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CHILDCARE PRACTITIONERS' KNOWLEDGE AND PERCEPTIONS OF PLAY THERAPY

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Abstract

This study investigated the awareness of play therapy in childcare practitioners working in the areas of health, social care, education and childcare. Questionnaires were distributed to 65 workers drawn from these occupational categories in order to investigate their understanding of issues such as the nature of play therapy, the referral process, and the distinction between play therapy and other forms of play based interventions. In addition, one child care professional from each of the four sectors was selected to take part in a follow-up interview to build on the information generated from the questionnaires. The results from the questionnaires and follow-up interviews showed that while most of the child care professionals had heard of this approach, they had a limited knowledge of the nature of play therapy. There was also much confusion amongst the child care professionals around the difference between play therapy and other play based interventions as well as around different professionals' roles and responsibilities for referring children and young people to therapeutic interventions. The implications of these findings for the practice of play therapy are considered.

Key words: Play therapy, childcare practitioners, awareness, knowledge, perceptions.

Introduction

Play therapy aims to help children and young people suffering from a range of psychological difficulties including depression, anxiety and aggression. It is often used to help children and young people resolve difficult life experiences such as a family breakdown, abuse, trauma, grief and domestic violence. The aims of play therapy include helping children and young people to modify their behaviours, build healthy relationships and clarify their self-concept. In play therapy, the relationship between a child and a therapist is regarded as paramount in helping to explore, express and make sense of complex and distressing experiences (British Association of Play Therapists, 2010).

The foundations of play therapy can be seen in the work of Freud (1928) and Klein (1932) who used play as a substitute for verbal responses in their efforts to apply analytic techniques to their work

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with children. Another milestone in the development in play therapy occurred when Axline (1947) developed a non-directive model of play therapy (later referred to as Child-Centred Play Therapy) based on the Rogerian model of psychotherapy. Over the years, play therapy continued to develop in the UK and internationally to include a cluster of treatment models, approaches and theoretical schools of thought. These include humanistic (Axline, 1947, Rogers, 1976), behavioural (Knell, 1995), gestalt (Oaklander, 1994) and psychoanalytical (Freud, 1928; Klein, 1932). During the 1980s and 1990s a wide range of specific play therapy models emerged, based on practitioners' theoretical views and personal experiences of working with children. These included gestalt play therapy (Oaklander, 1994), Adlerian play therapy (Kottman, 1995), prescriptive play therapy (Schaefer, 2001) and ecosystemic play therapy (O'Connor, 1999) to highlight a few. In the UK, Jennings (1990, 1999) and Cattanach (1992, 1994,) integrated elements of non directive Play Therapy to formulate a British Play Therapy movement. Whilst the various models and approaches may differ philosophically and in their technical application, they all recognise and value the therapeutic and developmental aspects of play in helping children to resolve past psychological difficulties to achieve healing and emotional wellbeing.

It is important to differentiate play therapy from other specialisms that make use of play methods. These include therapeutic play, where the objectives are to increase the emotional wellbeing of a child or young person. This differs from play therapy in that it is used to treat mild, or recently emerging emotional or psychological difficulties from becoming more entrenched. Play therapy can also be differentiated from the work of hospital play specialists who use free or directed play methods. Their goals are to help children prepare and cope with anxieties and feelings associated with hospital procedures as well as supporting a child or young person's family and contributing to clinical judgements through play based observations (Hubbuck, 2009).

There is a sizeable body of research on outcomes of play therapy, indicating that this approach can be used to help children suffering from a variety of problems (e.g. Bratton, Ray, Rhine & Jones, 2005; Dougherty and Ray, 2007). However there appears to be less emphasis on play therapists, clients and particularly childcare professionals' perceptions of this relatively new (in the UK) therapeutic approach. Bratton and Ray (2000) carried out a review of eighty-two play therapy research studies from 1942 to 2000. They identified the 1970's as the height of play therapy research with studies focussing mainly on children's difficulties with social adjustment and the self. Prior to this, research in this field focused primarily around intelligence and school achievement. More recently, there has been a shift in research focusing on social problems such as domestic violence, drug and sexual abuse as well as diagnoses such as depression and conduct disorder amongst children.

There has been a small amount of research looking at the issue of play therapists' experiences and perceptions of play therapy. Examples include a study by Phillips and Landreth (1988), who surveyed 1166 American play therapists on their perceptions of the effectiveness of play therapy, and issues such as their referral criteria and their views on which disorders were most amenable to play therapy. This study found that the therapists believed that 80% of their cases had a successful outcome, and that for the majority of the therapists, type of disorder and the age of the child were the key criteria for referral. A more recent study reported by Nalavany, Ryan, Gomory and Lacasse (2005) investigated American play therapists' views of the qualities, competencies and skills of an effective play therapist. Each therapist was asked to identify 3 qualities of a 'good' therapist, and the responses were collated and organised into 7 clusters. The therapists were then asked to rate the ease of acquisition of each cluster of abilities, and the importance of each to their practice. Sensitivity and responsiveness to the child were rated as being most important, and theoretical knowledge and skills with family were rated as being most difficult to acquire.

A number of studies have examined perceptions of play therapy from the point of view

of the child. Axline (1950) carried out follow-up interviews with 22 American children who had received either individual or group play therapy which was deemed to be successful. The children were aged between 4 and 14 years at the time of therapy and the interviews were conducted up to five years after the final therapy session. The aim of the study was to gain some insight into children's perceptions of their experiences and their interpretation and memory of the process of therapy. Overall, the study found that the experience of play therapy was a positive one for the children and all of the children remembered their experiences vividly. A recurring theme was the children's growing awareness of their thoughts and feelings and positive changes arising from this. The children also commented favourably on their relationship with their therapist and their freedom to be able to act spontaneously and direct the sessions. The children also reported the therapeutic sessions to be 'fun'. More recently, Carroll (2002) interviewed fourteen English children aged between 9 and 14, as well as their therapists, to gain an awareness of the children's perceptions of the Play Therapy experience. As with Axline's (1950) sample, all of these cases were deemed to be successful. The results were similar to those of Axline in that many of the children regarded the intervention as fun. The therapists however, tended to ascribe more meaning to the play. For the children, having fun in the context of the therapeutic relationship appeared to be the most significant aspect of the therapeutic process. The children talked about the warmth of their therapist as well as their therapists' willingness to help and act as an advocate for them and in ensuring that they felt comfortable and safe. Green and Christensen (2006) interviewed 7 American children on their experiences of counselling with school counsellors who employed play therapy techniques. The children valued the therapeutic relationship as providing them with empathy and acceptance as well as collaborative problem solving and being given the freedom direct the sessions. The participants also indicated that the therapeutic relationship was important in helping to bring about change as their behaviours and feelings became more positive. Jager and Ryan (2007) investigated the use of play-based techniques to investigate the views of 12 English children who were participating in a school-based NSPCC therapeutic programme and found that these techniques revealed both positive and negative views among the children receiving therapy; the therapist was then able to use this information to adapt and modify the therapeutic approach. Jager and Ryan argue that play-based methods are ideal for evaluating child therapy generally as they provide a highly suitable means for children to express themselves.

