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

Play for Life

Spring Issue | 2026

Welcome to the Spring issue of Play for Life

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

Welcome to the spring edition of Play for Life. First and foremost, we'd like to apologise for the late publication of this edition. Unfortunately we faced some significant technical details which, happily, are now resolved, meaning hopefully a more normal service can resume.

Whilst many countries in Europe and the Northern hemisphere are now enjoying the warmer weather that comes with spring and summer, here in Tanzania, I am enjoying the end of the rainy season bringing both drier and cooler weather. Despite being located close to the equator in East Africa, it is still often referred to here as winter. Of course, cold for Tanzania, is still equivalent to a mild summer's day for the UK.

Reflecting on these changes and how one person's cold is another person's pleasantly warm got me thinking about how often perspective can make all the difference in play therapy sessions. It is often when we, as therapists, stop to consider the world from our client's perspectives that the all important connection and understanding comes. When a client feels seen and understood, a shift and change can come. So too for some of our clients, it is when their own perspective begins, little by little, to shift, that deep rooted change can take place.

Perspective is powerful tool, whether it is us as the therapist, or the client themselves, or often both. When we stop to consider a different view, our world can change.

Tiffany and Helen

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PTUK Update: Strengthening Standards, Recognition and Professional Pride

As PTUK continues to develop and strengthen the profession, we would like to share some updates and reflect on the value of professional membership.

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The Importance of Professional Membership

Professional membership is much more than a registration category. It represents a commitment to excellence, ethical practice, continuing professional development, and accountability to the children, young people, families and organisations we serve.

When practitioners maintain their membership, they demonstrate to the public, employers, commissioners, schools and other professionals that they belong to a recognised professional body committed to high standards of practice and ongoing quality assurance. Together, our members strengthen the credibility, reputation and future development of the play therapy profession.

Continuing to Advance Professional Recognition

PTUK remains actively engaged in ongoing discussions with the Professional Standards Authority (PSA) and other significant stake holders to ensure that the profession continues to be recognised for its high standards and that the qualifications and grades represented on the Play Therapy Register maintain their credibility and value. This work helps support public confidence in the profession while ensuring that registrants receive recognition for their training, expertise and professional achievements.

Competency Grading: Demonstrating Excellence

One of the most significant projects undertaken this year has been the development and refinement of competencies for each grading across the Play Therapy Register.

This important initiative enables practitioners to demonstrate their professional skills, capabilities, knowledge, experience and standards of practice in a clear and meaningful way. It provides greater transparency for service users and employers while helping practitioners showcase their professional development and achievements.

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The grading structure recognises different levels of competency and professional accomplishment, giving assurance to the public that registrants have met clearly defined standards within their level of practice.

Importantly, these grades are recognised not only within the United Kingdom but also internationally through Play Therapy International (PTI), reflecting the high standards associated with PTUK registration and membership.

A Community to Be Proud Of

Every PTUK member is part of a professional community dedicated to improving the emotional wellbeing and mental health of children and young people, families and adults. Through your commitment to professional standards, ethical practice, ongoing learning and reflective development, you contribute to a profession that is respected both nationally and internationally.

We encourage all members to take pride in their achievements, their professional status and the community they belong to. Together, we continue to build a profession recognised for its excellence, integrity, compassion and commitment to high-quality therapeutic practice.

In what ways can Play Therapy be adapted to address the specific needs of Deaf children, and how do these adaptations impact therapeutic outcomes?

Sarah Stout PTUK Play therapist

Sarah is a qualified teacher who currently tutors children with special educational needs for the local authority in Kent. She does this alongside her work as a therapeutic play practitioner and recently successfully completed her play therapy diploma training, qualifying in April 2026. Sarah is also the creator of the podcast The Trainee Play Therapist Diaries, where she shares her experiences and supports others through their play therapy journey.

In this essay, I will define the key concepts, review relevant literature around Deafness and play therapy, identify any gaps and propose a hypothetical methodology for researching this area. I will conclude my findings and consider the implications for the ongoing development of the play therapy profession.

Epistemology

I was drawn to this topic, having spent the past three years working with Deaf children as a teacher (not a Teacher of the Deaf). I have reflected on the difficulties Deaf children encounter in a world that is not designed with their needs in mind and with the support of other professionals, I have examined the adaptations I have made to my own teaching practice, to ensure Deaf children have greater access to learning alongside their hearing peers. I have questioned whether the education system has adequately supported both myself as a teacher and the Deaf children I work with. In all of these areas, I identified significant gaps and shortcomings. As a trainee play therapist, this led me to be curious about the accessibility of play therapy to Deaf children.

Definition of topic

For the purpose of this essay, I will refer to children who experience sensorineural, central or permanent conductive deafness, mixed deafness, bilateral or unilateral hearing loss from mild to profound. It is important to identify the difference between ‘deaf’ and ‘Deaf’ with a capital D. Signhealth (n.d) explains that deafness can describe any kind of hearing loss, while identifying as Deaf describes being a member of the deaf community with a shared sense of culture and identity. Deaf children represent a distinct population, whose experiences are often shaped by hearing loss from birth or early childhood. Their early language experiences or lack thereof, delayed emotional literacy, and barriers in

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communication, education and healthcare settings impact their development. The National Deaf Children's Society (n.d) states Deaf children are more likely to suffer from depression and anxiety than hearing children, this is due to communication and understanding challenges, accessibility issues, stigma and isolation. This causes reduced overall wellbeing and an increase in emotional and behavioural difficulties compared to their hearing peers.

