

Children's Therapy Centre

Our Approach and Views

Content:

The Children's Therapy Centre's Approach and Views

Definition: Play Therapy

Definition: Humanistic and Integrative Psychotherapy

Humanistic and Integrative Play Therapy & Child Psychotherapy

Self-Regulation

Play

Children's Rights and Needs

Child Centred Work

Therapeutic Play versus Play Therapy

Therapeutic Play

Humanistic and Integrative Play Therapy

Child and Adolescent Psychotherapy

Personal Therapy

Group Process

Clinical Supervision

Clinical Practice with Clients while Training

Ethical Framework

Child Protection

Evidence Based Practice

Continuing Professional Development

The Children's Therapy Centre's Approach and Views

CTC subscribes to a Humanistic and Integrative approach to psychotherapy and play therapy. Our training courses are informed by this school of psychotherapy and the theories of personality and change that underpin this approach. We believe in experiential learning, putting our belief system into practice in all our interactions with trainees and with clients. Our training courses are eclectic in nature, are based on integrating skills, theory and personal development components, and theoretical learning is rooted in experiential learning as far as possible.

Definition of Play Therapy

As agreed by the Association for Play Therapy in 2001:

“The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.”

Definition of Humanistic and Integrative Psychotherapy

as agreed by the Irish Association of Humanistic and Integrative Psychotherapy in March 1992:

“HUMANISTIC AND INTEGRATIVE PSYCHOTHERAPY emphasises that persons are self-regulating, self-actualising and self-transcendent beings, responsible for themselves and whilst recognising the tragic dimensions of human existence, it emphasises the ability of persons to go beyond themselves and realise their true nature. Its focus is on individuals as organisms living out their present integration in the wholeness of body, feelings, intellect, psyche and spirit, and in relation to other people. Based on a phenomenological view of reality, the emphasis is on experience and the therapeutic relationship is seen as a meaningful contact between equals.

Humanistic and Integrative Psychotherapy acknowledges the validity of a variety of approaches to the individual. While accepting the contribution of many approaches, it is concerned with discovering and working with the essential elements of the functioning individual as these are understood and made sense of in a humanistic perspective. It is open to the exploration of the inter-relationship and inter-connection of theory and method in two or more approaches and may employ these as is judged appropriate, or it may attempt to integrate these as one organised and coherent approach.”

Humanistic and Integrative Play Therapy and Child Psychotherapy

Humanistic and Integrative Play Therapists subscribe to the belief systems that underpin the field of Humanistic and Integrative Psychotherapy in Ireland and beyond. The theoretical underpinnings and philosophical base are derived from humanistic psychology in relation to theories of human development and theories of change. As play therapists we believe that, regardless of age or disability, we all strive for wholeness and have the capacity to grow and to heal our emotional wounds if the environment supports us and our basic needs are being met. We believe that there is no one single correct therapeutic approach or model of practice but that the therapist is best directed by respecting the clients' needs and wishes, rather than by the application of a single model being utilised by the therapist. Best practice derives from adapting our approach to the needs of the client at any particular time – influenced by their current needs, their issues, stage in the therapeutic process, the strength of the therapeutic relationship, and the contract that exists for the work. We utilise action methods and emphasises the active exploration of experiences rather than conversations about events.

Self -Regulation

Play therapy, psychotherapy and counselling are currently self-regulating professions in Ireland, with a number of professional bodies providing codes of ethics and practice to which their members must adhere. Each organization also sets standards that must be met in order to achieve status as an accredited member. Over the last number of years the counselling and psychotherapy profession has been advocating statutory registration and the Health and Social Care Professionals Act 2005 created a mechanism to further this aim. This Act facilitates the state in securing optimal protection to clients and facilitated the psychotherapy and counselling organizations in coming together to drive forward an agenda for a Registration Board. A major achievement has been the agreement of all groups involved in the Psychological Therapies Forum (with a combined membership of over 5000 professionals) to adopt the name of “Psychological Therapist” to cover both professions, and the completion of a submission on Statutory Registration which seeks to have counsellors and psychotherapists in Ireland come under the remit of the Health and Social Care Professionals Act 2005. This submission formulated three specific recommendations:

1. That the name of the proposed registration Board be: “Psychological Therapists”
2. That the titles “Counsellor” and “Psychotherapist” be protected
3. That specific criteria (agreed on by the groups and included in the document) be adopted for recognition and registration as Psychological Therapist.

