

hormone (oxytocin). Which promotes the feeling of safety and is great for the immune system. This is true for normal play too. So, playing with your child is pivotal! I would highly recommend 15 minutes of uninterrupted 1:1 play time with your child. Allow the child to lead, and always give your child a five-minute countdown to finish so that the play does not abruptly end. If you feel like you are not a good “player”, simply state what you see. “Ah you are using a red marker now”.

It also effects the brain, it forms new neural pathways in the brain. Neurons that fire together, wire together. What this means is repetitive experiences shape the brain, whether they are positive or negative. Neural pruning occurs in the toddler years but also in the adolescent years. This means that the pathways in the brain that are not used get trimmed away to strengthen the existing ones. For example, if a child has experienced negative social interactions with peers, that neural pathway becomes stronger, and that is what the child may expect later. In play therapy the mental health practitioner gives the child new experiences, the child gains an opportunity to associate relationship with feeling good.

Repetitive occurrence with a positive relationship then strengthens a new neural pathway. Repetition is how the brain learns! Children do not have the cognitive capacity to express how they feel verbally like adults can. It can be very difficult for a child to access the words and connect them to emotions. Children then use toys to be able to communicate themes, and feelings through the play. Garry Landreth expressed that “toys are children’s words and play is their language”.

Play therapy allows trained mental health practitioners who specialise in it, to assess and understand the child’s play and support the child to expand on this while also offering a positive solution and developing new coping mechanisms through the play. The play circuit in the brain is closer to emotional part of the brain. This further supports a child in expressing themselves in a clinical play therapy setting.

Finally, the most pivotal and unique aspect of play therapy is the therapeutic relationship. This is what differentiates play from play therapy. A trained play therapist is trained to remain grounded, facilitates containment and unconditional positive regard. In a clinical therapeutic setting the child experiences acceptance, trust, a sense of freedom to be themselves no matter how dark their feelings may be. They then can explore and take risks.



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Play therapy usually starts with a parent consultation. In this session the play therapist will ask questions related to the child and further explain the play therapy process. Play therapy then takes place consistently with the child once a week. It is pivotal to remain consistent as this establishes safety and trust. Play therapy is most effective when the therapist and parents work cooperatively. As the play therapist gains more insight into the child’s world through the sessions, themes are communicated to the parents. Play therapy works best when information from the therapist is adopted to the home environment too. Every six sessions, the therapist will then meet with the parent for a review. This is to discuss general themes that the child has communicated and offer support to the parent. Although the child is the therapist’s primary client, working with the parents is just as important.

If you choose to start play therapy, ensure that the play therapist is a licensed

professional. Any child can benefit from play therapy. It promotes self-confidence, imagination, creativity, concentration, communication, problem-solving skills, self-esteem and most importantly happiness in the child. We expect children to raise up and meet the adult by verbalising how they feel. This is developmentally inappropriate. In play therapy the adult meets the child at their level. This strengthens the effectiveness of play therapy because it is child centred.



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