During this essay we will consider a particular modality of Non-directive Play Therapy which was established from the work of Virginia Axline (1974). Axline believed that children were best placed to solve their own problems when supported by a permissive, accepting and safe environment. At the centre of the therapeutic process, children lead the direction and pace of play and the therapist supports this by being present, reflective and attuned to the child without leading or guiding the play. This approach relies heavily on the belief that children use play to communicate non-verbally when they lack the language skills to express their inner worlds. PTUK (n.d) have used Axline's eight core principles to create an integrative, holistic model which incorporates both non-directive and directive approaches tailored around the individual needs of the child. PTUK's model of play therapy predominantly follows a non-directive approach, with opportunities to use the Play Therapy Dimensions Model (PTUK, 2025) to incorporate more purposeful or directive interventions. This is the model of play therapy I will be referring to in my research proposal.

Literature Review

The study by Baghban, Rezaei and Pashazadeh (2021) used standardised scales to measure the communication and social skills of 40 deaf children before and after 12 sessions of play therapy. The experimental group who participated in play therapy showed significant improvements in communication and social adjustment. It was demonstrated that play therapy enhanced both communication and symptoms of 'maladjustment' (emotional, behavioural and social difficulties). This supports the idea that play therapy can improve the emotional well-being of deaf children and that play therapy can be a suitable intervention for Deaf children.

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However, there are distinct limitations to this study. The model of play therapy used is not specified, nor are details of what adaptations were made to accommodate the children's communication needs. This lack of explanation makes it difficult to analyse the impact on the therapeutic outcomes. These absences highlight gaps in the literature and raise questions: what kind of play therapy or therapeutic intervention was used? Was the therapy fully accessible and culturally responsive and how was this facilitated? The collection of quantitative data suggests improvements in symptoms of maladjustment, but the addition of qualitative data may have complimented this. For example, interviews to provide explanations of how improvements happened, could provide greater insight and understanding as to what elements were useful to Deaf children and what the barriers were.

Oualline (1975) conducted a study in which the children were defined as being Deaf and having behavioural problems. Oualline placed emphasis on non-verbal behaviour as an effective method of communication, such as body position, facial expression and touch. The Axline principles were relied upon for the play therapy sessions, with the sessions being completely non-directive in nature. The results of the study showed some positive results for the participants.

It is not clear apart from gesture and removal of verbal communication from the therapist, what adaptations were considered or made to accommodate the Deaf children, this may have been because American Sign Language was still emerging at time of the study. The lack of adaptations underlines the historical context in which the responsibility for effective communication was placed on the Deaf child, rather than adapting therapeutic methods to meet their needs. Although now somewhat dated, this study was significant at the time for highlighting both the need for and the impact of play therapy for Deaf children, despite its clear limitations.

Sisco, Kranz, Lund, & Schwarz (1979) conducted a similar study with Deaf children and noted improvements in behaviour, relationships, communication skills and decreased aggressive behaviour. The therapists in this study made several important observations about Deaf children and play therapy, including the similarity in the responses of deaf and hearing children to therapy. The study also emphasised the importance of the child-therapist relationship, signifying the value of trust in the therapeutic process. It appears the child's first language was taken into account, be it signing or spoken language, which shows some consideration to cultural importances whether this was considered directly or incidentally. The study suggests that with some

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adaptations, therapeutic outcomes for Deaf children could be improved. However, the research is preliminary with more investigation required to pinpoint specific effective strategies.

Chapel (2005) goes into detail about the social, psychological and cognitive development of deaf children. Chapel's study analyses whether the cultural, social and linguistic adaptations impact the efficacy of child centred play therapy and whether these would help to inform future practice. Chapel analyses her own role as a researcher and translator in the Deaf community and the sensitivities surrounding this. Chapel also uses a play therapist fluent in sign language to work with the children. These considerations show awareness and progression from previous studies in this field.

Upon examination, aside from sign language, the strategies used by Chapel are not dissimilar to those used in play therapy with hearing children. Chapel's study emphasises the strategies already embedded in non-directive play therapy such as reflection, mirroring body language and being attuned to non-verbal cues (Axline, 1974) suggesting it is a suitable modality for Deaf children. Chapel reported problems with consistency which influenced the efficacy of the study. Issues meant that sessions were sometimes cancelled, shortened or moved to another room, this may have affected the trust of the children involved. When examining this study perhaps not enough emphasis is placed on the role of the therapist, it seems some of the engagement issues were due to the therapist not being an accepted part of the Deaf community in the eyes of the child. This is overtly expressed by one child. When considering the efficacy of play therapy for Deaf children, it appears deaf culture plays an important role in the therapeutic setting.

The cultural aspects of deafness are well addressed in the work of Tapia-Fuselier Jr. and Ray (2019). They thoroughly detail the cultural identity and community of Deaf individuals, as well as the developmental experiences and their impact on Deaf children. They highlight the gap in therapeutic knowledge and provision for this population and explore the adaptations that should be made to play therapy to better serve the needs of deaf children. Upon analysis, I find many of the fundamental foundations of play therapy mentioned in this work, are used in communicating with both hearing and Deaf children, namely building a secure relationship with the therapist where children can experience self-respect and understanding. Suggestions are provided for tangible adaptations such as the playroom, the position of the therapist and the toys offered. There is also discussion about the difficulties in maintaining the visual 'presence' of the therapist without disrupting the play as

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this may compromise the therapy. The article gives credence to the importance of a holistic and culturally responsive practice and awareness of Deafness as a community and not just a disability, for play therapy to be most effective.

Although Tapia-Fuselier Jr. and Ray (2019) theorise play therapy is a relevant intervention for deaf children, they acknowledge there is very little research into best practice for this community. This article thoroughly explores the variables involved in working with Deaf children but contains no empirical evidence, case studies or measurable outcomes. The article draws attention to both the cultural and communicative needs of Deaf children in the therapeutic setting and serves as a good starting point for further research.

