

Julie – A BAPT Registered Play Therapist® in the NHS

I am employed in the Children and Young Peoples Directorate (CYPD) of an NHS Trust, which is responsible for delivering services to people with a mental health difficulty or learning disability in the local community. The CYPD offers a range of services from outreach clinics and consultation to day services, and a residential unit for adolescents.

I am actually employed as an Occupational Therapist (OT), and came to train as a Play Therapist after about 4 or 5 years in the job. OT's working with children view play as a primary occupation of childhood. As a children's mental health OT, I had been using my OT philosophy and frameworks of practice to develop my approach to therapeutic play in assessment and intervention with children alongside other approaches. Many OT's work in this way. I decided to train as a Play Therapist, with the encouragement of my employers, in order to increase my knowledge and skill in utilising therapeutic play, and to complement my OT core skills. Currently I offer Play Therapy sessions as a key part of my role and find that the two approaches synthesise very well, each informing the other but also having clearly separate identities-which is probably the subject of a thesis so I won't explore it any further here!

I work in the day service for under 12's, which offers a sessional programme to children and their parents/carers. As well as Play Therapy, the programme offers a range of group-work and parent-child activity-based sessions. Children and families will have usually attended a clinic first and been referred to the unit to engage in one of the styles of intervention on offer. We work with children expressing emotional and behavioural difficulties, which may also include elements of a developmental nature such as Autistic Spectrum Disorder or Aspergers Syndrome.

My role is very varied, and I might be involved in 1:1 Play Therapy sessions, group-work, supervision (giving or receiving), parent-child work, or training. In order to complement our parent-child programme I have completed Filial Therapy training in order to offer parents/carers therapeutic play skills to use themselves.

I work individually with children who have been referred with a variety of needs and backgrounds, however a high percentage are children living with someone other than a birth parent-from those in kinship placements to those who have been fully adopted. In terms of referrals generally, many of the children will have experienced disrupted attachments and/or have witnessed violence. Play Therapy is seen by referrers as a way of children having the opportunity to access and work on, at their own pace, in a child-centred way, any current or past issues that may compromise their development. I think the restorative element of therapeutic play in itself is also important to referrers. I plan what we are going to do with parents/carers and children starting with an initial meeting. Then there will be 3 or 4 assessment sessions in which a child can get to know the playroom, the style and me; and I can get to know the child/family, their style and the suitability of Play Therapy for them. Following a meeting, which the child can attend or contribute to, we decide an action plan. This might be further sessions or a referral elsewhere. If we continue, a set of 6, 8 or 10 sessions is usually planned with a review, and we would continue in this way until we reach the point of deciding that sessions are no longer necessary. Then the child would attend a set of 4-6 ending sessions. Children are involved in the review process throughout. Outcomes are measured via clinical observation; child, family, referrer and others feedback; and sometimes by using scales such as the Strengths and Difficulties Questionnaire. As the child and family set aims for themselves at the start, an assessment of how far we may have achieved these aims is a useful indicator of outcome.

I work using a person-centred approach, aiming to enable a child to explore their 'narrative' or story about themselves and their experiences in a way that makes sense to them. Sessions may be non-directive or directed, sometimes a mixture of both. As a therapist, an adaptable response to each child's way of exploring is crucial for me; this gives the chance to work via a 'real' relationship as well as through play. I am particularly interested the use of sand-trays as a story-telling medium, and a means of visualising and safely distancing emerging thoughts, feelings and ideas. It is also important to me to bear in mind the need for children to explore play as a part of their development and to experience the many ways of being that are possible within a play context.

Parents and carers are vital to the process, and I would work with them in a variety of ways. It's helpful if a colleague can support a family while a child attends therapy, but I will also offer ongoing support; liaise about progress/concerns and sometimes involve parents/carers directly in the work. Enabling a parent/carer to support and be part of the therapy process for a child has a positive effect on outcome, but also reinforces family relationships and roles. This kind of support/consultation is important for anyone in a significant relationship with the child/family, such as other professionals.

Play Therapy philosophies are used, directly and indirectly, in the varied groups I've run, and many ideas have been embraced by the team as a whole. Currently I am involved in a group for children who have enduring illnesses or physical conditions, and here the ethos of play has underpinned the group programme.

Finally in terms of practice, supervision is vital. I attend regular supervision, both 1:1 and group; and have supervised trainee Play Therapists as well as offering consultation to other colleagues.

As a Play Therapist I think it's important to be able to communicate with a wide variety of people, to be able to negotiate and to compromise when appropriate, to be able to empathise but also to set limits, to be able to suspend reality, play and perhaps most importantly, maintain and nurture your sense of humour.

To anyone considering Play Therapy as a training or career I would say, find out all you can, check out study days or short courses, and then go for it. The training is demanding in many ways, which sets you up well for the work to follow, but it's one of the most rewarding and stimulating things I've done. The job itself is a continual source of discovery, development and delight.