Siu (2009) evaluated the effectiveness of Theraplay in reducing internalising problems in a group of Hong Kong children, from the point of view of the children and their parents. The findings demonstrated that among the children who participated in a Theraplay intervention, internalising problems had decreased compared to a control group of children who received no intervention. Follow-up interviews showed that Theraplay received positive evaluations from both the parents and the children. Parents were asked to rate their satisfaction with the programme and the likelihood that they would recommend the programme to other parents. The majority of the parents described themselves as being 'very satisfied' with the programme and that they would recommend the programme to others. In addition, parents reported that they had fun with their children during the intervention. Among the children, most perceived the activities to be "fun" and said that they were happy playing games with their parent.

While there is some very positive research on perceptions of play therapy from the point of view of the child and the therapist, another important issue relates to knowledge and perceptions of play therapy in the wider population, and particularly among childcare practitioners. It is clear from the studies reviewed above that play therapy can be a beneficial intervention for children, but children can only benefit if parents, carers and professionals engaged with working with the child are aware of this approach and are willing to consider play therapy as an option. Practitioners working in health, education, social care and childcare are in an

ideal position to identify children with difficulties that may benefit from a play therapy intervention. However there are questions as to what extent workers in these areas are aware of the value and relevance of play therapy. If they have heard of play therapy, do they know what it is about? Do they see play therapy as distinct from other forms of play specialisms such as therapeutic play and playwork? The current study is exploratory in nature and seeks the views of childcare practitioners working in the fields of health, education, social care and childcare. Although there are different approaches to play therapy, this research did not distinguish between these as the study was primarily concerned with general awareness of this form of therapy.

Research Methodology

In order to investigate this issue, two approaches – quantitative and qualitative – were used. The quantitative aspect took the form of a questionnaire study in which participants were asked a series of basic questions about play therapy, and the numbers of participants making particular responses to each question were analysed. In this way, some basic quantitative information could be obtained on issues such as the percentage of participants who had heard of play therapy, the various sources of awareness, and knowledge of aspects of play therapy. However while such quantitative information is very useful, it is also interesting to understand the factors that may underlie responses to questionnaire items. For this reason, the quantitative questionnaire study was followed by a small-scale qualitative interview study. Qualitative data can be useful supplements to quantitative data, as they can "…help the account 'live' and communicate to the reader through the telling quotation or apt example" (Robson, 1993, p.371). Therefore it was decided to follow up four of the participants in the questionnaire study and conduct interviews that would allow them the opportunity to expand on the responses given on the questionnaires.

Questionnaire Study

Participants

The sample consisted of 65 childcare professionals from four sectors including health, social care, education and child care. The sample consisted of nineteen participants working in social care including social workers, children's charity project workers and project co-ordinators as well as youth workers and a parent therapist. Twenty participants were working in education, these included class teachers, teaching assistants, SENCOs, educational psychologists and a head teacher. Eighteen of the participants were working in the health sector, including staff nurses, senior staff nurses, a speciality registrar, a paediatrician and a junior doctor. The remaining eight participants worked in child care and included nursery officers and a nursery manager.

The sample comprised ten males and fifty-five females The participants ranged in age from under 25 years to over 60 years of age. The participants can be regarded as a convenience sample in that they were workers approached by the first author who were available and willing to participate in the study.

Questionnaire

A brief questionnaire was constructed in order to investigate participants' knowledge and perceptions of play therapy. This consisted mainly of closed questions, where participants were asked to select the options which related to their knowledge and perceptions of play therapy. Some questions required simple 'yes/no' answers, such as *Have you heard of play therapy prior to this study?* Other questions required the participant to select what they felt was the most appropriate response or responses from a list (e.g. *What do you believe play therapists do?*). Where a list of responses was provided, these also included an 'other' response in order not to constrain the respondents and miss out on useful information. The questions were generated by the first author, drawing upon her own

experience of working as a child care practitioner. The questionnaire was also piloted on two child care professionals, one working in education and one in social care, who were not participating in the study. This was to ensure that the questions were well understood. Participants responded to the questionnaire in their own time and in a location convenient for them. All participants were assured that the questionnaire was for research purposes only and all responses were anonymous and confidential. Participants were also asked to indicate if they would be willing to take part in a follow-up interview if required and to provide a means of contact for this. Prior to conducting the study, approval was sought and gained from the ethics panel of the University of Glamorgan's Psychology Department. The research was also conducted within the BAPT ethical framework.

Findings

The first question asked simply if the participants had heard of play therapy. The responses organised by sector of employment are displayed in Figure 1. This chart and all subsequent charts display responses to questionnaire items in terms of the percentage of participants responding in a particular way.

