Siblings therefore, contend with multiple losses and changes in their family such as reduction in parental attention, social activities, and companionship during the course of cancer treatment (Sloper, 2000). When family routines and structures change because of a cancer diagnosis, siblings may feel increasingly isolated and emotionally neglected (Barrett, Mullen & McCarthy, 2020), as parents are inevitably preoccupied with the caregiving of the ill child. They may also experience jealousy, guilt, resentment and/or ambivalence about the limitations in their own activities due to concerns over infection or injury to the sibling with cancer (Neville et. al., 2016).

In a life-threatening illness, death can be inevitable. A death-avoidant culture breeds anxiety for families of children with life-threatening illnesses (Kripalani, 2019). The mere thought of a child dying is overwhelming and unnerving, where its dreaded anticipation of watching time race between the illness progression and the treatment protocols the child needs to go through to extend one's life, and the after effects of shock when death comes. Grief is heavy and isolating. Families consistently report feeling abandoned by the medical system after their child dies.

Rasouli and colleagues (2022) reported "half of the young adults experience unresolved grief two to 10 years after losing a sibling to cancer", which highlight the "need for long-term support for bereaved siblings to help improve their resilience and better have worked through their grief".

Benefits of Play
The benefits of play abound in every research, and contribute to children's social competence, wellbeing, positive orientations to learning and overall progression (Cao, 2023). Play allows children to confront various challenges in a natural and spontaneous manner, which promotes growth and maturation. Other benefits of play are usually related to children's emotional wellbeing. Play can be a way in which children express their emotions, and it could be very useful for children, especially young children who have not yet fully developed their verbal skills to express their emotions (Axline, 1991; Steward, et al., 2016). Homeyer and Morrison (2008) explained the way children express their emotions through play: "[during] play, children can play out negative life experiences by breaking them into smaller parts, releasing feelings that accompany each part, assimilating each experience back into the view they have of themselves, and obtaining a new level of mastery." Furthermore, Schaefer (2003) demonstrated that play helps children to overcome their resistance to therapy. This is because, through play, children are not only expressing their feelings but also releasing stress by playing it out (Porter et al., 2009). The benefits of play in children's emotional wellness have given play the potential for therapeutic use.

Play Therapy
Play therapy is an empirically supported counselling intervention (Bratton, Ray, Rhine, & Jones, 2005) that is grounded in child development principles, including the essential role of play in children's holistic development (Russ, 2003; Vygotsky, 1967). From a maturational perspective, young children tend to possess concrete views of the world and thus are limited in their ability to express complex thoughts and feelings through words alone (Piaget, 1951). Play therapy provides children with a nonverbal and universal means of expression that allows them to bridge the gap between concrete and abstract thought (Axline, 1991; Miles, 1981); Landreth, 2012).

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Play Therapy International uses an integrated holistic approach where client-centred and non-directive therapy is being practiced. The Play Therapy Dimensions Model is being utilised at each stage. The integrated holistic approach is mainly based upon the principles of Axline – where there is a steadfast belief in the child's inherent capacity for self-determination, growth and self-directed healing, and a respect for the child's ability as a thinking, independent and constructive human being (Miles, 1981). Play Therapy offers children an opportunity to experience their growth under the most favourable conditions in the presence of an accepting and friendly therapist. by the steadfast belief in children's inherent striving toward growth and maturity, in addition to their capacity for self-directed healing (Axline, 1991).

Barriers to Seeking Help: Play Therapy

Hronis and colleagues (2020) also reported that parents' understanding of therapy, and emotional attunement (i.e. parent's understanding and recognition of their child's emotions), Role of the Therapist (i.e. ways therapists could facilitate the intervention), Role of the Parent (i.e. ways parents could engage in the therapy process), Anticipated Obstacles (i.e. what may get in the way of the therapy) are all factors which influence parents' perceptions of receiving therapy support.

Parents' Perception of Help-Seeking Behaviours

Five themes were identified in Western parents' perspectives on the factors that influence their decisions regarding their children's involvement in cognitive behaviour therapy: the parents' ability to recognize their children's emotional states; their ability to take on the role of the therapist at home; therapists' knowledge and experiences; obstacles in the way of therapy (time and money restraints), and how therapy can be useful to children's needs (Hronis et. al., 2020). Other factors may include the negative perceptions of mental health services (Wang et al., 2019); the level of the severeness of the children's problems (Merikangas et al., 2011); the ability to recognize children's problems (Sayal et al., 2006); living areas (urban or rural) (Morales et al., 2020); knowledge of therapy and the process of seeking help from mental health services (Reardon et al., 2017). These findings from previous research have facilitated some possible influences on Chinese parents' decisions regarding seeking professional help for their children's emotional needs.

Parents' Beliefs in Play and Priorities in Academic Success

Despite the proven benefits of play for children, there has been evidence showing that most formal education systems limit children's time spent playing. The academic stresses children face increase as they get older, where there are times where the push for academic excellence in Singapore overrides a child's free play time and physical education classes when examinations loom (Gleave, 2009; Chia, 2009).

Play can benefit children's mental wellness; however, they might not have enough time to play with their packed activities after school. Zhao and colleagues (2015) have shown evidence of the negative influences of academic stress on the possibility of children developing mental health issues. The combination of decreased time in play, and increased academic stress potentially increases children's emotional problems after they enter the formal education system. Despite the increased emotional needs after entering the formal education system, most are still focused on the results of students' learning. None of the qualities reported was relevant to children's emotional needs (Liu & Meng, 2009). Most parents and teachers still hold the view that play is for fun and enjoyment, and learning is for acquiring academic skills (Keung & Cheung, 2019).

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Asians, overall seem to believe the importance of a good education as a precursor for success in life. Hence, there is a strong emphasis on structuring academic classes even out of school hours. Parmar and colleagues (2004) discovered that Asian parents did not value or believe play is the way for the development of preschool children and helps children be school-ready. They highlighted the importance of getting a head start in early academics for the cognitive development of children in the preschool years. Hence, as such, Asian parents might not see the benefit of play therapy as compared to counselling. Most parents and teachers still hold the view that play is for fun and enjoyment, and learning is for acquiring academic skills (Keung & Cheung, 2019). It is believed that one of the reasons for this phenomenon could be the lack of parents' support for children's play due to their high expectations and demand for academic achievement and the lack of their awareness or understanding on the importance of play in children's development.

Research Question

This essay hopes to explore Singaporean's parents' perception of bereaved siblings' emotional needs and play therapy, which thereafter influences the implications of seeking and receiving help for their siblings. In other words, it hopes to explore these questions:

(i) How do parents assess siblings' emotional needs when one of their children is struggling with childhood cancer?

(ii) How do parents decide to allow their child receive play therapy? What might be the barriers to play therapy and its programmes that is being offered to siblings, especially bereaved siblings?

Methodology

A case study of parents of children with cancer will be recruited from Children's Cancer Foundation in Singapore to participate in a series of semi-structured interviews and Focused Group Discussions (FGD) to explore their perceptions of play therapy, and the potential barriers they face. This will help support the evaluation and implementation of our programmes and support for the families of children with cancer. A questionnaire would be administered to parents first, before putting them into groups to discuss these few questions about their perceptions about play therapy and some barriers they face. The Emotion Development Questionnaire would be used to evaluate their ability to assess their child's emotional expression. Semi-structured interviews would be conducted where questions like 'What support have they received?", "What was your first impression of therapeutic play?" would be asked.

There would be two groups of the FGD where there would be a mix of those who have not received therapeutic play support and who have experienced therapeutic play, but found it to be not useful, and another who have received therapeutic play support and found it to be useful. The discussions would focus on the helpful and unhelpful support they experienced, their understanding of therapeutic play as a group, and discussing some barriers they felt they faced in seeking help for the siblings. Last of all, there would be a sharing with them about Play Therapy, and an invitation to help them through the play therapy.