Lorenz (2008) analyses the need for inclusivity and inclusion in play therapy by recognising each disability as a difference rather than a deficit. Lorenz states using an intentional approach enables play therapists to respond creatively to individual needs, ensuring that children retain autonomy and a voice within therapy. The emphasis on empowerment and equality aligns with the Axline principles in which play therapy is grounded and supports children as active participants in their own therapy. Although the article is not aimed specifically at Deaf children there is some mention of practical elements which can be considered, such as lighting and space and emphasis on a holistic approach, including carers and other professionals, when contemplating therapy for children with different needs.

Lorenz (2008) suggests that a more directive approach to play therapy can be appropriate depending on a child's emotional or behavioural needs, which aligns with PTUK's integrative model. However, when considering this approach, it is important to reflect on the ethical implications alongside a holistic view of the child. Adopting a directive method primarily based on a child's communication needs or differing abilities risks undermining their autonomy. This could lead to inequitable practice and may negatively impact the therapeutic relationship and overall outcomes. This article is reflective and uses solid theory but lacks data to support or oppose the effects of adaptations on play therapy.

Smith and Landreth (2004) discuss adapting filial play therapy methods for teachers of deaf and hard of hearing students to determine whether this affects the behaviour problems of their students. They used a mix of quantitative and qualitative research methods to determine the results. The most apparent adaptations made were the ability of the teacher to be able to use sign language or total communication depending on the cohort of the class. The results showed a significant decrease in behaviour

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problems in comparison to the non-treatment group. It could be argued that this relationship was able to flourish because the children were in a familiar environment with a trusted adult, and the introduction of therapeutic play fostered a new form of communication between them, affecting results. In contrast to Chapel (2005), where children attended individual play therapy sessions and encountered numerous unfamiliar variables, the shared skills and cultural understanding within a Deaf school environment may have created a setting that felt less isolating and anxiety-inducing for participants. This evidence supports the use of therapeutic play with Deaf children, highlighting the importance of the relationship between adult and child.

Hosseini et al. (2024) carried out quantitative research on children with hearing loss attending group play therapy and found a noticeable improvement in self-esteem throughout and after the study. Although these findings are encouraging, the degree of deafness of hearing loss are not specified and there is not mention of any cultural connections to the Deaf identity, leaving the reader unsure if it aligned to medical deafness rather than cultural-linguistic deafness. It does not specify which model of play therapy is used or if any adaptations were made to accommodate the children in the study. Therefore, the outcomes should be interpreted with caution. Despite this, it demonstrates that play can have positive outcomes for hearing impaired children when used as a targeted intervention.

Schwenke (2011) examines play therapy as a potentially effective modality for Deaf children who have experienced trauma. The trauma may be a direct result of their deafness. For example, an inability to express themselves or make attachments causing trauma or post-traumatic stress. The paper stresses the lack of specific clinicians available to treat Deaf children's mental health needs, alongside a deficit of data and evidence about which treatments are effective. This article theorises that play therapy can meet the needs of Deaf children in several ways, including non

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verbal expression, utilising children's natural medium of play and adaptability. Schwenke details a much higher incidence of trauma among the Deaf community and the importance of therapeutic interventions using a holistic approach, suggesting play therapy could be an effective intervention.

Small's unpublished thesis (2009) aims to establish effective play therapy techniques to use with Deaf children. Small also mentions the development of a 'blue-print' containing best practice and the creation of an evidence-based research model which focuses on the outcomes of therapy when using different adaptations. Although unpublished and potentially less reliable than other sources, Small's work contains some qualitative data from play therapists working with Deaf children, this is an extremely underrepresented area of research. The play therapists give practical advice for the adaptations which can be made during sessions to make it more accessible for their Deaf clients. Suggestions include minimising windows as Deaf children may gravitate towards distractions due to their dependency on visual stimulation, open space allowing the therapist to move freely into the line of sight of the child and the use of mirrors giving the child a wider visual field and the ability to see the therapist if they are standing out of eyeline. This allows the establishment of rapport and permissiveness. Axline (1974) states "words alone are not enough. Permissiveness is established by the therapist's attitude towards the child, by facial expression, by tone of voice, and actions". The child must be able to feel the presence and acceptance of the therapist to open their world, and these adaptations support this. Although much of the toolkit can remain the same, adapted toys are also mentioned for example signing puppets.

Interestingly the therapists interviewed all favoured a more directive approach after an initial period of child centred therapy. However, the anecdotal evidence in this article suggests this could be to make things easier for the therapist who is trying to interpret language and play. This reasoning seems unfounded without further research; it might be more pertinent to consider referral reasons and therapeutic outcomes when choosing a modality. The thesis agrees with much of the other literature available: therapists must be well educated in Deaf issues, fluent in sign language and knowledgeable and sensitive towards Deaf culture. It also mirrors the evaluations of other papers, with a need for more information about specific ways in play therapy can meet the needs of Deaf children.

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There seems to be a divide in the literature available to answer the original research question. There are theories and anecdotal accounts that suggest play therapy can be helpful for Deaf children. There are also a small number of quantitative studies showing measurable therapeutic outcomes for Deaf children in play therapy, without much detail about the specific adaptations made. However, in both cases there is a lack of clarity around which adaptations are needed to make play therapy effective for hearing impaired or Deaf children. In many cases, the focus is more on the child's communication skills than on how therapeutic outcomes are influenced by adapted practice.

Methodology Proposal

"In what ways can Play Therapy (using the PTUK model) be adapted to address the specific needs of Deaf children, and how do these adaptations impact therapeutic outcomes?" The proposed question has two strands 'what adaptations can be used' which can be measured in an exploratory and qualitative way by interviewing therapists, and 'how do they impact outcomes' which can be measured in a quantitative way. This would favour a mixed method approach of applied research which hopes to gain a more deductive understanding of the adaptations which can be applied when working with Deaf children to improve their therapeutic outcomes.

