

# What is Play Therapy?

Child-Centred Play Therapy (CCPT) is a psychotherapy approach for children that is based on their natural way of self-expression: Play.



Accordingly, the therapeutic materials in the playroom have been carefully selected to facilitate communication.

But the most important resource in the playroom is the therapist. Just like in other modalities, the child-clinician relationship is the highest predictor of positive treatment outcomes.

The therapist builds an unconditional relationship within a warm, safe and

predictable environment. This special connection is healing for the child.

In play therapy, the child uses the whole self—mind and body—to express unconscious thoughts, wishes, fears, anxieties and so forth. This helps them process ‘stuck’ emotions and thoughts. Through such play, the therapist gains an understanding of the child’s needs and experiences without giving directions or asking questions.

CCPT specialists are trained to read the metaphors of the play and observe emerging patterns. These observations help the clinician to reflect thoughts and feelings back to the child, thus addressing the underlying sources of challenges and allowing the child to gain insight into their own behaviours.

Change then happens from the inside out. As internal growth increases, behavioural symptoms will decrease. This leads to a stronger person (resilience and inner strength), more able to tolerate triggers and changes. The effects are progressively noticed in the child’s daily functioning.

CCPT follows the child’s own internal process. Sometimes It can be hard to be patient and trust that process, as symptoms may worsen before an improvement is seen.

## Who benefits from play therapy?

Play Therapy works well for children who are struggling with social, emotional and behavioural difficulties that affect their sense of well-being and ability to learn and grow optimally, such as:

- Common childhood problems and concerns (e.g. low self-esteem, poor social skills, bullying and self-regulation issues).
- Anxiety and low mood.
- Communication difficulties (e.g. struggling to express thoughts, feelings and emotions).
- Adjustment to life events (e.g. birth of sibling, starting school or moving house away from family and friends).
- Trauma (e.g. medical, relational or developmental).
- Grief and loss, including parent separation and family breakdown.

Play Therapy does not resolve problems of a neurological, biological or organic nature, such as ADHD, OCD or biochemical depression. But it is a highly effective complementary treatment for children with these diagnoses, as they tend to have concurrent emotional problems.

## What skills can a child develop from engaging in play therapy?

There are four universal outcomes of Play Therapy, regardless of the reason why the child began treatment: Increased self-esteem, increased regulation, increased worldview and increased emotional vocabulary.

These, in turn, lead to an improvement in prosocial and problem-solving skills, as well as a greater sense of self, independence, autonomy, empathy, and responsibility for own actions and behaviours.

## The therapist's role

While the therapist's role is non-directive, it is not a passive one. The therapist remains active and disciplined throughout treatment by doing the following:

- Using their skills in a consistent, predictable manner to create an environment that promotes the child's self-expression and self-direction.
- Tracking (describing) a child's actions in play to increase self-awareness and facilitate the relationship.
- Reflecting content by summarising or paraphrasing the child's verbal

expressions. This allows the child to feel seen, heard and understood.

- Reflecting feelings (naming or validating feelings) to increase awareness of emotions, learn to accept them and, ultimately, express them verbally.
- Setting consistent limits — gently but firmly— when the child is testing them in session.
- Facilitating experiences of co-regulation.
- Building self-esteem, providing encouragement and sense of self building statements.
- Facilitating decision making and returning responsibility.
- Being an attuned, empathic and unconditional witness throughout the child's healing journey.

**CCPT is an evidence-based approach and one of the most effective therapy modalities for children aged 3 to 11.**

## How many sessions are needed?

The duration of treatment can range between 20 and 40 sessions or more, depending on each individual child.

Each session is 45 minutes long.

## Booking an appointment

The first step is to schedule an initial parent consultation with Ale.

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