Psychotherapy professional bodies are currently moving from the accreditation of three year training programmes, that currently require further experience as a trainee therapist prior to accreditation as a psychotherapist, to the accreditation of four year integrated training programmes that have no additional requirements for registration, in accordance with the EAP position.

As yet, there have been no moves for the statutory registration of play therapists in Ireland.

CTC would welcome statutory registration for play therapists, counsellors and psychotherapists.

CTC Views on Play

Play is vitally important to enable children achieve developmental milestones, acquire an emotional vocabulary, develop secure attachments, and negotiate the normal ups and downs of everyday living. “Play is vital to every child’s social, emotional, cognitive, physical, creative and language development.” (BAPT 2005) It is through play that children best express themselves, therefore children with poor play skills will be hampered in their relationships and ability to make sense of their world and their experiences. All children, and most especially those with identified extra needs, will benefit from a systematic approach that ensures that they are provided with extensive opportunities, and assistance, to develop play skills and to engage in playful activities. Play is not a luxury or a pastime for children – it is the very means through which they develop and grow to reach their potential, and realise their capacity to engage in meaningful relationships with others. There are many stages in play development and, as adults, we can be alert to offering age and stage appropriate playful environments and providing opportunities to maximise each child’s playful encounters.

CTC Views on Children’s Rights and Needs:

CTC recognise that children are dependent on others to ensure that they are kept safe and that their basic needs are met. CTC believe that the most basic needs include physiological needs for food, shelter, warmth, touch, safety, and freedom from fear. Children have an abundance of rights and adults hold many responsibilities in relation to children. It is inappropriate to hold a child responsible for

having their needs met or for their own protection and survival. Should a child's needs not be met, this can impact on their whole development, impeding the emergence of later stages or result in an uneven integration as they develop.

CTC Views on Child Centred Work

Because CTC recognises that children are naturally dependent on adults for care and protection, it sees an arising need for child – centred services to take a systemic approach. The needs of the child within their family and within their community must be addressed, as must the needs of the family itself and the individuals within that system. Professionals working with children and young people need to be adequately trained to intervene competently, in the context of their assigned role, in the relevant micro and meso-systems. Professionals must also consider the influences of the systems within which they practice and its impact on their work with the child and/or family.

CTC Views on Therapeutic Play versus Play Therapy:

CTC believe that it is of critical importance for Play Therapy bodies to begin to clearly define their views of the differences between Therapeutic Play and Play Therapy. This is an area that is very misunderstood by professionals and public alike and the confusion results in many workers not engaging in appropriate play with children in their care or in unqualified people dabbling in interventions that are beyond their areas of competence and expertise.

CTC Views on Therapeutic Play:

Therapeutic play includes the use of play based activities to assist children, including those with special needs, in the development of communication skills, play skills, psychological resilience, emotional intelligence, positive self-esteem, self-image, and self-confidence and to assist their developmental processes in terms of personal identity and acquisition of skills. Although therapeutic play can include non-directive play sessions, it is often activity based and can be utilised by a range of facilitators in a broad range of settings including child-care and educational settings. Therapeutic Play tends to be issue-based rather than relationship-based, and tends to focus more on skills development rather than on emotional issues. It is most suitable as an intervention for children without emotional difficulties. Therapeutic play sessions can be provided by Therapeutic Playworkers or by Play Therapists. The additional expertise of the Play Therapist is important if the child has any emotional difficulties. However, therapeutic playworkers can provide a vital service that can complement the work of the therapist. Therapeutic playworkers often do not have a therapeutic role with the carers of the child and do not work within the context of a therapy contract. Therapeutic playworkers may use play to prepare children for upcoming difficult situations (e.g. hospitalisation, family disruption etc) or to help a child understand a confusing incident in their life. Some therapeutic playworkers will utilise the play to add a new dimension to another relationship they have with the child (e.g. child care worker, teacher, social worker) and to facilitate more effective communication with the child. Others will focus more on the facilitating the child's development in a broader sense (e.g. in pre-school settings, or with children with learning or sensory difficulties).