I propose a hypothetical sample of 8 -10 children diagnosed with mild to

profound permanent hearing loss from birth, who have been referred for play therapy within a school setting. Referral reasons could be due to social, emotional or behavioural difficulties. However children with comorbidities would be excluded from the study. The study would include 2 PTUK trained play therapists who have some experience of working with Deaf children and 2 PTUK therapists who have fluent signing abilities or use signing as a first language. The views of parents, carers and teachers may also be sought as secondary sources of qualitative insight. The research is aimed to be developmental in nature to improve working practices in play therapy for Deaf children.

I would avoid cross-sectional studies at this stage of the research as the main aim is to determine the effects on therapy of adaptations specifically aimed at deaf children. The therapeutic strategies for hearing children are already well studied and do not need to be compared in this case.

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Data Collection Methods
Qualitative

I would collect data from written sources regarding adaptations which have been used with Deaf children in the past. I would conduct interviews with the play therapists who have worked with Deaf children to discuss what adaptations they have made or tried previously, the outcome of the adaptations and their experience of the perceived outcomes and effectiveness of the adaptations on the therapy. Using thematic analysis, I would try to identify themes and common strategies. Following this I would then provide a list of possible adaptations which therapists may add to and ask the therapists to keep a weekly written record of the adaptations used, allowing the therapist to be autonomous in this based on the needs of the child. I would make a note of perceived barriers and successes. I would informally seek the views of the parents pre and post therapy for anecdotal evidence which may not be collected in a quantitative way.

Quantitative

To gain quantitative measures I would record the SDQ scores pre and post therapy, from the referrer, parent and child in an accessible way if appropriate. I would collect data over the course of each child's therapy and at intervals of 6 weks, allowing the therapist or referrer to determine the end date of therapy in the usual way. I would use the scales on the Fortuna Management System to gather data showing to what degree the children made progress towards their therapy goals. I would use the SEPACTO survey to assess progress towards common goals in the usual way.

Ethical considerations

There are many ethical considerations when conducting research and PTUK's ethical framework should be adhered to (PTUK, 2013). Informed consent should be sought from parents/carers, the therapists involved and the setting of the study. Consent may also be sought from the child if appropriate. If conducting any kind of data collection or interviews with a child, measures must be taken to ensure it does not interfere with the therapy and that the child has autonomy and choice in a way which is accessible to them about whether to participate. Beneficence is promoted through the cultural

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competence of the therapists must also be considered, and they may undertake some Deaf awareness training before the commencement of the study to ensure they are sensitive to cultural and community differences. The study as a whole hopes to support justice, by considering the provision of services which appreciates differences in clients and avoids discrimination against groups of people (PTUK, 2013). Above all the well-being and safeguarding of all participants is paramount as confidentiality and anonymity, which may be harder to protect given the smaller size of the Deaf community. There should be robust systems in place to uphold these.

Data Analysis

Qualitative

I would look for themes in which adaptations appeared successful, which adaptations were adopted most frequently and why. I would also consider the challenges and whether these affected the outcomes of therapy for the child, for example whether the use of mirrors in the therapy space changed the therapy in any way.

Quantitative

I would compare the use of adaptations (including the signing skills of the therapist) with the SDQ scores for each child to see if certain adaptations promoted more progress. I would also use the data from the Fortuna therapy goals to measure progress quantitively and the effect of the adaptations on these goals. I would consider whether general progress was made in the SEPACTO survey and the importance of this in the setting.

Efficacy, Effectiveness and Efficiency

I would look at the efficacy of physical Deaf-friendly adaptations by collecting quantitative data to see if they make a measurable difference in the therapy process. I'd also consider the efficacy of having a therapist who is fluent in sign language, which could be explored using both qualitative methods, such as interviews with the child (where appropriate and ethically sound) and quantitative measures.

The effectiveness of these adaptations could be seen by comparing how well they work in real-world settings. For example, looking at therapeutic progress in sessions with therapists who can sign versus those who rely on physical adaptations or have some Deaf awareness skills, would help show what works best in practice.

To explore efficiency, I'd need to gather data on which adaptations were most helpful and whether they're accessible and realistic for therapists and children to use. This includes taking into account cost, time, and training and considering

whether the benefits outweigh the challenges of putting them in place. It would also be useful to create a demand model illustrating the level of need for play therapy with Deaf children, this could be used to calculate the cost effectiveness of adaptations.

Limitations

The small sample size means it is possible for generalisations to be made. It is limited by the number of available signing therapists on the PTUK register, currently 9 (PTUK, 2025) (this data may be imperfect if practitioners have not declared their use of sign language and may not include Irish or Welsh signers). Gaining access to Deaf children with referrals may be slow and selective as multiple professionals are often involved in their care. There will always be bias involved when seeking people's opinions and this must be considered. The use of SDQ's may not provide a complete picture of outcomes for the children involved. However, it is currently the primary tool used by PTUK therapists.

The diversity and cultural identities of Deaf children mean they may have different communication preferences, signing, sign supported speech, lip-reading, speech or a combination. Some children may not clearly identify with the Deaf community while others may have strong connections. What works well for one deaf child may not work universally and research should be sensitive to this.

Future Implications and Conclusion

This research highlights the importance of Deaf awareness in play therapy. One key suggestion is the need for improved training, including communication strategies like signing and the possible use of practical adaptations in the playroom. It appears many of play therapy's fundamental approaches are suited to Deaf children. However, these need to be studied and integrated into the play therapy model. We also need to think more carefully about access, not just physical resources, but how accessible therapists themselves are in terms of communication and building trust. More research and collaboration will be needed going forward to offer meaningful therapy that truly meets Deaf children where they are. The need for stronger partnerships with Deaf professionals and the wider Deaf community should also be considered to make play therapy a more accessible and inclusive therapeutic modality.