Efficacy, Efficiency, and Effectiveness

In using FGD, rich data can be obtained, as the group dynamic allows for participants to build on one another's responses and generate ideas that they might not have thought of in an individual interview. The moderator can interact with participants and ask follow-up questions to clarify. This helps also in building up understanding of their perceptions as a whole. However, the moderator would need to be an experienced facilitator and moderator, able to deescalate conflicts, elicit responses and facilitate conversations between strangers, as the quality of the discussion and usefulness of the information depends on their skill. The data received at the end of the FGD would be challenging to analyse group opinions and personal opinions, as there might be different personal characteristics of the group. Some participants may not feel comfortable voicing their opinion in front of others. Additionally, some may feel pressure to conform to the group consensus. With such a small sample size, it might not be representative of the entire population as well.

Future Implications

With the knowledge of their perceptions toward play therapy, one then can begin to give the correct interventions be it through advocacy, psychoeducation and more parental involvement in the support given to parents.

References

Axline, V. M., 1991. Play Therapy. New York: Random House USA Inc.

Barnes, M. A., 2013. The Healing Path with Children. 3 ed. East Sussex: The Play Therapy Press Limited.

Cao, H., 2023. Analyzing Chinese Parents' and Teachers' Perception of Play, Children's Emotional Needs and Therapy: Implications for Seeking Help. Frontiers in Psychology, Volume 14.

Chaplin, T. M. & Aldao, A., 2013. Gender Differences in Emotion Expression in Children : A Meta-Analytic Review. Psychological Bulletin, 139(4), p. 735–765.

Chia, M., 2009. Play Reconsidered, Resurrected and Reposition in Children: Case Study Results in Singapore. Sports Science, 2(1), pp. 44-48.

Gleave, J., 2009. Children's Time to Play: A Literature Review, England: National Children's Bureau for Play England.

Hronis, A., Roberts, R., Roberts, L. & Kneebone, I., 2020. Potential for Children with Intellectual disability to Engage in Cognitive Behaviour Therapy: The Parent Perspective. Journal of Intellectual Disability Research, 64(1), pp. 62-67.

International Society of Schema Therapy, 2021. The Schema Therapy Model. [Online]
Available at: https://schematherapysociety.org/Schema-Therapy#:~:text=The%20Schema%20Domains%20define%205,lead%20to%20unhealthy%20life%20patterns
[Accessed 20 October 2023].

Liu, S. & Meng, L., 2009. Perceptions of Teacher, Students and Parents of the Characteristics of Good Teachers: A Cross-Cultural Comparison of China and the United States. Educational Assessment, Evaluation and Accountability, Issue 21, pp. 313-319.

Miles, M. S., 1981. Play Therapy: A Review of Theories and Comparison of Some Techniques. Issues in Mental Health Nursing, 3(1-2), pp. 63-75.

National University Health System, 2022. National University Cancer Institute Singapore: Cancer Information. [Online]
Available at: https://www.ncis.com.sg/Cancer-Information/About-Cancer/Pages/Paediatric-Cancer.aspx#:~:text=Leukaemia%20accounts%20for%20about%2040,survivors%20and%20are%20considered%20cured
[Accessed 8 October 2023].

Parmar, P., Harkness, S. & Super, C. M., 2004. Asian and Euro-American Parents' Ethnotheories of play and learning: Effects on preschool children's home routines and school behaviour. International Journal of Behavioural Development, 29(2), pp. 97-104.

Play Therapy International, 2002. PTUK & PTI Ethical Framework Principles. [Online]
Available at: https://playtherapy.org/ethical-system/
[Accessed 20 June 2023].

Rasouli, O. et al., 2022. Impact of Resilience and Social Support on Long-Term Grief in Cancer-Bereaved Siblings: An Exploratory Study. BMC Palliative Care, 21(93).

Santrock, J. W., 2009. Child Development. 12 ed. New York: McGraw-Hill.

Steward, A., Field, T. A. & Echterling, L., 2016. Neuroscience and the Magic of Play Therapy. International Journal of Play Therapy, 25(1), pp. 4-13.

Teng, A., 2023. NUS Study Finds Gap in Parents' Understanding of Mental Distress as 1 in 3 Youth Reports Symptoms. Singapore: The Straits Times.

Zhao, X., Selman, L. R. & Haste, H., 2015. Academic Stress in Chinese Schools and A Proposed Preventive Intervention Program. Cogent Education, 2(1).

JESSE DOLLS FOR FAMILIES AFFECTED BY CHILDHOOD CANCER - Denise Kane, Accredited Play Therapist

Hand in Hand

Hand in Hand was established in 2006 by a group of volunteers in Co. Galway, Ireland. They had helped a local family when their two-year-old girl received leukaemia treatment in Our Lady's Children's Hospital, Dublin. The founders' main aim was to help other families with a child diagnosed with cancer in the West of Ireland, who have the added dimension of travelling long distances to Dublin for their primary care and treatment.

Today Hand in Hand works with families nationwide who are affected by childhood cancer. In most cases, there are other siblings to care for while Mum, Dad or guardians travel to Dublin or to local hospitals with their sick child. Our focus has always been to give these children and their families on-the-ground support to minimise the impact that both the diagnosis and frequent long-distance travel for treatment has on family life.

We offer practical and emotional supports to families affected by childhood cancer. Hand in Hand offer household cleaning, laundry and family meals throughout active treatment. Our emotional supports are offered to the whole family unity which include play therapy for children and counselling for adults. Emotional supports are available at any stage throughout the journey be it active treatment, post treatment or in some cases bereavement support. These supports are free of charge and aim to alleviate some of the stress associated with a child's cancer diagnosis.

The story behind Jesse

Our Jesse dolls were inspired by the children we work with who have received a cancer diagnosis as well as from the experience of their super siblings. Hand in Hand is guided by psycho-oncological support requirements identified in the National Cancer Strategy 2019 – 2026 and by the National Model of Care for Psycho-Oncology Services for Children, Adolescents and Young Adults with Cancer and their families in Ireland. It is well-documented that childhood cancer emotionally impacts an entire family and that adequate supports facilitate patient wellbeing and recovery, while mitigating negative impacts on the family.

In 2021, Hand in Hand were successful with our application to The Toy Show Appeal where we applied for a project to create 200 bespoke dolls to mirror the experience of childhood cancer. The dolls were designed by Guadalupe Creations in collaboration with children who avail of Hand in Hand's services. Each Jesse doll has since been handmade by the team at We Make Good , a social enterprise located in Dublin. The idea is that each child who we work with gets their own Jesse doll should they wish to receive one.

When a child is diagnosed with cancer there is a lot for the child (and grown-ups) to get their heads around. The hospital environment alone can be a sensory overload for children and parents alike with lots of new smells, sights, and sounds. A cancer diagnosis shakes the family unit and impacts everyone in the household, everything changes.

Jesse is designed to aid a child, and their siblings, and support their emotional well-being. Each doll has a 'freddie' line (Hickman/central line) which allows medication to be given as well as bloods to be taken without having to use a needle each time. This can allow the child and siblings to gain an understanding of what is happening and open-up a space to speak about treatment.

The dolls hair is removable to help normalise hair loss and promote a discussion about this topic with children. Having Jesse present can help to remove the child from being the focus of the conversation, yet they can explore their thoughts and feelings through the doll.

Our dolls also come with their own comfort blanket, a pair of dungarees and a hospital gown which are easy to use and can help a child 'play out' what happens in the hospital environment. Jesse also has two felt hearts, one that can be brought to hospital and one that can remain at home with other family members – so that they are always connected. So far, Jesse dolls have been distributed to children we work with and has accompanied them to hospital visits both in Ireland and abroad.

> *Have you successfully worked collaboratively with other organisations to help children in therapy? Or maybe you have created your own resources to use for specific children's needs? We'd love to hear your stories and successes. Editors*

UNLOCKING THE POTENTIAL OF MINECRAFT AS A THERAPEUTIC TOO - Hannah Young, Accredited Play Therapist

Hannah Young is an accredited play therapist in Cheltenham, where she supports children, young people and their families both in school settings and in private practice. Hannah utilises Minecraft as a therapeutic tool in sessions with clients, providing them with a sense of control, freedom of choice, as well as an opportunity to experience mastery and competence, thereby protecting their emotional wellbeing.