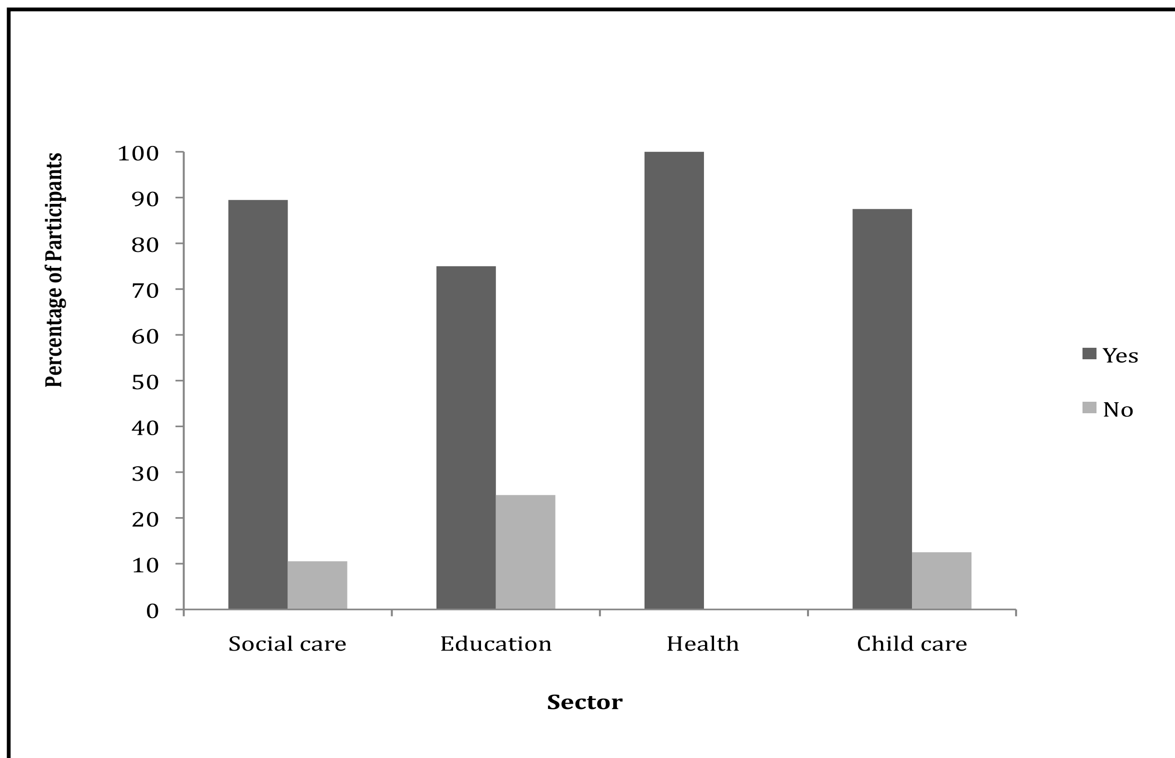

Figure 1: Awareness of play therapy by sector.

Awareness was highest among the healthcare workers (100%), followed by social care and child care workers (90% and 88% respectively). Awareness was lowest amongst the education workers with 75% of this group reporting that they had heard of play therapy. Taking the sample of participants as a whole, the majority have heard of play therapy (88% of the entire sample), but a minority had never heard of this approach (12% of the total sample).

Participants were also asked if they had heard about of other forms of therapeutic intervention. Responses are displayed in figure 2.

In general, there appears to be a high degree of awareness of other forms of therapeutic intervention. Awareness was lowest in the case of drama therapy (44% of participants had heard of this) and attachment therapy (52%). Regarding other forms of therapy, awareness rates in excess of 80% were reported.

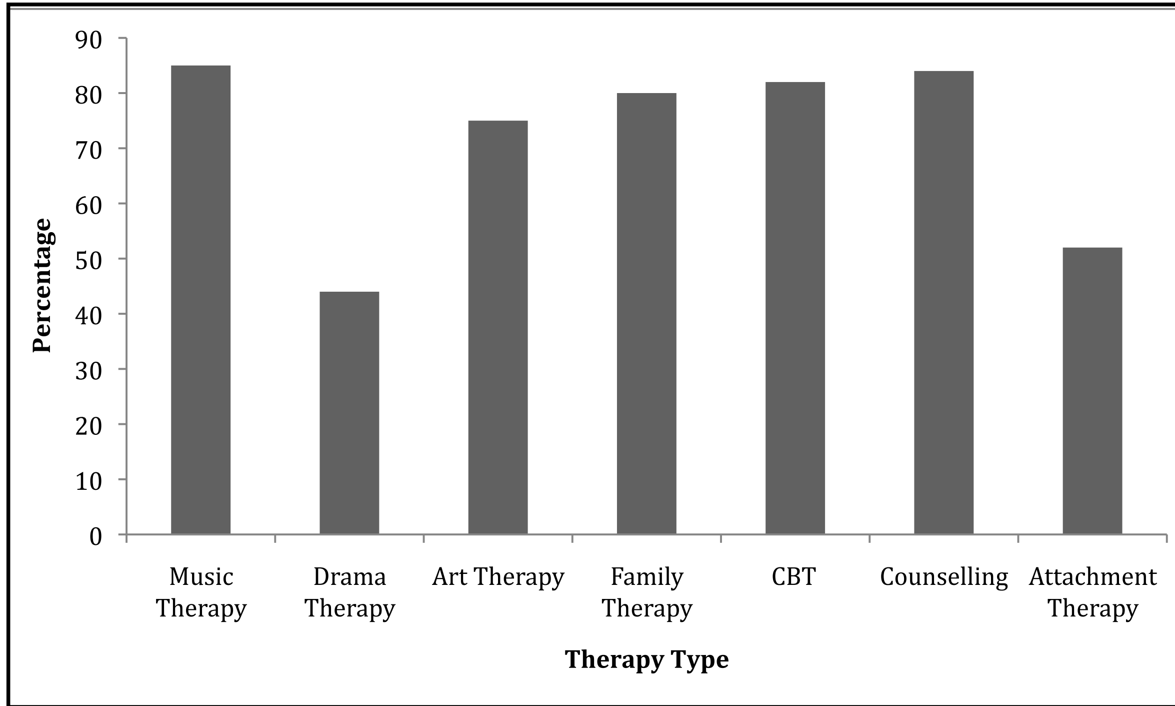

Figure 2: Awareness of other forms of therapy

The next question of interest concerned the participants who had heard of play therapy and asked for the specific source of awareness. The results are presented in Figure 3.