In terms of future implications, Deaf awareness could be included as part of initial play therapy training, with further specialist training offered after qualification. PTUK may also need to consider how they can actively recruit more signing and Deaf friendly therapists. There may be potential for PTUK to develop specific guidelines or frameworks for working with Deaf children, including tools and approaches that help to improve

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therapeutic outcomes. Current research suggests Deaf children have increased mental health needs meaning there is potential to make play therapy a widely available and effective therapy for Deaf children.

This essay explored how play therapy can be adapted to support Deaf children, with a focus on communication, Deaf identity, and what this means for therapeutic outcomes. Using the PTUK integrative model, I considered research into adaptations and how to measure their effectiveness in practice. While play therapy offers a lot of space for Deaf children to express themselves, it's clear that therapists need to think carefully about communication, cultural sensitivity, and the diversity within the Deaf community. Although there are many limitations and challenges, with the right training, attitude, and awareness play therapy can be a powerful and inclusive space for Deaf children.

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Are You a Child-Centred Play Therapist Working With Autisitc Children

Stuart Daniel

My name is Stu - I am a play therapist based in Devon. Over the last few years I have been working with various teams to produce some (now) freely available resources. The projects have been led by Play Therapists and we hope will be particularly useful for Play Therapists.

Two open access (free) resources for you...

1. Sensory-processing informed autism practice for child-centered therapists

Supporting you with 5 areas of clinical technique all designed to dovetail perfectly with non-directivity. The author team, headed-up by UK and US play therapists, are experienced therapists and autism science academics – more than half of us are autistic. We've brought together what you need to know about autism, sensory-processing and dysregulation. And we've given detailed, example led, practice techniques for you to work with.

2. A handbook for Rhythmic Relating in autism: supporting social timing in play, learning and therapy

Child-centered Play Therapy can work brilliantly in support of autistic children (Chung & Ray, 2025; Schottelkorb, Swan & Ogawa, 2020). In practice, you may find yourself needing extra support when working with young autistic children, unconventional communicators and those with co-occurring learning needs. Rhythmic Relating helps us, as practitioners, add extra dimensions to our communication skills – helps us present with clarity, impetus, and sensitivity to minimise the interactive mismatch which is often present in autistic/non-autistic relating. In this way, we can support social timing in play and develop the togetherness needed for co-regulation to be possible. Rhythmic Relating has been created by a team of therapists and developmental psychologists – a team headed-up by Play Therapists. The approach is designed to dovetail with child-centered principles and builds a communicative bridge to enable classical Play Therapy to flourish. The handbook is presented in bite-sized learning chunks and provides plenty of video examples of techniques in action.

AND... if you feel that your friends and colleagues might be supported by these resources, please share far and wide!!! Thank you.

Stuart Daniel (ORCID; Play Therapist/Supervisor; Developmental Psychologist, The Laboratory for Innovation in Autism, Strathclyde University, UK)

Invitation to submit papers or practice pieces to The International Journal of Play & Creative Art Therapies:

This journal's hopes encourage and disseminate the results of original thought, comment and research carried out in the field of Play Therapy and child mental health provision. Manuscripts are categorized into one of the two following sections.

Peer-reviewed research papers
We would like to invite the submission of research papers between 3,000-7,000 words on empirical and conceptual research relevant to play therapy practice and its derivatives such as filial play coaching, sand play therapy, Theraplay, etc.

With this call for papers we particularly welcome papers in the following areas:
• based on your M.A. dissertations; • the historical development of play therapy; • the nature of childhood; • epistemological and methodological issues as applied to research and practice; • overview and analysis of key theories and concepts used in play therapy practice; • analysis of local, national and international policies and legislation in relation to working with children; • children's culture, rights and participation in therapy; • ethics and values in relation to play therapy; • children's experience of play therapy; • reflective accounts on the implications of using play therapy in diverse settings like CAMHS teams, domestic violence units or hospitals; • photo essays which illustrate specific aspects of play therapy practice; • examinations of theories as applied to play therapy practice; • explorations of areas of play therapy practice which identify areas for further research. • research methodology • effectiveness, efficacy and efficiency

'Practice Matters'
The 'Practice Matters' papers should be no more than 2,500 words and need not contain literature reviews but will be reviewed by the Editorial Team to ensure suitability for publication. For example, Practice Matters papers might be:
• Short papers which outline a recent problem in practice to share with the wider play therapy community;
• Short papers which reflect an ethical dilemma; All of the above should be aimed at stimulating research and/or discussion.

All papers will be refereed by at least two reviewers, one of whom will be an expert in the subject area of the paper, and one a member of the editorial board.
Detailed submission guidelines will be sent to those authors whose abstracts fall within the remit of 'The International Journal of Play & Creative Art Therapies' but an overview is available in the last page of each published Journal, which can be found in PTUK Resources/ PTUK Publications/ International Journal.

Please email your ideas to sophia@apac.org.uk for further information and guidance on submitting an article.

Child Mental Health Charter Page

In November 2025, after sending the email template available on the Child Mental Health Charter website to download, PTUK registered Play Therapist, Caroline Briggs, had a meeting with her MP, Becky Cooper, online accompanied by Chair of the Charter committee Sarah Bentley. This is the presentation that Caroline prepared and shared with much passion and professionalism.

My name is Caroline Briggs, I hold two roles that overlap in powerful ways. I work within Children's Social Care as a Senior Early Help Practitioner in the Integrated Front Door — the gateway for families seeking support. And I'm also a qualified Play Therapist, level 7 qualified and registered with Play Therapy UK, offering trauma-informed, child-led therapy to children navigating grief, domestic abuse, family breakdown, adoption, fostering, neurodiversity, and more. I also support children with low-level anxiety, school avoidance, and emotional regulation challenges. The list is long — because children's needs are complex, and they don't fit neatly into boxes.