CTC Views on Humanistic and Integrative Play Therapy

CTC believe that Play Therapy can only be provided by suitably trained professionals who have undertaken specific training, extensive personal therapy and engage in suitable, ongoing, clinical supervision. Training in Play Therapy is usually only available at Post-Graduate level to graduates with relevant prior training and work experience. Play Therapy is relationship based and is particularly suitable for children with emotional difficulties, relationships, and/or adjustment problems, (although all children could benefit from play therapy to facilitate their emotional growth). The focus in

Humanistic and Integrative Play Therapy is on the therapeutic process and the relationship. There may be a concurrent interest in the referral issue or problem. The aim is to assist the child to overcome emotional and other difficulties by providing them with a space and facilitation to explore their world, using symbolism and metaphor, and gain new understanding of themselves and their experiences. However, Play Therapy is not necessarily insight based – the healing is in the doing not in interpretations. The Play Therapist is charged with intensifying the child's experience of themselves within this powerful therapeutic space. Play Therapy takes place in the context of a contract, in predictable circumstances (the who, what, why, where, when and how's part of the contract). The play therapist will work with the child in the context of their particular life circumstances and will engage with the significant adults in the child's world also. Play therapy will frequently take place over a time period of up to 6 months but may be longer. Play Therapists are trained in understanding the language of play and is using play as the medium of communication with children, thus removing the focus on verbal communication.

CTC Views on Child and Adolescent Psychotherapy

Child and Adolescent Psychotherapy is practised by psychotherapists who are trained to the standards required by the professional psychotherapy bodies (e.g. those within the Irish Council of Psychotherapy and Irish Association of Counselling and Psychotherapy), and who meet the other criteria that have been identified by such. Psychotherapists will have undergone an extensive personal process in personal therapy (including group and individual process) throughout their training. They will have a significant understanding of the theoretical frameworks that underpin their work and will be adept in working with the process of their clients rather than focusing on formulaic activities or on problematic issues. Some psychotherapists will undertake training in play therapy so that they may utilise play therapy in their psychotherapy practice with clients of all ages. Others will undertake training that focuses on children and adolescents as primary clients and on work with their carers as secondary clients. Psychotherapists working with children and/or adolescents may be called on to work on a long term basis with children within the care system, the child psychiatric services, and /or who are known within the criminal justice and probation services. The psychotherapist utilising play therapy will make extensive use of self within therapy sessions and will be alert to recognising and utilising opportunities to creatively assist the child in moving beyond the impasse and finding resolution at crisis points in their play and in their process. The elaboration and exploration of implied affect in recurring play scenes (often in roles assigned to the therapist in dramatic play), and the co-creation of shifts and new endings, will help the child find meaning, integration, and gradually develop a coherent narrative in relation to their own story. Sometimes this will be conscious but other times it will remain within the unconscious realm and the healing will take place within the symbolism and metaphor of the play.

Psychotherapists are qualified to work with clients who have had complex life histories which may include significant abuse and/or neglect, and who may never have learned to trust or who have attachment disorders or clinical diagnosis.

Psychotherapy may be specifically indicated where a child exhibits significant difficulties, there is attachment disorganisation, and/or where a child has been deliberately confused (e.g. by a grooming process) and/or where a primary caregiver has been unavailable to take an appropriate role with a child. Psychotherapy may be of longer duration than play therapy interventions, however the child psychotherapist may utilise play therapy approaches as the intervention of choice with the child.