The shift towards digital playgrounds

Digital play has become an integral part of the lives of children and young people, the shift in the nature of play having intensified during the recent COVID-19 pandemic, when multiple aspects of children's daily lives were moved online, including their education. This growing presence of digital media, whether it be computer games or social media platforms, demands us to consider how we can both shape and utilise these virtual worlds as a means to empower children, whilst also protect their mental health and wellbeing.

Work by the Children's Commissioner (2024) into online safety revealed that digital activities are fundamental to how young people navigate their childhood, both in their early years and through adolescence, with data published by the video game industry telling us that 89 per cent. of children aged 3 to 17 years have played video games. In fact, the number of users in the video game segment of the digital media market in the United Kingdom is forecast to continuously increase between 2024 and 2027 by a total of two million users (+10.5 per cent.), the market having been valued in 2023 as being worth £7.82 billion (UKIE, 2014). The scope and reach of digital playgrounds therefore represent big economic business and so it is vital that we explore ways in which we can harness the potential of video games, enabling children and young people to learn, to create and to connect online.

Digital technology, play and wellbeing

Whilst there has historically been a widespread interest in exploring the possible negative effects (cognitive, emotional, motivation and social) of long-term exposure to video games (Granic, Lobel and Engels, 2014), less attention has been paid to understanding and optimising the benefits that digital technology can provide in supporting children's rights and their wellbeing. New research from UNICEF Innocenti, funded by the Lego Foundation and produced in partnership with the University of Sheffield, New York University, City University New York and the Queensland University of Technology explores the question: can video games contribute to the wellbeing of children and, if so, how? Based on a scientific study of hundreds of children across six countries (including the United Kingdom) over many months, the research found that, provided video games were designed with wellbeing in mind, children could be supported in experiencing and regulating their emotions, helping them feel more connected to others and more capable of managing social interactions (UNICEF, 2024). Video games which allowed children to experience a sense of control, to have freedom of choice, to experience mastery and feelings of achievement were identified as providing the greatest gains for children, particularly where the game helped to fulfil important needs that were otherwise not met in their lives, needs which are not universal but are influenced by environmental and cultural factors (UNICEF, 2024).

Leaders of the UNICEF (2024) research project hope that, at the centre of future digital design, will be the wellbeing of children, the digital play drivers identified in the findings helping tech developers and policymakers develop a common understanding of how digital experiences can lead to positive outcomes.

UNLOCKING THE POTENTIAL OF MINECRAFT AS A THERAPEUTIC TOOL - Hannah Young, Accredited Play Therapist

A deep dive into Minecraft

In conversation with participants who contributed to the UNICEF (2024) led research into whether video games could contribute to the wellbeing of children, the game Minecraft was found to be a platform commonly utilised by children of all ages. With over 300 million copies sold and nearly 140 million monthly active players as of 2023, Minecraft, released by Mojang Studios in 2009, has become the best-selling video game in history (Gerken, 2023). Having an open-ended quality, Minecraft is a three-dimensional computer program available over multiple platforms, visually similar to 'online Lego' as players build using blocks and source materials, either from a virtual world (known as a biome) or an inventory (depending on the mode, creative or survival, a player chooses to select). Regarded as a sand box game, Minecraft is an incredibly versatile platform without levels or pre-set goals and so players have the autonomy to choose what they wish to do once they have selected which biome in the Overworld to play in. Biomes are regions in Minecraft with unique landscapes and environments; plains are usually treeless, whereas lush forests and jungles are home to many animals, there is food to forage and resources to mine. As well as deserts and savannahs, there are mountainous ranges, icy peaks and cherry tree groves, not to mention a vast ocean to explore and the Nether, an underground world only accessed via a portal. The type of weather varies between biome and is dependent on the temperature and the altitude in which it occurs, whilst a full day and night cycle in Minecraft lasts 20 minutes in real-world time. It is however possible to turn off changes in the weather patterns and to control whether the sun sets or rises.

In survival mode, a player gathers materials and resources to build and to craft, gaining experience points. Players need to keep an eye on the health, hunger, oxygen and armour bars to ensure they do not run out of food or air (if underwater), whilst also battling mobs and other threats around them, the risk being that they might die and then 'respawn'. In creative mode, a player has access to an infinite array of blocks and objects, can fly and is not vulnerable to hostile mobs, instead, other characters in the game are passive and a player can interact with them without fear of attack.

Minecraft as a therapeutic tool

The principles of play therapy set it apart from other interventions which support mental health and wellbeing (Axline, 1969). Materials in a playroom offer metaphorical access to the unconscious, breaking down barriers and unlocking feelings and behaviours which a child might otherwise be unable to express. Similarly, the premise of Minecraft invites each player to set the pace and to access or gather materials to explore, design, build, modify and control their own worlds, just as in a play therapy session a client may choose to place figures or objects in a sand tray, symbolic of their thoughts, feelings, social interactions or people in their life. Processes in the playroom and in the world of Minecraft therefore offer children and young people a safe boundaried space, physically and emotionally, where they can be the expert in a world of their choosing.

Minecraft can act as a canvas for storytelling, creativity and self-expression. It can also be a call to explore the dark unknown, particularly where a child chooses to enter a portal to explore the 'Nether', a dangerous, hell-like underworld containing fire, lava and hostile mobs. Which operating mode a child chooses to play in can therefore arguably be symbolic of how secure they are in their sense of self and how equipped they feel to embark upon a journey towards greater self-awareness.

UNLOCKING THE POTENTIAL OF MINECRAFT AS A THERAPEUTIC TOOL - Hannah Young, Accredited Play Therapist

Meeting psychological needs in Minecraft

As recent research has found that digital play has the capacity to fulfil unmet psychological needs of children, in this article, Minecraft has been selected as a lens through which to analyse each of the 11 digital play drivers identified by UNICEF (2024) as having a positive effect on children's wellbeing. The aim is to specifically highlight how Minecraft can be utilised as a therapeutic tool in a play therapy session, the therapist being led by the client towards taking the role of an observer or an active participant in the game. By incorporating Minecraft as a resource, therapists are offered a unique perspective on the inner world of a child.

1. The need to explore, construct and express identities

Erikson (1958) tells us that a child's identity is unique, bringing together a combination of experiences, interests and attributes that together form their sense of self. Forming a personal identity is therefore a lifelong process as we each come to understand our own needs, desires and goals. Interestingly, digital play has been found to facilitate the development of autonomy, with children often relating this to positive emotions, emphasizing a connection between feelings of autonomy and positive affect (UNICEF, 2024).

Before entering a biome in Minecraft or choosing which mode to play in, players are invited to choose their Minecraft character or avatar, changing and customising what is known as their 'skin' including physical attributes and clothing. These choices help a child to experiment with the way they see themselves, as well as the way others perceive them, contributing to their emerging identity, both individually and collectively. When designing an avatar, a child might also decide to wear armour which is available in many materials of differing strengths and hold a weapon or a shield, perhaps as a protective mechanism, potentially signifying that the child feels unsure of themselves, feels under threat or at risk and wishes to defend themselves.

2. The need to experience, explore and negotiate togetherness

Whilst playing digital games, children have described in positive terms the benefit of continuous engagement, playing without interruption, entering what might be described as a 'flow state', improving concentration and focus. Engaging with other players in Minecraft, including a therapist, can also encourage collaboration and teamwork, the entering into a world being an important source of social connection. Interacting with others virtually can therefore help support a child who ordinarily struggles to engage socially.

By working together on a project with a client in Minecraft, such as the building of a safe space, children 'create, relate and connect', providing them with a collective sense of belonging and purpose. Players also have the opportunity to experiment with taking different roles, leading, observing or being guided by another, helping children to navigate the changeable social hierarchy which exists amongst peers. As a result, a child's self-esteem can be improved, protecting their overall wellbeing.