I've worked with children for over 30 years, across early years, primary, and secondary settings. And I've always been drawn to the children who struggle — the ones who act out, shut down, or carry invisible burdens. Supporting them to manage their emotions and make sense of their world has been my life's work.

I'm also a parent. My two children are now adults, and my son was recently diagnosed with autism — not through the system, but because he funded his own assessment. Like so many families, we spent years trying to access the right mental health support. It was a battle. And it's a battle I see every day in my work.

Sussex Sunshine Play Therapy provides mobile, trauma-informed, child-led support for children who fall outside statutory thresholds. It is relational, creative, and designed to meet the needs of children affected by adoption, bereavement, neurodiversity, and complex family dynamics.

I have the privilege to support these children, seeing them process the trauma they have experienced and been there alongside them offering a safe space to foster their healing without judgement and allowing them to use the tools of the therapy kit, holding the silences, because we don't always need to say it.

Let's talk about Play Therapy what does it offer?
Play Therapy is not just a technique — it's a relationship. It's a space where children can express what they can't say. Where they can be messy, scared, joyful, and real.
It's child-led, creative, and deeply respectful of each child's pace and story.
It meets children where they are developmentally, emotionally, and relationally. It doesn't ask them to explain their trauma in words they don't have. It lets them show us, through play, what hurts — and what helps.

Child Mental Health Charter Page

Play Therapy offers:

- Emotional safety
- Developmental attunement
- Relational healing
- Sensory regulation
- Narrative integration
- Empowerment
- Family connection
- Preventative impact

“In Play Therapy, a child doesn’t have to explain why they’re anxious. They can build it with clay, bury it in sand, or tear it into pieces — and we’ll understand.”

It’s especially powerful for children who are neurodivergent, pre-verbal, or traumatised — those who struggle with structured, verbal adult based therapies like Cognitive Behaviour Therapy (CBT.) It’s not just inclusive. It’s essential. It gives a child a voice.

One child I work with masked constantly and the parent was told that there are no issues, despite at home and I had witnessed the meltdowns, the aggression and the guilt afterwards — polite, compliant, always ‘fine.’ Not wanting anyone at school to see how she was at home for fear of judgement, but in the playroom, they built worlds of fear and longing, was able to process the death of a loved one, through the sand, through their art and finally through words. They smashed clay, whispered stories, and finally laughed — a real, unguarded laugh. In that space, they were free to be themselves without fear of judgement.” Finally at school she felt able to show what she was actually feeling and although this meant that the mask slipped it also meant that she could be herself, how powerful to be part of that. (shared with permission)

This data from Play Therapy UK (PTUK) is part of the data collected by Play Therapists who by completing Goodmans Strengths and Difficulties (SDQ) questionnaires, are able to detail the positive outcome for their clients and as we can see, this has shown an improvement for 74% of clients but those with more complex needs the improvement is 87%, evidencing the impact of Play Therapy.

JOIN THE TEAM!

Are you passionate about the impact of equality, diversity and inclusion in your practice? Do you have ideas about how it can be developed and promoted? Join the EDI team!

For more information contact the EDI team:

edi@ptukorg.com

Supporting LGBTQ+ in the Play Room

Summer time sees us celebrating LGBTQ+ Pride Month! Celebrating LGBTQ+ identities in the play therapy room means creating a space where every child and family feels seen, safe, and valued. This can be done by including diverse toys, books, and artwork that represent different genders, identities, and family structures. Therapists can use inclusive language, validate children's expressions of self, and remain open to conversations about identity and belonging. By modelling acceptance and curiosity, the play therapy room becomes a place where children learn that who they are is respected and worthy of celebration.

Article Review: LGBTQ* Responsive Sand Tray: Creative Arts and Counselling Luke & Peters (2019)

The article "LGBTQ* Responsive Sand Tray: Creative Arts and Counselling" explores how sand tray activities can be used in counselling supervision to help future counsellors better understand and support LGBTQ* clients. The authors explain how creating symbolic scenes in sand allows counsellors-in- training to reflect on identity, bias, and social issues in a more creative and personal way. A key strength of the article is its focus on building empathy and cultural awareness through experiential learning. Overall, the article presents a thoughtful and creative method for encouraging more inclusive counselling practices

Luke, M. & Peters, H. C. (2019). LGBTQ* Responsive Sand Tray: Creative Arts and Counselling. Journal of Counselling Sexology and Sexual Wellness: Research, Practice, and Education, 1(1), 48-59.

Recommended Reading!

Check out Cultural Issues in Play Therapy. It explores how children's cultural identities shape what they bring and express in therapy.

IMPORTANT DATES FOR SUMMER!!

JUNE: LGBTQ+ Pride Month

22-26th School Diversity Week

JULY: Disability Pride Month

AUGUST: Spinal Muscular Atrophy Awareness Month

Let us advertise your CPD COURSES

Get Started Today!

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.

Please be aware that your CPD course will need to be accredited by PTUK to allow us to advertise them.

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

- Fill out application form
- 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.

Reach out to us today to explore how we can support your promotional efforts!

Contact: Andrea@ptukorg.com

CPD

DENS IN THERAPY

WWW.VITALSPARKTHEATRE.ORG
FOR DATES AND BOOKING INFO

6 CPD points accredited

ptuk
Play Therapy United Kingdom

KATHERINE JACKSON

VITAL SPARK PLAY THERAPY

The training is based on the new theory that emerged from Katherine's grounded theory study on the therapeutic use of dens

GROUP SAVINGS!