CTC believes that in the interests of best practice, all play therapists should be qualified psychotherapists and that trainees without a prior psychotherapy qualification should undertake a core training that qualifies them jointly as play therapists and psychotherapists.

CTC Views on Personal Therapy

The experience of being a client is vital to developing an understanding of the therapy process in an experiential way and facilitates the self-exploration and development of increased self-awareness that is central to the practice of therapy and the development of a therapist. Personal therapy is concerned with the process of reaching maturity and increasing spontaneity, not simply for dealing with difficulties. Trainees should engage in personal therapy throughout their training and must be open to remaining in therapy, or returning to it as indicated, when qualified.

CTC Views on Group Process

Trainees in a core training course should participate in Group Process Sessions. These are facilitated group therapy sessions that provide trainees with an opportunity to explore their personal process in the group setting and to address group issues or difficulties with peers. Such sessions have the added benefit of allowing trainees experience and explore group dynamics, and provide opportunities for unfinished business with peers to be addressed and resolved in a therapeutic setting.

By its very nature, group process brings participants out of their comfort zone – this can be exciting, exhilarating and scary; fear and excitement are just at different ends of the same continuum. Learning to hold anxiety is not easy! Group process provides opportunities for active engagement in taking risks, increasing self awareness in relation to both intra personal process and inter personal relationships. Increased awareness is the first step towards change and empowerment, however, taking risks within a group can simultaneously increase our sense of exposure and vulnerability. Becoming conscious of our projections, patterns, and prejudices allows us the opportunity to focus more on the ‘how’ rather than the ‘why’ of our familiar ways of being. Maintaining a non-judgemental space facilitates this process and enables participants to move towards recognising how much of their experience of others is actually based in their self awareness, their previous experiences and their growing ability to stay open to the current relationship.

CTC Views on Clinical Supervision

Trainees and therapists must engage in appropriate and sufficient clinical supervision, with an appropriately qualified and experienced supervisor, for as long as they practice. The requirements in relation to supervision change as the therapist becomes more experienced. All practitioners have a responsibility to be aware of, and comply with, the supervision ratios and requirements set by the professional body/bodies which govern their practice and which are appropriate to their level of experience.

Agencies employing therapists often provide clinical supervision; however, this is not always the case. It is the responsibility of the trainee/therapist to ensure that they receive adequate, quality supervision. It is usually not appropriate for a line manager to be the clinical supervisor for those involved in therapeutic work.

The purpose of supervision is primarily to ensure a high standard of service to the client and secondarily to ensure the continuing personal/professional development of the play therapist.

Supervision during training serves three functions:

- Helping the trainee to integrate theory with practice and to develop competent practice (Teaching function);

- Maintaining the trainee's personal and professional well-being with respect to the client work (Supportive function);
- Affording a degree of protection for the trainee's clients (Managerial function).

Core staff in CTC provide clinical supervision to trainees on the required practicum hours engaged in while a trainee on our Postgraduate Diploma and MA. Trainees are required to ensure that they source additional supervision if they exceed the required practicum hours and the ratio of supervision provided as part of the course is insufficient to the clinical hours worked.

CTC Views on Clinical Practice with Clients while Training

Many therapist training courses include a practicum and/or clinical practice component. CTC believes that trainee therapists should be individually assessed by the training organisation prior to undertaking any clinical practice component with vulnerable clients. Trainees can however begin to utilise and integrate newly acquired, and developing, skills in any work for which they were already qualified prior to undertaking the specific therapy training. This may include therapeutic work with children and/or adults, or other work of a clinical intervention nature. It may also include personal development or issue based work. Trainees are advised not to accept referrals for which they do not feel competent, simply on the basis of being a trainee on a course.