3. The drive to master challenges, including strategic challenges and puzzles

When playing video games, children frequently encounter obstacles and challenges which need to be overcome before they can achieve their goal. Players therefore need to problem-solve and adapt, key aspects to the development of resilience. Having become competent at basic tasks within the emotional containment that the therapist-client relationship offers, children can begin to expand their window of tolerance by experimenting with more complex ideas, helping them to become more adept at managing and coping with their related emotions (Siegel, 1999).
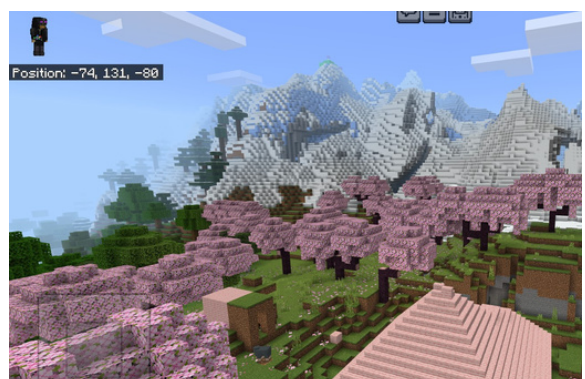
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Exploring a world in Minecraft alongside a client offers a space for social conversations, inviting curiosity and permissiveness. It is this open quality, a key play therapy principle, which provides children with an opportunity to try out new ways of being and of experiencing the world as they begin to play with alternative narratives, delving into their imagination and being less driven by thoughts or feelings connected with their lived experience. As a consequence, Minecraft can support the creation of a sense of safety, helping a child to understand that their protective patterns of behaviour no longer serve the purpose they once did. It is true of both dimensions, our lived experience and in digital play, that only once our basic needs have been met can we elevate our quality of life, moving outside of a familiar experience towards the unknown. In Minecraft, this might involve a therapist observing how a child moves on from creating rudimentary structures to experimenting with crafting, brewing and enchanting, or could be marked by a willingness to explore the Nether.

4. The need to understand, and meet, one's own emotional needs
Working alongside a client in their digital play by validating and empathising with their emotional state can support a child in becoming more self-aware and able not only to name a feeling, but to identify where associated sensations or signals emanate from inside or outside of their body.

Whilst playing in Minecraft, a child will move through different states of emotional arousal, feeling joy and pride when they accomplish a task, as well as frustration and impatience when they struggle, thereby helping them to develop the skills needed to recognise and respond to their emotions (Alonso, Tare & Rood, 2024). An adventure in Minecraft can help children to become more self-aware as players must keep a watchful eye on the hunger versus health symbols to ensure their health does not deteriorate. This might involve choosing whether to rest or to take on fuel, arguably reflective of lived experience, where a child might need to establish a balance between surviving and thriving, coming to understand their limitations.

5. The need for sensory stimulation, including emotion, humour and bodily movement
Minecraft provides a rich landscape of therapeutic tools enabling a child, with the support of a qualified therapist, to express themselves in a myriad of ways. Players might feel joy when they defeat a hostile mob or defend a house they have created or experience competence if they succeed in combining the correct ingredients to enchant a potion. Equally, a player can be empowered if they make it through their first night in survival mode, having experienced feelings linked to fear and self-doubt prior to sunrise. Minecraft also provides a vessel through which emotions can be channelled and externalised; a child might use TNT to blow things up as a means to express anger or drink a potion of invisibility to indicate they do not wish to be seen, whilst the need for sensory stimulation can be met through the positioning of slime blocks to be bounced upon or a child might choose to create a rollercoaster to ride on.

6. The need to exert and express control
Digital play offers children the opportunity to exert autonomy and a chance to make decisions independently. By developing their own strategies, children therefore experience competence but also begin to appreciate the consequences of their choices and learn how to adapt to succeed. This sense of control and agency has been found to be beneficial as enabling children to make choices that are meaningful to them is necessary for both motivation and psychological health (Deci and Ryan, 2000).

When playing alongside a client in Minecraft, there are infinite choices to be made, beginning with a child's avatar, the biome they choose to enter, as well as which mode to play in, before the game even begins. There is meaning inherent in each of these choices and this virtual world may in fact be the only place a child experiences a degree of control and freedom in their life. In Minecraft, not only can a child roam freely without a guide, they can be artists, engineers and scientists, setting the pace and the degree of exposure to risk, just as they would in a more traditional play therapy session, thereby managing their own experience and consequently their emotional regulation.

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7. The desire to explore and extend ruling passions

Digital play offers children not only the freedom to choose, but the ability to pursue a special interest. Collaborating with a child through Minecraft in a play therapy session therefore demonstrates to a child the value attributed to their interests, validating their choices and thereby elevating their sense of wellbeing.

8. The desire to collect, curate and classify

As digital play provides children with a space to experiment and to explore, children's imaginations take flight without fear of rebuke or judgement, remaining open to possibility. The choices that children make within the digital space are however far from reckless, being co-constructed alongside their reality. Categorising and engaging in inventory management in Minecraft entails a process akin to being prepared in life more generally and so children determine what works and what is efficient through experimentation and risk taking. Being organised whilst playing Minecraft can prove to be vital, particularly when playing in survival mode, since paying close attention to resources can help a player to identify and to understand how to meet their needs and how to protect themselves against threats.

9. The desire to create

Creativity has been found to be central to what motivates children to engage in digital play, elevating curiosity and possibility (UNICEF, 2024). The imagination which flows from creativity is therefore fundamental to how children generate new ideas and how they create new narratives, enriching their thought processes and contributing to children's cognitive and social development.

By crafting alongside children in Minecraft, therapists can build social connections that invite feedback and collaboration. It is the very nature of these relational practices which help children to build positive relationships, the sharing of knowledge and pursuit of common goals fostering friendship and the development of empathy.

10. The need to empathise, tend and nurture

Digital play offers children the opportunity to empathise and nurture, helping to foster positive social connections. Children therefore continue to engage in digital games as a means to stay connected and to deepen their relationships with others. Digital play can also help children to engage in activities which they might otherwise see themselves as being too old to play offline. Research has found that in games such as Minecraft, children can reignite the joy of playing hide and seek or let's pretend in new forms, "meeting their need to have fun, experiment, construct identities and exercise agency, albeit in ways that fit peer norms" (Bird & Edwards, 2015; Marsh et al., 2016).

11. The drive to acquire and perform knowledge and skills.

Building and creating in digital play is associated with children's feelings of competence, emphasising how digital play can influence whether a child develops perseverance and the extent to which they have the capacity to manage adversity, impacting their emotional regulation (UNICEF, 2024). Exploring and experimenting in a Minecraft world therefore offers children an emotionally safe space in which they can practice and take risks, whether it be through crafting, battling or enchanting, a child can gradually develop their competence and associated confidence, increasing their sense of belonging within the community and strengthening individual self-worth.

Getting started

The priority in any therapeutic relationship is establishing a sense of safety and this is no different when interacting in the world of Minecraft. Before beginning to utilise Minecraft as a therapeutic tool, it is therefore important to consider the appropriate steps which need to be taken to safeguard a client. This might include determining which platform to play on, finding out how to create a secure world to ensure confidentiality and agreeing the play parameters with a client in advance, such as contracting who will maintain control of the settings and how access to a world is only permitted during a play therapy session. Security features such as weekly password changes are recommended, along with assigning each individual client a licence and

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username.

It is important to remember that as therapists we are not required to be experts in the game, a basic knowledge of controls and commands will suffice, along with an overview of the possibilities which Minecraft offers. In line with the overarching principles of play therapy, a therapist's role is to support a sense of emotional safety, to contain the space, not control it.

*Disclaimer: Minecraft is not endorsed by Mojang or Microsoft as a therapeutic tool.