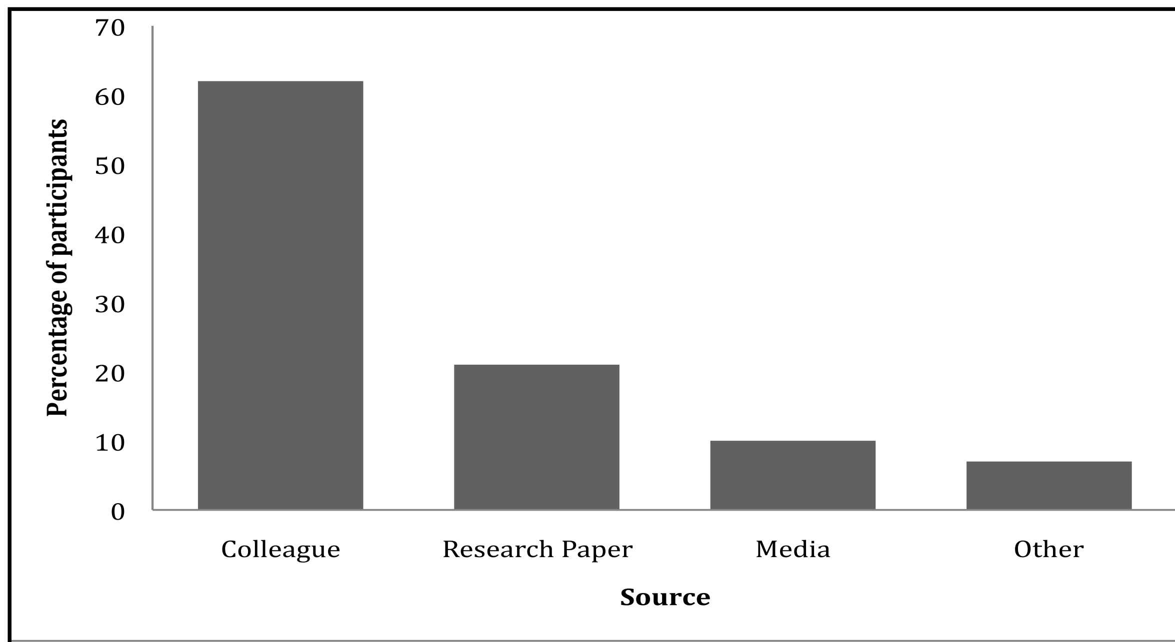

Figure 3: Sources of awareness of play therapy

The above chart shows that by far the greatest source was hearing via a colleague or another agency. Research papers were another important source, with 21% of participants hearing about play therapy through this channel. The media was the source of awareness for 10% of respondents. Responses classified as 'other' included hearing about play therapy through participation on training courses, modules taken at university, or working with a child who had been through play therapy.

The participants who were aware of play therapy were then asked if they knew the route of referral for play therapy. The responses to this question are presented in figure 4.

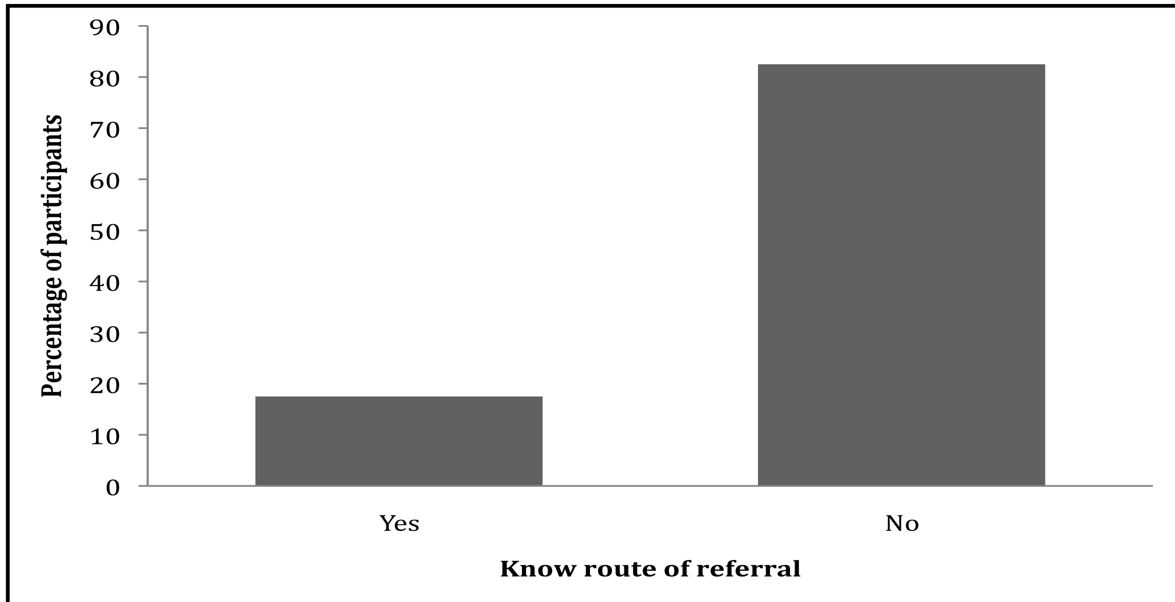

Figure 4: Participants' knowledge of the route of referral

It can be seen that despite the fact that these participants were aware of play therapy, the vast majority (83% of respondents) did not know the route of referral to a play therapist.

Following the questions on basic awareness of play therapy, there then followed a series of questions relating to participant's perceptions of play therapy. For each of these questions, participants were free to choose as many responses from a list as they felt were appropriate.

Firstly, participants were asked what type of intervention they perceived play therapy to be. The responses are displayed in figure 5.