Our view is that the needs of trainees, and their future clients, are best met by the trainee initially undertaking a series of child observation sessions and play practice sessions with children without clinical issues prior to agreeing a therapy contract with a child with specific therapeutic needs, including significant emotional issues that would best be met by a process based intervention. The trainee therapist can use child observation sessions and play practice sessions to focus on issues of developing observational skills, understanding child development, overcoming personal anxiety, noticing their own process while with the child, developing personal reflective skills, play skills, and confidence in their ability to pay more attention to the child's play and presentation than to their own pre-occupation with doing the right thing. In essence the trainee uses this time to learn about 'being' rather than 'doing' while facilitating sessions with children, and becomes more spontaneous and authentic with the child. While not 'therapy', these play sessions will facilitate children in reaching their potential, developing resilience, and deriving therapeutic benefits from the play and the relationship with an attentive adult. These sessions will often be based on practicing non-directive play skills but may include creative arts sessions or activity based groupwork sessions.

When the trainee does begin their clinical practice, referrals need to be carefully screened to ensure that assigned clients do not have significant needs which may be more appropriately met by a more experienced practitioner. Every child can benefit from play therapy, therefore trainees beginning clinical practice can work with any child to help them achieve optimal growth, and/or to prevent or resolve psycho-social difficulties. Trainee therapists often begin their clinical practice with children with minor adjustment or developmental issues. The difference between these sessions and the play practice sessions referred to above is that these sessions rely on the therapeutic powers of the interpersonal relationship in addition to the powers of play, the framework for the sessions is derived from application of the therapeutic model/s in which the practitioner is being trained, and the contract and context for the sessions is clearly defined and structured. Children with complex issues should be referred onwards to experienced therapists.

Trainees should also ensure that they do not take on too many clients and that they engage in adequate and appropriate supervision in accordance with prescribed ratios. When approved to begin their clinical practice, the trainee needs to be clear about the volume of client work that is appropriate to the

ratio of supervision provided by the training organisation (in cases where supervision is provided within the course itself), or which is appropriate to their degree of experience. If the trainee is engaged in additional, similar, work on the basis of their prior professional qualification, they need to be clear about which client/s they are being supervised on within the course structure and make separate arrangements for appropriate supervision on the balance of their work. If the trainee is not qualified to undertake similar work on the basis of their previous training it will not be appropriate to engage in additional clinical work above and beyond that recommended by the relevant course personnel.

CTC Views on Ethical Framework

Trainees and therapists must practice in accordance with the ethical framework/s of the professional bodies to which they subscribe and that govern their clinical work. It is incumbent on therapists to make themselves very familiar with the ethical framework and its implications for clinical practice.

CTC Views on Child Protection

Therapists hold an ethical responsibility to be familiar with, and work in accordance with, the relevant legislation, ethical, and child protection guidance, e.g. Children First, IAPT Codes. All practitioners are advised to undergo specific training in this area and to have relevant reference material in their libraries.

CTC Views on Evidence Based Practice

Therapists must monitor their own effectiveness and ensure that the service they provide is informed by practice based theory. Clinical governance is the process of managing the quality of the therapists' clinical work and monitoring the efficacy of the therapeutic interventions. The therapist will gather evidence from their practice through a variety of ways including, but not limited to, action research, checklists, questionnaires, feedback from referrers and clients, and qualitative approaches. There is a clear cycle of therapists gathering evidence from their practice and this evidence informing emerging theory at the forefront of the field. This can only be beneficial in increasing our understanding of the process of therapy and the process of change.

The gathering of 'data' can never be allowed to interfere with, or in any way compromise, the client's therapy process, the development / maintenance of the therapeutic relationship, ethical considerations (including confidentiality), or any other aspect of the professional work. Research proposals must be approved by the Ethics Committee who will consider all aspects of the proposal including issues of informed consent and well-being of the client.

CTC Views on Continued Professional Development

Therapists will continue to engage in training and professional development throughout their working lives. Each practitioner must be aware of, and adhere to, the CPD requirements of the professional bodies to which they subscribe and that govern their clinical work.