References

Axline, V. M., 1969. *Play Therapy*. New York: Ballantine Books.
Bird, J. and Edwards, S. 2015. 'Children learning to use technologies through play: A digital play framework', *British Journal of Educational Technology*, 46(6), 1149–1160.
Children's Commissioner. 2024. *Digital playgrounds - Children's views on video gaming*. Available at: https://www.childrenscommissioner.gov.uk/blog/digital-playgrounds-childrens-views-on-video-gaming/ (Last accessed: 3 June 2024).
Daniel, A., Tare, M. and Rood, E. 2024. Understanding Well-being in Digital Spaces. Available at: https://joanganzcooneycenter.org/wp-content/uploads/2024/01/jgcc_understandingwellbeing.pdf (Last accessed: 3 June 2024).
Deci, E. and Ryan, R. 2000. 'The "What" and "Why" of Goal Pursuits: Human needs and the self-determination of behavior', Psychological Inquiry, 11(4), 227–268.
Erikson, E. H., 1958. Young Man Luther: A study in psychoanalysis and history. New York: W.W. Norton.
Gerken, T. 2023. Minecraft becomes first video game to hit 300m sales. Available at: https://www.bbc.co.uk/news/technology-67105983 (Last accessed: 3 June 2024).
Granic, I., Lobel, A., and Engels, R. C. M. E. 2014. 'The benefits of playing video games', American Psychologist, 69(1), 66–78.
Marsh, J., Plowman, L., Yamada-Rice, D., Bishop, J., and Scott, F. 2016. 'Digital play: A new classification', Early Years, 36(3), 242–253.
Siegel, D. 1999. The Developing Mind: toward a neurobiology of interpersonal experience. New York: Guilford Press.
The Association for UK Interactive Entertainment (UKIE). 2023. Video Game Industry Valuation. Available at: https://ukie.org.uk/news/2024/04/2023VideoGameIndustryValuation#:~:text=The%20Consumer%20Market%20Valuation%20report,increase%20from%20the%20previous%20year (Last accessed: 3 June 2024).
United Nations Children's Fund (UNICEF). 2024. Digital Technology, Play and Child Wellbeing. Available at: https://www.unicef.org/innocenti/reports/responsible-innovation-technology-children (Last accessed: 3 June 2024).
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**We would love you to join us for our 2024 PTI / PTUK Online Conference
on
Friday 22nd November
at 8am UK Time**

**Helping to make meaning
out of loss**

We are delighted to have Rachel Tegg from Child Bereavement UK as our Keynote Speaker, a welcome from our CEO Monika Jephcott as well as 3 innovative and inspiring workshops for you to choose from.

The link below will direct you to the brochure and booking page2024

Click here to access: **Annual Conference - PTI - Play Therapy International**

Please note that the deadline for submitting your Registration form is Friday 15th November 2024. Unfortunately, we won't be able to offer places to delegates who register after this time so do make sure you submit your form beforehand to avoid disappointment.

You will need a Zoom account to attend this event, registrants will receive the Zoom link 1 week before.

Should you have any questions please do not hesitate to contact the Conference Team on contact@ptukorg.com

We look forward to seeing you online on the 22nd November!

PTI/PTUK Conference Team

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We invite all individuals and organisations to advertise your CPD courses, workshops, or events with us. Let us assist you in spreading the word, helping you reach a wider audience maximizing participation—together, we can create impactful learning experiences.

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The fee is £200 yearly, per application form.
There is no limit on how many times the workshop/course can run in 1 year or how many venues that it runs in.

4 Simple Steps to get started

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- ✓ Pay the fee
- ✓ Send us text, imagery, logos etc you would like to be used for advertising
- ✓ Wait for approval

Once approved your course will be added to our Good To Know monthly newsletter, Play for Life our quarterly publication, our PTUK Website & social media platforms for our members to see.

Our sales and marketing team also work constantly to via the many outlets we now have to reach our 3000 strong members. Members will receive CPD points attending this CPD courses, workshop or events. CPD provider will be awarded with CPD point for running them.

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Accredited courses which are suitable for CPD will appear on these pages. If you have a course to offer, get in touch with the office: contact@ptukorg.com to find out how to get your course accredited and an advert can be placed here.

pip solutions

Certificate in Post-Adoption Therapy for Children and Young People
6 days (39 hours) CPD for Play Therapists / Child & Young Person's Counsellors / Diploma Level trainees already qualified in another therapeutic modality

Comprehensive post-adoption online training supporting qualified practitioners to work safely and effectively with adopted children or young people.

Course Structure
This training has been designed for qualified child practitioners who provide therapeutic support for children who have been through the adoption process. The course has two modules, each taking place online over three days. To gain Certification, participants will attend both modules (39 hours), engage in 4 x Individual Reflective Sessions and complete a final assessment.

Module One: Adoption Foundations
Friday 31st January – Sunday 2nd February 2025, 9.00 am – 5.00 pm

Day 1:   What is Adoption? / Types of Adoption / History of Adoption
Day 2:   The Adoption Triangle: First Parent / The Adoption Triangle: Adoptive Parent / The Adoption Process
Day 3:   The Adoption Triangle: Child / Cultural Responsiveness / Funding

Module Two: Clinical Foundations
Friday 25th April – Sunday 27th April 2025, 9.00 am – 5.00 pm

Day 4:   Modern Attachment Theory / Attachment Development & The Adopted Child / Neural Development / The Impact of Trauma on the Adopted Child
Day 5:   The Impact of Early Disruption / FASD & NAS / Sensory Underdevelopment / Loss & Grief / The Needs Paradox Framework
Day 6:   Guiding Principles for Therapeutic Work / Intake Process & Beginnings / Habituation & Titration in Therapeutic Work / Transference & Countertransference / Endings

Individual Reflective Sessions
Each participant will be allocated a Consultant Practitioner who will lead them through four individual reflective sessions in order to consolidate their skills and understanding. The four Individual Reflective Sessions will take place following Module One and will be completed no later than one month after Module Two. Timings of these sessions will be scheduled with your Consultant Practitioner. Our Consultant Practitioners are qualified therapists and Clinical Supervisors who have a wealth of experience supporting adopted children and their families.

Cost: £1280* (Option to pay in 4 instalments is available)
*The course fee includes 39 hours teaching, written reflections (x4), individual reflective sessions (x4), final online assessment.

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Applying the Polyvagal Theory to Child Therapy
1 day (7 hours) CPD for Certified Play Therapists

CPD for therapists working with children and young people, offering knowledge, theory and practical application from a Polyvagal lens to support clinical work

Course Overview

This one-day (7 hours) Accredited training explores the Polyvagal Theory described by Stephen Porges (1995, 2001, 2007, 2011, 2017) as a framework to link the vagus nerve and nervous system activity with neural regulation of the child/young person. There will be a focus on the three organising principles; neuroception, hierarchy, co-regulation to understand what is driving the behaviour, the goal to help the child/young person to find nervous system safety through connection and social engagement. We will also consider the importance of the practitioner monitoring their own window of tolerance to support relational safety for the client through the lens of play and creativity.

Course Content
- History of Polyvagal Theory
- Introduction to the vagal nerve and physiology of the vagal branches
- Three organising principles: Neuroception, Hierarchy, Co-regulation
- Vagal brake and Vagal tone
- Attachment and trauma through the lens of Polyvagal Theory
- Play as a 'neural exercise'
- Case examples
- How Polyvagal Theory relates to clinical practice
- Applying the framework of Polyvagal Theory to measure efficacy and how to communicate this at meetings

Training Dates
Friday 17th January 2025: 9.00 am-5.00 pm (UK)
Friday 4th July 2025: 9.00 am-5.00 pm (UK)

Cost:
£140.00 which includes PIP Solutions' Super Protector Resource (Children x 1 & Young People x 1) worth £9.99 (*Overseas participants accessing the training will be charged additional postage costs*)

www.pipsolutions.co.uk / enquiries@pipsolutions.co.uk

Working with Parents in Child Centred Therapy : ONLINE
3 days (21 hours) CPD for Certified Play Therapists

Aimed at supporting play therapists to develop their knowledge, skills and confidence when working with parents. Participants will learn new theoretical approaches, explore what might be influencing their response to parents, and develop practical techniques through experiential learning.

Friday 22nd - Sunday 24th November 2024

Cost for 3 day training, resources and 3 months post-training support : £390.00

Contact: enquiries@pipsolutions.co.uk
www.pipsolutions.co.uk

Clay Therapy & Clay Conversation Community. Founder: Dr Lynne Souter-Anderson

Clay Therapy Training 2024 – 2025

Post-Qualifying Level - Accredited by PTUK. 9 Days Programme

Clay Therapy training is simply so much more than learning new techniques, skills and interventions
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This work keeps the focus on you as therapist and your core theoretical practice whilst enabling you to see with your heart and feel with your body to connect with the client in discovering where the therapeutic work is needed in ethical and creative practice.