It can be seen that the majority of participants correctly perceived play therapy as an intervention for dealing with emotional and

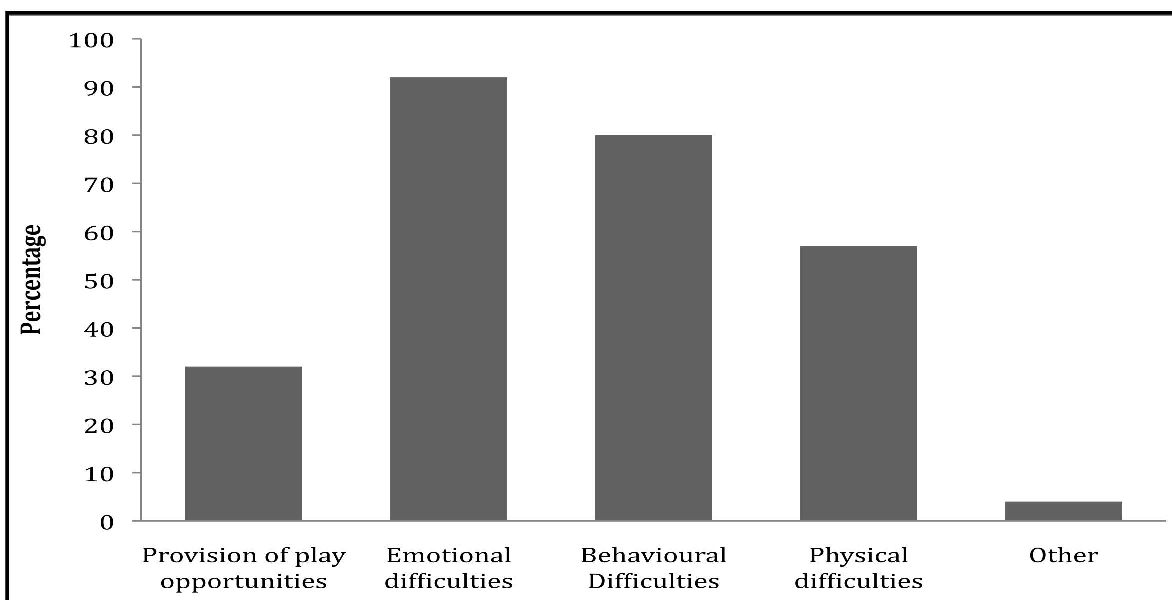

Figure 5: Perceptions of type of intervention

behavioural difficulties (92% and 80% respectively). However 32% of participants also believed that play therapy also involved simple provision of play opportunities, indicating perhaps a degree of confusion of play therapy with other forms of play work. A considerable number of participants (57%) thought that play therapy could also be used as an intervention for physical difficulties, again perhaps indicating confusion with other interventions where play may be used as part of a wider set of techniques, such as the work of occupational therapists.

Participants were next asked what they thought play therapists do in their therapeutic work. The responses are displayed in figure 6.

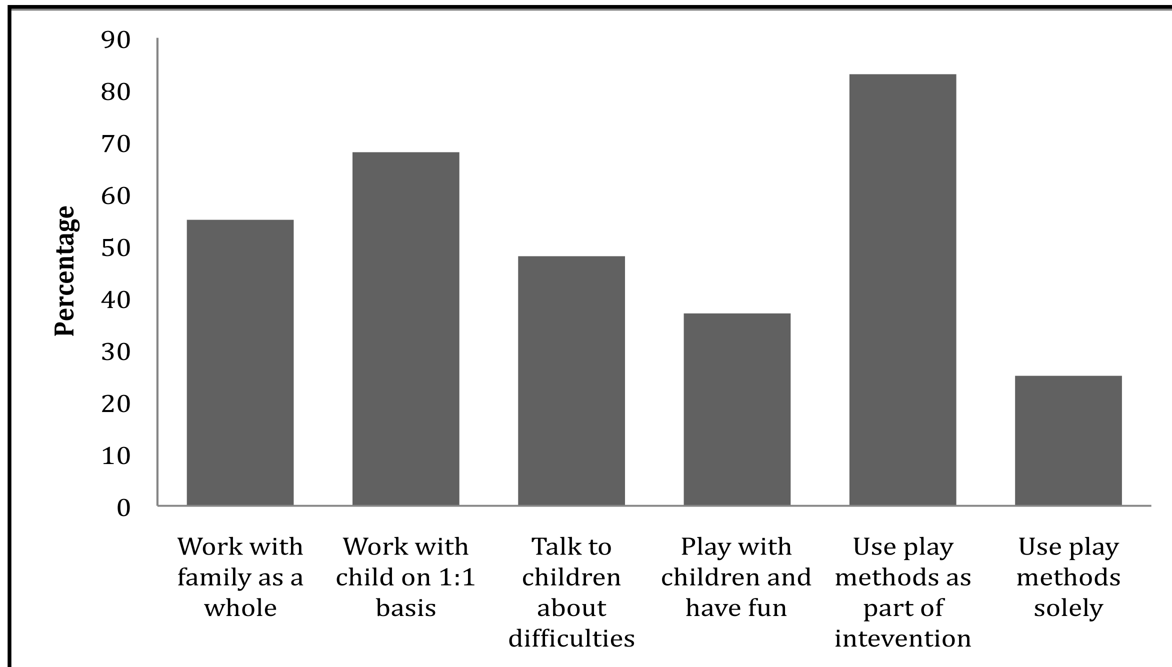

Figure 6: Perceptions of what play therapists do

The responses to this question did indicate a degree of confusion about the nature of play therapy. While many participants accurately perceived play therapists as working with families as a whole (55%) and working with children on a 1:1 basis (68%), there also is some indication of confusion with other forms of therapy. For example, 48% of the participants also thought that play therapy involves the therapist talking with children about difficulties indicating perhaps a general perception of therapy as a 'talking' process, and 37% of participants viewed play therapy as playing with children and having fun, again perhaps indicating confusion with other forms of play work. This generally confused view of play therapy can also be seen by the fact that 83% of participants saw play therapists using play methods as part of the intervention and only 25% of participants accurately saw play therapy as solely involving play methods.

Finally, participants who were aware of play therapy were asked if they had ever been involved in referring a child to play therapy, or were aware of a child who had been referred to play therapy. A minority of these individuals (29%) answered yes to this question. These participants were then asked to report the outcome of the referral. The responses are displayed in figure 7.

None of the respondents reported the outcome to be unsuccessful, however only a minority (22%) reported the outcome as successful and the majority (78%) reported the outcome as partially successful.