The Den, Great Eversden CB23 1YL
katherine@vitalsparktheatre.org
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MA Page

Last edition we shared some abstracts from MA students who have completed some interesting research dissertations. Here are some more.

To what extent does play therapy support the emotional development of children with PDA (Pathological Demand Avoidance)?
Kathryn McNamara

Pathological Demand Avoidance (PDA) is a contentious diagnosis, despite first being identified in the 1980s by Professor Elizabeth Newson (Newson et al, 2003). However, many parents feel that descriptions of PDA fit their children perfectly. Some children are now being diagnosed with PDA, or Autism with demand avoidance. For many of these children and their families, life can be very difficult. A large number of PDA children struggle within the education system and find it hard to access traditional support and therapies. Emotional difficulties are especially prevalent for this group of children (O'Nions et al, 2014). The aim of this research was to begin to deduce whether play therapy supports emotional development for PDA children. A mixed methods approach was taken, which included a survey of PTUK therapists. This was followed up with in-depth interviews with a small number of therapists to discuss their experiences of working with PDA children. Alongside this, a case study was undertaken. Process notes from the case study and interview transcripts were examined using thematic analysis. Results from the surveys, interviews and case study appear to show that play therapy is an effective intervention for PDA children. Therapists identified a lack of training and information on PDA, meaning this is an area that PTUK could consider addressing. Many therapists adopted less directive methods when working with PDA children. However, a small number of therapists actually used a more directive approach. All the therapists adapted to the children's needs within the playroom. Both the interviews and the case study identified positive emotional development throughout the course of play therapy episodes. It became clear that applying the principles of child-led play therapy, as outlined by Virginia Axline (1974), is the most effective way to supporting PDA children.

To what extent is play therapy effective for children with Autism Spectrum Disorder (ASD) in the Singapore School System?
Fechawati Soejanto

This dissertation explores the transformative potential of play therapy in supporting children with a range of emotional, behavioural, and developmental difficulties, including Autism Spectrum Disorder (ASD), trauma, and challenges related to communication, emotional regulation, and social engagement. Grounded in theoretical frameworks such as Sue Jennings' Embodiment-Projection Role (EPR) theory and informed by principles from Axline (1947), Winnicott (1973), and neurobiological perspectives from Siegel (2007), this study draws from clinical observations of five children engaged in play therapy over a span of several

months. Through the use of projective play, role play, sensory-based interventions, and AutPlay therapy techniques, the therapeutic process enabled emotional expression, strengthened relational capacity, and supported developmental progress. Each case study highlights the child's unique journey in the playroom, illustrating the therapist's attuned presence and the importance of co-regulation and non-judgmental acceptance. The findings indicate that play therapy provides a safe and developmentally appropriate environment where children can externalise internal struggles, explore new ways of relating, and build resilience. Parental feedback across cases reinforces the observed improvements in emotional stability, communication, and social functioning, underscoring the integral role of therapeutic play in promoting healing and growth in children with complex needs.

To what extent can non-directive play therapy be effective with children three and under who demonstrate social and emotional difficulties.
Sarah Vaughan

This study explored the effectiveness of short-term, intensive, non-directive play therapy for children aged three and under, particularly those facing emotional and social difficulties. The findings suggest that such interventions can foster social-emotional resilience and enhance coping skills, with the familiar nursery setting serving as a safe and supportive environment for therapy. The research methodology integrated qualitative and quantitative analysis, employing a thematic analysis tool to track developmental changes. Results indicate that short-term, intensive sessions may help children progress through developmental delay more rapidly. The study highlighted a gap in existing research, however, while research in this specific area remains limited, the study aligns with existing evidence on the benefits of early intervention during critical developmental stages.

Therapists' Attunement and Metacognition in Integrative Play Therapy : A workshop-based participatory action research investigation in Quadrants 1 and 2 of Play Therapy Dimensions Model.
Daria Samsel

This study explores the concept of attunement and metacognition of play therapists, emphasising directive conscious processes, as described in the Play Therapy Dimensions Model. The primary aim of this research includes exploring therapists' conscious awareness of their interventions during play therapy, particularly in Quadrants 1 (Active Utilisation) and 2 (Open Discussion and Exploration) of PTDM assessing whether participation in a PTDM focused workshop influences practitioners' metacognitive understanding of their work. This PAR empirical study uses qualitative and quantitative methods to find out the current practice of selected play therapists on their pathway to

accreditation. A pre-recorded online workshop led by the researcher, followed by a case study presentation, individual interviews, a group discussion and a set of questionnaires contributes to the understanding of the use of Adlerian, Cognitive-Behavioural, Ecosystemic and Gestalt theories in the current play therapy practice. Moreover – the outcomes examine how a therapist's core theoretical orientation influences their use of integrative models and investigate the potential of participatory action research as a method for improving integrative clinical practice. The outcome of the research is a co created re-designed workshop on developing attunement and metacognition using the PTDM model.