This course will engage you in an in-depth exploration of many theoretical concepts covering object-relations theory, Jungian theory as well as Existential perspectives.

Part 1 — The Rudiments of Clay Therapy when Working with Individual Clients,(Online July 6th & 7th 2024) Fee: £170

Days 1 & 2 - Theory of Contact: Physical, Emotional, Metaphorical and Spiritual, Alchemical Processes in Clay Therapy
Archetypal perspectives, Symbolism and the Use of Metaphor in Clay Therapy. Experiential clay work

Part 2 – Clay Therapy Practice Craft & Skills, in-person. Venue, Fen Drayton (August 29th - 31st, 2024) Fee: £285

Days 3, 4 & 5 — Clay therapy practice, experiential immersion & application with individuals & group work. Sensate experiences

Part 3 – Integrated Practice Weekend, (Online 7th & 8th December 2024) Fee: £170

Days 6 & 7 – Theoretical perspectives on group work – Bion. Supervision Group discussions. Presentations. Case
work PowerPoint. Research updates. Clay conversations, role and place. Experiential clay work.

Part 4 – Embedded Practice Weekend, (Online 8th & 9th March 2025) Fee: £170

Days 8 & 9 – Presentations. Theory – More on touch. Supervision Group discussions. The Journey onwards.
Embodied sense of self. Experiential clay work.

Venue - The Village Hall (Old Victorian School), Yelling Cambridgeshire, UK Visit
www.claytherapy.co.uk for further information or Email Lynne@bctconsultancy.co.uk

Supervision Page

What has happened recently? It has been a busy time in supervision support. We had the supervisor meetings in early September and it was great to have so many of you there from all around the world. I was able to share updates, but also we had

Lisa Mulheir

lots of new ideas and suggestions from supervisors which has set my brain in motion for how we can support supervisors more.

Words like 'isolation' keep reoccurring and I am conscious that some of you may be the only supervisor in your area or country. If you have any ideas or ways in which you would like to connect with other supervisors just let me know.

Fortuna

Please highlight and discuss in supervision suitable 'learning points' and 'action points' that your supervisees can include. Please note that the guidance about completing 'further thoughts' on the session sheets has changed recently. If you click in each of the last 4 boxes on the session sheets the guidance will appear. Remember there are the online tutorials if you are struggling with anything. Or contact Alanna at: fortunaenquiries@playtherapy.org if you need help.

The Supervisor Handbook

This can be found in the members' section online in:

supervisors/supervisor handbook

This will be updated 4 times a year following the quarterly supervisor meetings. The next updates will be in **green.**

It will replace traditional meeting 'minutes' so that all of the answers you may need to those tricky questions are all in one place in alphabetical order.

Top Up Training For Supervisors

It was inspiring to see so many of you on the pilot training and thank you for your feedback. The top up courses have been advertised and many of you have already booked a place. Please also check out the CPD pages on the PTUK website for new courses that have been released.

Online Supervision

In an ideal world all members would access face to face supervision. However, we appreciate that due to distance this is not always possible. Students who wish to have some supervision online must request a form from 'supervision support'. The course director and supervisor will then be contacted as part of the approval process. Members who are qualified at certificate and diploma level do not need to request permission.

What are the positives?	What are the negatives?	What do both the supervisor and supervisee need to consider?
·Time	·Reduced body language	·Ethics
·Money	·Potential for 'avoidance'	·Confidentiality / private space
·More choices of supervisors and supervisees	·Could potentially reduce the opportunities for creative supervision	·Does your contract cover everything?
	·Limits access to the play therapy toolkit (or does it?)	·Boundaries and expectations

Reflection Point. How do you prepare yourself mentally and physically for online supervision? Do you need anything different to when you offer face to face supervision?

You can contact me with any issues relating to supervision at Supervision@ptukorg.com

Have you got a favourite new item for your play room?

Are you a mobile therapist? If you're anything like me, you're always on the look out for additional things to take with you but always need to be mindful of how much you carry. I found this great bucket and tools set last summer in The Works shop for £1 and it has been a great find. They also had an ice cream set too. Although many of my children have used the scoop in this set to create their own ice cream parlours in the sand. Having moved schools with one child, I needed to go and get a second one and was pleased to find them still being sold.

Tiffany

What have you added recently? Have you any ideas you would like to share? We are still collecting contributions for our top tips section which we hope to develop in each edition.

Email us at pfl@ptukorg.uk

MA Pages

As we shared in our last edition, there has been a lot of research taking place. We explore what has been happening on the following pages and how all our training fits together as seen in the chart below. Hopefully it will inspire you to continue on your journey towards the MA one day.
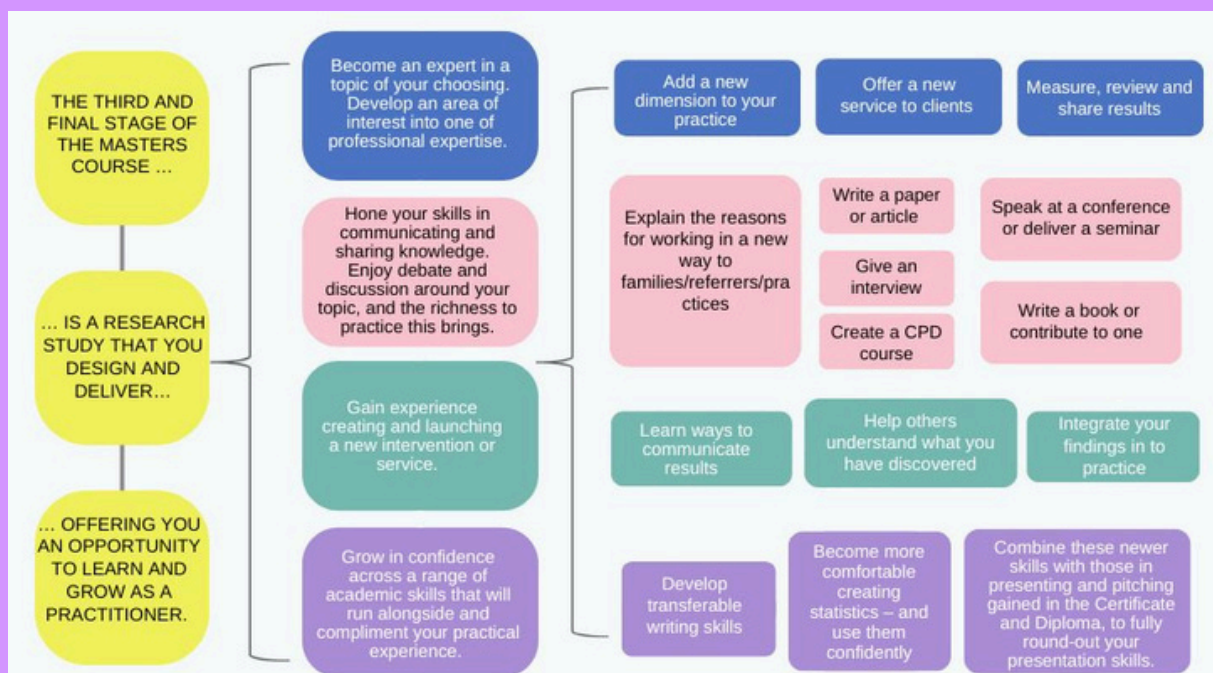
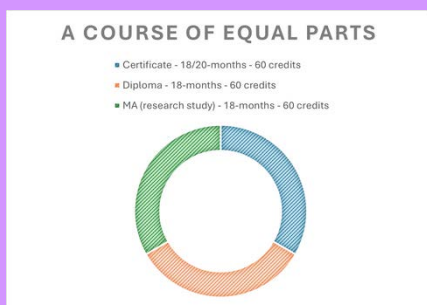If you are interested in finding out more about the MA, contact Sophia@apac.org.uk

Our Whole MA Course - How it adds up

Have you ever thought about the shape and components of the APAC Postgraduate Masters course as a whole?

That the Certificate, Diploma and Masters stages award the graduate with equal university credits? That they are weighted as equal parts by our university partners and make up equal proportions of the final qualification?