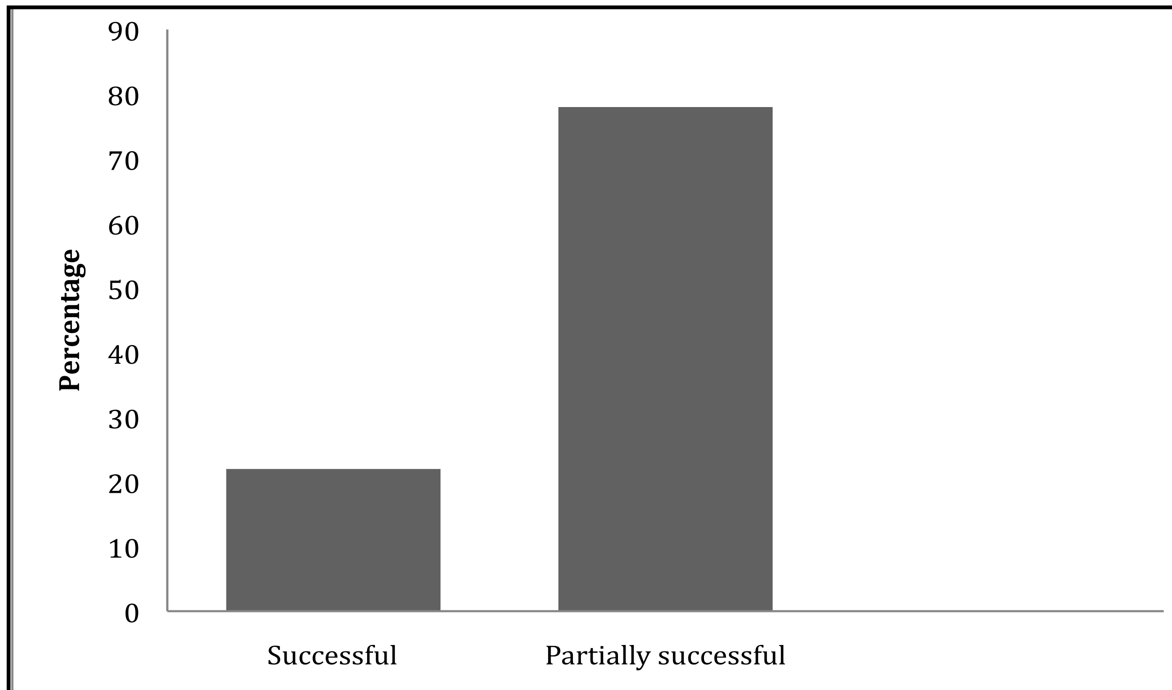

Figure 7: Reported success of referrals made to play therapy

Summary of Questionnaire Findings

Although the questionnaire was of an exploratory nature, some potentially interesting findings have emerged which would be worthy of further investigation. Most of the participants have heard of play therapy, and there seems to be a generally high level of awareness of the various forms of therapeutic intervention. However, while participants are aware of the existence of play therapy, the majority would not know how to refer a child to a play therapist. Participants appear to be aware that play therapy can be used as an intervention for children with emotional and behavioural difficulties, but some participants (including some of those who accurately identified play therapy as an intervention for emotional and behavioural problems) also see a role for therapists as simply providing an opportunity for children to play. This may indicate confusion of the work of play therapists with other specialists such as play workers or perhaps a view that play therapists provide play opportunities alongside therapeutic services. Some participants also saw play therapists as working with children with physical disabilities. This may be seen as a further example of play therapy being confounded with other forms of work involving the use of play, such as the work of occupational therapists with physically disabled children. Evidence of confusion can also be seen in their responses to the question of what play therapists do within their interventions. The responses here seem to indicate that many workers still see play therapy as just another form of 'talking therapy' where play is simply used to facilitate communication. Just 25% of participants seemed to be aware that in play therapy, play is *the* form of communication, rather than just a means to an end.

Interview Study

Participants

In order to build on the information gained from the questionnaires, follow up interviews were conducted with 4 participants who had also taken part in the questionnaire study, one from each of the four sectors sampled. The following individuals agreed to take part in an interview:

Participant A: A 35 year old female working as a Nursery Officer.

Participant B: A 55 year old male who works as a Manager for a charity which runs youth projects as well as providing services for vulnerable women and their children.

Participant C: A 24 year old female working as a Junior Doctor. At the time of interview she was coming to the end of a four month placement in the Paediatrics ward of a large hospital.

Participant D: A 56 year old female working as a year 4 class teacher in a Primary school.

Interview Schedule

The interviews were semi-structured in nature. The interview schedule consisted of eight main questions which were designed to be answered in a flexible manner or reframed by the participants. The questions were generated by the first author who also conducted the interviews, and explored participants' knowledge of play therapy, their understanding of the distinction between play therapy, therapeutic play and other play specialisms and their views on referring children for therapeutic interventions. The interview schedules were piloted to the same two childcare professionals as with the questionnaire. This was to ensure that the context, phrasing and order of the questions were logical and well understood. A digital dictaphone was used to record the interviews. Ethical issues were also addressed including participants' anonymity, their right to decline answering any questions which they did not want to, their right to end the interview at any point and their right to withdraw from the study. All participants gave consent for their responses to be used for publication, including the use of anonymous verbatim quotes.

Interview Findings

All 4 participants reported that they encountered children suffering from emotional, behavioural and social difficulties during the course of their work. The 4 participants were all aware of the existence of play therapy, but their knowledge appeared to be limited. For example, when asked for her understanding of play therapy, participant A responded:

> *"Play therapy is where you have a child and they have experienced or are about to experience a certain difficulty and you work out a way of preventing that from happening to the child and it's like there is thought gone into it."*

This example also illustrates some confusion around the difference between Play Therapy and other play based interventions as participant A's definition is more akin to the work of hospital play specialists. Indeed participant A revealed that she had previously worked in a hospital alongside play specialists:

> *"I worked in a hospital for a couple of years before I was here and I did play therapy there with the hospital specialists."*

This reinforces the impression that this participant regards the work of hospital play specialists as synonymous with play therapy.