If you are interested in applying for the MA course, please visit the MA page for details about course content and duration MA Course APAC Play Therapy Training Programmes. To apply for the course please click here https://apac.org.uk/apac-enrolment-application-form/

Play Therapist's Podcast with Fern Cotton

PTUK play therapist, Shauna Marie recently had the opportunity to be interviewed by Fern Cotton on her podcast. Entitled "Play Therapy Rewires the Brain! Facing Childhood Traumas with The Kings Trust" Shauna speaks of her own experiences of trauma and play therapy as well as having trained with PTUK. She speaks passionately of the power play therapy has on children and families. She also talks of how The Kings Trust helped to set up her own business supporting children and families through therapy. The podcast is truly inspirational and Play for Life would like to congratulate Shauna - to find out why, listen to her podcast here:

https://www.globalplayer.com/podcasts/episodes/7DryV7P/?fbclid=IwY2xjawRz3d9leHRuA2FlbQIxMQBzcnRjBmFwcF9pZBAyMjIwMzkxNzg4MjAwODkyAAEe30A0mH65hrcZPDTag0diD_xXCXsaBo80dS7TWaEhcdi3ZjHFOUFThhw4VbU_aem_-xDe8csYGmtV7dMoOGaJSA

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:
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Bristol:
Leona Tucker at leotuck@gmail.com
Buckinghamshire:
Miriam Jannetta-Hagen at mim@powerofplaytherapy.co.uk
Cheshire/Staffordshire:
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All 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. If yours needs amending, please email us directly at pfl@ptukorg.com

Network Listings

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Germany:
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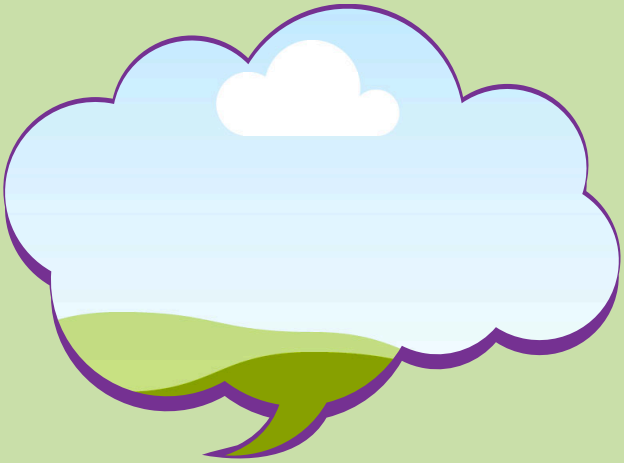
Could this be your shout out in our next edition?



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**

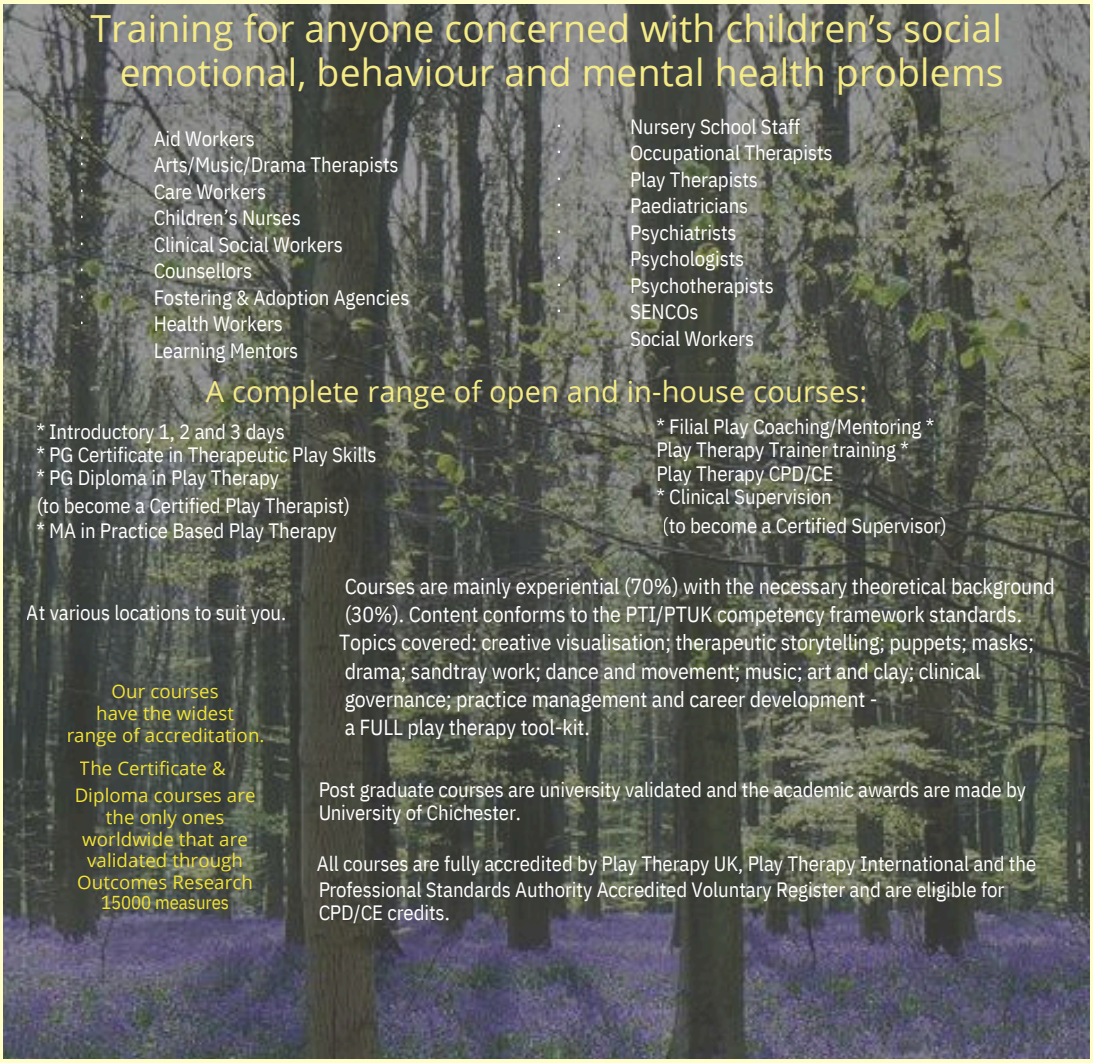
Fortuna access and queries email **fortunaenquiries@playtherapy.org**

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**

Equality, Diversity and Inclusion Committee **Edi@ptukorg.com**

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



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Thank you for reading!

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