That when you finish your Certificate you are one-third of the way through the Masters, and on completion of the Diploma, two-thirds!

Also, that each of the three stages take 18-months (with some leeway at Certificate as students first secure placements and launch their practice).

A COURSE OF EQUAL PARTS

- Certificate - 18/20-months - 60 credits
- Diploma - 18-months - 60 credits
- MA (research study) - 18-months - 60 credits

Each of the three stages ready the student for the next; turn the page after your graduation from the Certificate, and you find yourself on page 1 of the Diploma chapter. Do the same on graduation from the Diploma, and you land on the first page of the final stage, where designing and delivering a piece of research will conclude with a post graduate masters award.

We lay this out for our readers by way of encouragement to continue through all 3 chapters, to build on your clinical work by spreading your wings into study design and lining up a number of possibilities for your next professional milestones.

AND FOR THOSE WHO CHOOSE TO MOVE ON TO THE MA – WHAT SORTS OF STUDIES HAVE BEEN TAKING PLACE?

Last year saw the graduation of a bumper number of MA students. 18 in total! Their exciting and ground breaking work reaches widely and deeply into Play Therapy practice, taking the Holistic & Integrative Play Therapy Model to a rich variety of populations, settings and perspectives.

Their studies provide fascinating insights into the use of different play and art materials in Play Therapy: the employment of messy play, of masks and of water in the playroom, as well as the use of sequential art (cartoon-strips) as a therapeutic tool, and an exploration of the metaphorical and therapeutic processes involved in den play.

Their research explores working with a range of referral populations: two papers report on working with children who are refugees and others document sessions with children who have suffered bereavement, children with Autism, adolescents attending an SEMH school, and adults who have suffered domestic abuse.

Other papers gain professional ground by developing new programmes and approaches: by measuring differences in child emotional regulation following a group play therapy programme utilizing Synergetic Play Therapy (SPT) and in taking a neuroscience approach to using storytelling to develop client self-regulation. Another provides a single case study where Body Drawings are employed in Play Therapy treatment

Our understanding of professional perspectives is expanded with a study exploring Practices and Beliefs about Outdoor Play Therapy and a paper which focuses on shared laughter and the therapeutic relationship during non-directive play therapy.

Professional practice has been expanded by studies focusing on both the experience of Clinical Supervision from the perspective of trainee supervisees, and on the impact of mindfulness practice on therapeutic presence in Play Therapy.

Please read the abstracts that summarise their work and enjoy the new horizons of play therapy practice. Remember to look out for their articles, CPD courses, practice news or other outlets of expertise following this important achievement from our graduates!

We are introducing a small selection of the many abstracts from this year's great research. Look out for the rest in our next edition of Play for Life.

The Effect of Sandplay Therapy on Children Going Through Loss and Grief - Jadranka Knezevic

This dissertation critically examines the effectiveness of Jungian Sandplay therapy for children experiencing loss and grief, focusing on 'Maria' – a pseudonym for a 10- year-old participant, to ensure confidentiality. The central research question explores whether Jungian Sandplay is a suitable therapeutic intervention for children who have experienced loss and grief. Employing a mixed-methods approach, this study combines quantitative assessments with rich qualitative insights to provide a holistic understanding of the therapy's impact. The methodology includes Goodman's Strengths and Difficulties Questionnaire (SDQ) and John Buck's House-Tree-Person (HTP) test, administered before and after the therapy sessions, to quantify changes in Maria's behavioural and emotional state. Additionally, qualitative data from Tracking Forms, photographs of sand tray sessions, Maria's verbal feedback, and observational notes from each session offer deeper insights into her emotional expression and psychological states. The results indicate significant improvements in Maria's self-perception, emotional regulation, and social interactions, as reflected in her SDQ and HTP test scores. The study highlights the efficacy of the non-verbal and symbolic aspects of Jungian Sandplay therapy in facilitating emotional processing and healing, particularly its ability to engage children on a symbolic level. These findings suggest the potential of Jungian Sandplay therapy as a valuable tool for children dealing with grief. The study also underscores the need for broader research with a more diverse demographic to generalize these findings and validate the therapy's effectiveness across different contexts and cultures, thereby strengthening its applicability as a therapeutic intervention for grieving children worldwide

Using a Group Play Therapy programme to Help Support Children's Emotional Regulation - Magdeleine Yong

This study explores the use of group play therapy using Synergetic Play Therapy (SPT) principles with primary school children in Malaysia. This qualitative research paper explored four 9-year-old, primary school-going Malaysian children's views and opinions in a group play therapy programme focusing on emotion regulation. A qualitative approach using phenomenological research was used, and a thematic analysis of the interview data revealed four key themes: the children's enjoyment of the play therapy activities, interoception and emotional regulation, their preference for group interaction and their feedback and suggestions for group play therapy. These findings highlight the positive impact of the programme on the children's well-being and suggest the importance of incorporating the children's support system in interventions aimed at promoting sustainable emotional regulation in children. The research concluded that from the children's point of view and experiences, group play therapy does help calm their emotions or help them relax. Implications for future research are discussed.

An investigation into how adolescents in an SEMH school access and utilise sensory play experiences - Michelle Mays

With the onset of Covid 19, hand in hand with the noticeable increase in referrals for older children to access creative therapies, it was important to explore whether sensory play opportunities in particular, can be a valuable experience for this specific group. Unsurprisingly, there is a lot of research around the benefits of sensory experiences in early years, but on the contrary, nothing notable for the period of adolescence being discussed in this research.
The purpose of this research is to explore whether, by offering and subsequently the young person experiencing sensory play, there can be an increase in opportunities for them to improve their communications skills, find appropriate ways of regulating or co regulating with a trusted adult and enable them to revisit traumatic memories in a safe space.

The research used a mixed methods approach, which included both quantitative and qualitative data. From collating the data, and supporting observations and questionnaires there is evidence that here are significant benefits to supporting sensory play opportunities to adolescents within SEMH settings, and in addition to this, for those opportunities to also be offered in mainstream provision.

NOT YET HOME: To what extent does group play therapy support Ukrainian refugee children who are newly arrived in Wales to make sense of their experiences? - Camilla Crowter

The war in Ukraine led to many children arriving to Wales in search of safety. This study resulted from the researcher's desire to further explore the benefits of play therapy for refugee children seeking to process their experiences whilst reducing the potential for long term mental health issues. This single case design is the first to explore the effectiveness of a group play therapy intervention for Ukrainian refugee children in Wales. The research was carried out over an 8-week period with participants attending weekly. The cohort comprised 5 Ukrainian boys, aged between 9 and 11 years old. A range of play and creative arts-based activities were used in each session. A range of data (parent and teacher interviews/ SDQ assessments/ HTP drawing assessments/ CRIES-8 surveys) was collected pre and post intervention with clinical notes being used to further inform findings. Results indicate the positive impact of group play therapy in supporting Ukrainian refugee children, with an overall improvement in the mean total SDQ scores (parent and teacher data) and mean combined HTP scores. Key themes identified demonstrate a positive shift in children's outlook from isolation, loss, and disconnection towards safety, integration, and a strengthened self-concept. Recommendations for future training, research and practice are discussed.

An exploration of the potential benefits and process of messy play with children referred to play therapy in China - Cecile VanEnter

This study aims to explore the potential advantages and implementations of messy play as a therapeutic tool for children in mainland China. Employing a mixed methods approach, it combined qualitative and quantitative methodologies, prioritizing qualitative methods while using quantitative data as supplementary. The sample, drawn from a specific primary school in China where the researcher worked as a school counsellor/play therapist, consisted of 18 participants who were referred for therapeutic play services, or who were responsible in some capacity for the participants referred. A thorough literature review frames the study within a broader landscape of play therapy while emphasizing the role of messy play in supporting emotional expression and cognitive development and promoting positive behavioural changes in children. The study's results highlighted messy play's efficacy in improving emotional regulation, behavioural control, and overall well-being among the participants. Currently, there is limited research available in this field of study, particularly in mainland China, therefore supporting the purpose of this study. Findings from this study are projected to contribute to the awareness and implementation of messy play as a valuable therapeutic tool for children in mainland China. Through the exploration of messy play within a therapeutic context, particularly within a cultural context where such research is limited, this study aims to encourage the awareness and understanding of potentially beneficial and valuable therapeutic interventions for children in mainland China.