This confusion was also evident in the responses of other participants. Participant C admitted that she was confused around the different roles of play workers, play therapists and hospital play specialists:

> *"…quite often they introduce themselves as 'I'm a play assistant', 'I'm a play worker', 'I'm a play specialist' and they all obviously know their roles but to us it's difficult to distinguish."*

Despite this confusion however, it was participant C who provided the best description of play therapy, using her perception of therapies in general as a concept:

> *"In my understanding of it, play therapy sounds more like a treatment program rather than just play specialists. Play therapy sounds more like there is a goal towards the end of it, you're looking to achieve something out of the play therapy itself."*

Participants were generally unsure of the distinction between play therapy and therapeutic play. For example, when asked if he understood the distinction participant B responded:

> *"Well…no, but I'm sure there is, or that people say there is and can perhaps quantify that".*

Participant A also was also unsure about the

distinction between play therapy and therapeutic play and when asked what she understood by the term therapeutic play, gave the following answer:

> *"…therapeutic play could range from a play where you're dressing up with scarves and it's therapeutic, the child is comfortable, it's relaxing. You could have child playing with a tray full of shaving foam and it's therapeutic."*

There was also a mixed knowledge of the difference between play work and play therapy. Play therapy also tended to be viewed as rather adult led as opposed to play work. According to participant D:

> *"I guess I see play work as any situation which allows a child to play and interact with others. I see this as free play and giving children the opportunity to express themselves. Where as I think Play Therapy is probably very structured, where the therapist is either trying to understand or get children to express their difficulties or trying to give them an outlet in order to express those difficulties and then be worked on."*

In addition to the confusion as to the exact nature of play therapy, there was also evidence of some suspicion about this approach to therapy. When asked to describe the difference between play work and Play Therapy, participant B reframed the question and put forward a rather negative perception of Play Therapy:

> *"Well I think it's a difficult thing. I've always been nervous about moving something that's very normal and very everyday into the area of therapy. Parents have been playing with their children for ten thousand years so I'm always a bit nervous when an everyday thing such as swimming becomes swimming therapy."*

Later, when asked about the distinction between play therapy and therapeutic play, participant B made the following observation:

> *"I remember going to *** Hospital and watching some different interventions. Some of them were really nutty and it just seemed like people had read a bit of a book and had a new idea…clients were just doing everyday things such as swimming but professionals were convinced it was therapy."*

Another issue probed in the interviews was practitioners' views relating to identifying children with problems and referring to play therapy and other interventions. A theme which flowed through all four interviews was a general lack of clarity around child care professionals' roles and responsibilities for referring children and young people to play therapy. None of the participants saw making referrals for children with emotional, behavioural or social difficulties as part of their role:

> *"I think we would probably ask the educational psychologist or social services perhaps for their input on different interventions and also how to refer."* (Participant D)
>
> *"We wouldn't really have to consider that (making referrals) because it would be totally out of our hands."* (Participant A)

Participant A also appears to not see herself as part of a wider team in being responsible for ensuring that a child is referred to the most appropriate intervention and that input is given by all agencies working with a child.

All of the participants believed that it is difficult for child care professionals to distinguish between the different therapeutic interventions and treatments available to treat children and young people with difficulties. Participant B demonstrates this in his response but also suggests that this may also be due to child care professionals having reservations around referring to newer therapeutic interventions such as play therapy:

> *"Yes, I think it is exceptionally difficult. From my experience I think that practitioners often stick to what they know and are often nervous of new things."*

When questioned about this issue, participant D made the point:

> *"I think it's quite easy to identify*

children who have got certain difficulties but I think that knowing what certain therapy would be useful would be something even maybe the head teacher would be unsure about."

In addition to a lack of certainty about appropriate types of intervention, participants also believed it to be difficult for practitioners to know the route for referral for different therapeutic interventions and treatments:

"Yeah, I think that's a really big problem. Partly because from our medical training, I know you have to find things out for yourself sometimes, but we've never really been made aware of the different options available for different things. Also we move around hospitals so much, the services available and the referral routes differ so much from hospital to hospital and you can't keep up with it." (Participant C)

There also seemed to be a lack of awareness around what happens and the outcome when a child is referred for a specific intervention or therapy:

"So they come in (CAMHS) and they will decide which services are appropriate and we never find out why and we never find out where CAMHS have sent them and whether it was appropriate." (Participant C)

Summary of Interview Findings

The follow-up interviews further confirmed the findings from the questionnaires in that child care professionals' knowledge of play therapy was somewhat limited. There was much confusion amongst the four interviewees around the difference between play therapy and other play based interventions, such as therapeutic play, which were largely viewed as the same. The follow-up interviews also highlighted some confusion around the different roles and responsibilities of play workers, play therapists and hospital play specialists. This confirms the finding from the questionnaires where some of the child care professionals viewed play therapy as providing play opportunities to children and young people, therefore confusing play therapy with play work. These findings help to demonstrate the need for child care professionals to have an awareness of other professionals' roles and responsibilities in order to be able to work in a multi-agency context and to be able to make sense of referrals in general.

In addition, all four interviewees believed it to be difficult for child care professionals to distinguish between the different therapeutic interventions and treatments available to treat children and young people with difficulties. These findings help to build on those from the questionnaires, in that the majority of child care professionals did not know the route for referral for play therapy and possibly other therapeutic interventions. This highlights a training need amongst child care professionals around gaining an awareness and basic knowledge of the different therapeutic interventions available to treat children and young people including the criteria and route of referral.

The follow-up interviews also showed that there appeared to be a general lack of clarity around child care professionals' roles and responsibilities for referring children and young people to play therapy. None of the interviewees saw making referrals to play therapy or any other therapeutic interventions as part of their role and were quite protective with firm boundaries around their role.

There also appeared to be a lack of awareness around what happens and the outcome when a child is referred for a specific intervention or therapy. This does not necessarily reflect a failing on the part of the childcare workers and may simply reflect the fact that these workers do not have the time to follow up referrals and may also indicate a need for more feedback from therapy providers.

These findings suggests that many child care professionals may work in quite a disjointed manner, meaning that it may be possible for children and young people to miss out on being referred to therapeutic interventions or when a child is referred, there is a lack of communication regarding the outcome of the referral.