To what extent can play and creative art therapy be beneficial to adults, specifically females who have experienced domestic abuse? - Lucy Taylor-Prain

This study aims to look play and creative art therapy and whether it could have a beneficial impact on adult female survivors of domestic abuse. Four women agreed to be part of this study where a phenomenological approach was used, with informal interviews, clinical session notes, observations and photographs utilised to collect the data needed. As well as a thematic analysis approach being employed to identify potential themes, I made use of the observations and notes of the sessions to interpret what was happening for each participant and allow me to understand if play and creative art therapy has a beneficial impact on them as an individual. The study showed that although attendance was low, ¾ of women engaged in the therapeutic toolkit and all women engaged in the session therapeutically, which shows the play and creative art therapy toolkit did not obstruct the session. All participants were able to bring or retrieve in the session, memories, and past traumatic experiences, which allowed them to explore in more detail in the sessions.

Frame of Thought: An exploration of the comic strip format (sequential art) as a creative processing tool in play therapy - Fiona Lovely

This study explores the potential use of the comic strip as a creative processing tool in play therapy. A comic strip is a sequential art form. Sequential art utilises images and dialogue in a narrative sequence, to convey an idea or story. Comic strip stories are mostly contained within frames or panels and often include printed dialogue in support of the story narration, but not always (McCloud, 1994). Drawing and storytelling, components of the comic strip, are widely used in play therapy as creative tools, in support of communication and emotional expression (Case & Dalley, 2008;

Gardner, 1993; Chandra & Rajaguru, 2016). The comic strip sequential art format, used within a therapeutic context may offer the client access to various narrative and expressive processing tools: visual imagery, written word, metaphor and symbols. The study used a mixed methods approach. An in-depth review of the literature was undertaken. 18 respondents completed a quantitative survey, with additional space for comment about 'lived experience' of practitioners. Further qualitative data was collected through five semi-structured interviews to gather opinions of qualified play-therapists into their actual and potential use of the format. A single case study was also evaluated to present a descriptive analysis of using the sequential art format with a client. The data from these methods and the literature review was critically evaluated against the research Fiona Lovely, Student ID: 73305662, Masters in Practice Based Play, Leeds Beckett University, April 2024 2 aim and objectives, consistent with the interpretivist paradigm within which the study was undertaken. Results indicated that whilst drawing and storytelling are widely used as creative processing tools within play therapy, the use of the comic strip format was much less used or considered. All of the therapists interviewed voiced an interest in accessing further information about the use and potential benefits of the comic strip format as a therapeutic processing tool. The case study highlighted the benefits of the format, about which the ten-year-old client himself gives an articulate explanation of his personal experiences in his interview. Recommendations include developing a protocol for using this modality as a processing tool, to address the barriers to access and understanding of its use and usefulness.

More coming in the next edition

Spotlight on Kent

Play Therapists in Kent have been creatively connecting at their local network meetings by using objects from nature to create their own wands and mandalas in the previous Autumn term. This summer they explored the many and various ways our clients and ourselves, as therapists can make puppets for use in therapy. We are a friendly group who enjoy catching up over a brew or two, sharing ideas and practice. We are planning a toolkit swap shop for our next meet up in the Autumn term. If you are based in Kent, we warmly invite you to come along and join us! If you email Karen on karenprineas@hotmail.co.uk we can add you to the mailing list.

Seeking support groups

We are often asked about setting up support groups and how to make connections with others in your areas. Like many things, there is not a one size fits all approach to organising these. As in my case, it simply started as me offering the use of my house for a catch up after we completed our Diploma trainings as we didn't want to lose contact with each other. As we gathered from time to time, new members were introduced as word got around about our existence. As you can see from the above, group members enjoy time together socially and creatively. It can also be a good source of support and often a way of sharing client work if others have availability when you don't. All our members are welcome to make use of the Network Directory to contact like minded folk in your area. We continue to work on getting all the details up to date. You can also let us know if you're interested in creating a new group and we can include a shout out in the next Play for Life, see below for our latest request for interested people in the North Yorkshire area.

Are you based in North Yorkshire?

Emma Cawthorn is looking to connect with other members in the area. Get in touch with her via email: e.c-@hotmail.co.uk if you are interested in meeting up with others locally.

Network Listings

A listing of networking and support groups in the UK, Ireland and overseas.

PTUK Listings

Ayrshire & Glasgow:
Maura Ramsay at
maura.ramsay1@btinternet.com
Bedford:
Susannah Bradley at
playtherapybedford1@gmail.com
Bristol:
Leona Tucker at leotuck@gmail.com
Buckinghamshire:
Miriam Jannetta-Hagen at
mim@powerofplaytherapy.co.uk
Cheshire/Staffordshire:
Sheli Brown at
networkgroupcheshirestaffs@gmail.com
Cornwall/Devon:
Lydia Farley at
lydia@playtherapycornwall.co.uk
East Midlands:
Rebecca Hullett at
be.creativetheapy@gmail.com and
Barbara Evans at
barbara.happyhearts@outlook.com
East Sussex/Kent borders
Lesley Wardrop at lesleyjw982@gmail.com
Exeter:
Ruth MacGregor at ruthmacg@live.co.uk
Gloucestershire:
Ian Broady at Ianbroady82@gmail.com
Greater Manchester:
Anita Anumudu at
gmptnetwork@hotmail.com
Kent (South East):
Karen Prineas at
karenprineas@hotmail.co.uk
Leeds:
Lisa Astwood at
brightbubblesplaytherapy@outlook.com or
Louise Williams at
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susanbarry1@hotmail.co.uk
London Boroughs/Kent Borders:
Katrina Moller at
katrinasplaytherapy@gmail.com

Monmouthshire and Torfaen (Wales)
Vicky Hepburn-John at
vickyhepburnjohn@gmail.com
Norfolk:
Gillian Catling at gillian.catling@gmail.com
North East London & Essex Borders:
Ashley Pearson at ashleyjayne2@hotmail.co.uk
North West
Vicky Howden-Green at cpoffice2015@gmail.com
Oxfordshire:
Tasha Conn at playtherapy@theplayworks.org
Rutland, including Leicestershire and Lincolnshire:
Amanda Seyderhelm at
hello@amandaseyderhelm.com
Scotland:
Beth Wiseman at playwisetherapy.co.uk
Shropshire:
Tamsyn Chafer-Cook at
tamsyn@tcctherapy.co.uk
Surrey:
Rebecca Earlby (email tbc)
Warwickshire / Leicestershire
Tasha Conn at playtherapy@theplayworks.org
West Midlands:
Sharon Jukes at sharonjukes@live.co.uk
Worcestershire:
Frances Shotton at
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PTIrl Listings

Dublin:
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Linsey McNelis at info@playtherapygalway.com
Meath, Louth, Cavan, Monaghan:
Edel Kinehan at edel.playtherapy@gmail.com
Tipperary, Waterford, Wexford, Kilkenny & Carlow:
Ann Keating O Neill keatingoneilla@gmail.com
Catriona O Neill Hayes trina7@hotmail.com
Clare, Limerick area:
Janette Casey janettecasey@gmail.com

Network Listings

Who to contact?

If you would like any assistance about clinical matters, you can contact us at
clinical@ptukorg.com

Course and membership enquiries should be directed to the PTUK office
contact@ptukorg.com

Supervision support enquiries can be made to
supervision@ptukorg.com

Fortuna access and queries email
fortunaenquiries@playtherapy.org

Students who are currently undertaking the PG Certificate in Therapeutic Play or the PG Diploma in Play Therapy can direct their queries in the first instance to
their Course Director.

If you would like to contact the editors about any Play for Life matters contact
pfl@ptukorg.com

More information about the Child Mental Health Charter
(CMHC) can be found at
https://childmentalhealthcharter.com

Training for anyone concerned with children's social emotional, behaviour and mental health problems

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Thank you for reading!

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