Implications for Practice

This study was exploratory in nature, and focussed on the knowledge and perceptions of a small sample of childcare practitioners. It must also be acknowledged that the participants were all based in one geographic region (South Wales) and it would be interesting to see if similar findings would be observed in a larger scale study involving workers based in other regions. However if the responses of the participants in this study are indicative of childcare practitioners in general, then the results may be a cause of concern to the play therapy profession. While there is a high degree of awareness of the existence of play therapy (as well as other forms of intervention generally), participants' specific knowledge of play therapy is limited and in some cases incorrect. While many practitioners recognise that play therapy can be an effective tool for treating emotional and behavioural disorders in children, there also appears to be confusion between play therapy and other forms of intervention using play methods, and indeed some participants may view any form of work involving play as 'doing therapy'. This is very much demonstrated by interview participant A when commenting on her experience of working alongside hospital play specialists. This confusion in the case of hospital play specialists has also been noted by Hubbuck (2009) who reports that play specialists are often mistakenly labelled by patients, families and colleagues as 'the play therapist'. She points out that this can also cause problems for play specialists themselves, as use of the term 'therapist' may lead to incorrect expectations of their role and the services they can provide for patients.

It was also the case that the majority of participants reported that they do not know the referral route for play therapy, and most do not see it as their role anyway. This has implications for the ability of practitioners to identify and refer children for play therapy. The main settings for play therapy in the public sector are health (Child and Adolescent Mental Health Service - CAMHS), social services and education. Access to play therapy via CAMHS can be made via a referral from GP's, Health Visitors, Social Services and other relevant child care support agencies. However, in the third author's experience as a practicing Play Therapist, there is no direct route for referring children for play therapy within the UK. Individual agencies and professionals offering play therapy have their own specific referral processes. In the third author's experience in private practice, the majority of children receiving play therapy are referred via Social Services, the Health Service, via the Court or via self-referral from the child's parent or caregiver. It is therefore important for Play Therapists to adopt a proactive role in educating and advising other professionals on how to access therapeutic work for children. Cattanach states "the teaching role of the Play Therapist is an important way to help other professionals understand what play therapy is about and how to use play within other professional areas" (Cattanach, 2003, p.86) Another key role of Play Therapists is to explain their work to parents and carers prior to undertaking Play Therapy sessions with their child.

Another potential finding of concern is the responses in the questionnaire study of participants who had referred or were aware of a child referred to play therapy regarding the outcome of therapy. While none of these participants reported the outcome as unsuccessful, most regarded the outcome as 'partially successful'. A limitation of the current study is that participants' views as to what constitutes a 'partially successful' outcome was not probed further. However if professionals are going to make use of play therapy, they must be confident that it is an effective approach, and perhaps the views of professionals who have made referrals to play therapy could be explored in further research, particularly around their expectations of play therapy and their views of outcomes.

In addition to a rather mixed view of the efficacy of play therapy, another issue relates to general attitudes to play therapy, and whether or not it is perceived as a credible approach to therapy. The views expressed by participant B in the interviews relating to "moving something that is very normal and very everyday into therapy" illustrate this concern. There is also the general issue highlighted by participants of the difficulty in distinguishing

between the different therapeutic approaches. Again, all of these factors could have a negative effect on willingness to refer a child for play therapy.

The results of this study therefore suggest that members of the play therapy profession may need to give thought to educating childcare practitioners and the wider public about the nature of play therapy, and correct any misconceptions about this therapeutic approach. There are a number of possible steps that could be taken here. BAPT members could offer short information sessions about play therapy to local agencies, for example, Social Services, Health and Education in order to increase professional understanding throughout the UK. Another useful step would be the development of a database of qualified and experienced Play Therapists throughout the UK who would be able to respond to requests from the media on children's emotional wellbeing and the value of play therapy as an effective intervention. Consideration may also be given to the provision by the BAPT of media training courses for play therapists along the lines of the type of courses provided by the British Psychological Society for members of the Psychology profession. In the current study, the media was a source of awareness for only 10% of the workers and effective use of the media could help to raise the profile of play therapy among childcare workers and the wider public.

Regarding raising the public profile of play therapy, another useful step would be to investigate sources of awareness of other forms of therapy. The results of the questionnaire study reported in this paper indicate high levels of awareness of other therapeutic approaches. However the question of how participants came to hear of these approaches was not examined in this research and this issue could be explored in a future study. This might provide information that can be used by the play therapy profession to consider ways in which play therapy could be better publicised.

It is clear from the current study that participants are unsure of the distinction between play therapy, other forms of therapy and other forms of work involving play, and indeed some participants may have reservations about play therapy generally. A potentially important step that could be taken to improve this situation would be to make 'play therapist' a protected title with the Health Professions Council (HPC). There is currently no safeguard in place to prevent other professionals stating they are play therapists. This is a common problem throughout the UK and claims made by other professionals are often done so with limited on no professional training in play therapy. The profession of Arts Therapist (encompassing the titles of Art Psychotherapist, Art Therapist, Drama Therapist and Music Therapist) is currently HPC protected (Health Professions Council, 2010). Serious consideration should be given by the play therapy profession to following this trend. The title of Play Therapist could then only be used by graduates of properly accredited training courses and this would eliminate the inappropriate use of the term and reduce confusion that can be caused by this.

Continued research into play therapy practice as well as outcomes of therapy will continue to enhance the image of play therapy, particularly among childcare professionals. An important future direction for research in play therapy is suggested by Geidner (2008), who argues that rather than focussing on outcomes, the emphasis should move toward developmental and clinical processes – in effect, demonstrating not only that play therapy is effective, but also clearly indicating *how* play therapy is effective. This would clearly ground play therapy practices and approaches within the wider field of research on child development and enhance its credibility as an evidence-based approach to therapy.

There is no doubt that play therapy is an effective and child-friendly approach to therapy, and many children have benefitted to this approach. However it is important that play therapists concern themselves not just with therapeutic work, but also working together as a group of professionals in order to educate and increase professional understanding of the effectiveness of play therapy as an intervention for children and young people. It is important that childcare practitioners as well as parents and carers are aware of the nature of play

therapy, and see it as a credible, evidence-based approach delivered by appropriately trained therapists who are accountable to a professional body. This will ensure that parents, carers and other professionals are able to make informed choices before referring children and young people to play therapy.

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