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Identification of Effective Play Techniques for Use with Children in a Outpatient Mental Health Clinic

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Purpose of the Project

The purpose of this research project was to identify which play techniques are the most effective and produce good outcomes for children. Children enter therapy for a number of reasons to improve their emotional and cognitive wellbeing, however engaging them can be challenging. During a therapeutic session, children use play to share experiences through the toys they choose, whereas adults verbally express themselves. The Allina Health/NUMC Outpatient Therapy Department was interested in the identification of play techniques that they could be used to enhance their work with children with the intent to explore the impact of using play techniques on client outcomes. The results of this project will help Allina Health//NUMC therapists when making decisions about which play techniques to incorporate into their practice.

Methodology

A systematic literature review was conducted to identify best practices in the use of play techniques. The following databases were searched for this project: PsycINfo, ProQuest Databases, ERIC, EBSCO, SAGE Premier, and Social Services Abstracts. Next, databases were scanned for key topics and organized by themes. After evidence-based practices were identified, a list of materials required to implement these play techniques was developed. Pricing for materials was sought from searching websites such as Amazon, Creative Therapy Store, and Target. Information gathered was complied in a hard copy reference manual that was presented to the Allina Health / NUMC therapists. This will provide the agency with funding opportunities such as grants to purchase the recommended play techniques for an outpatient setting.

Literature Review

Results of the literature review revealed the following findings: •Research has indicated that using play techniques in a therapeutic environment is the most effective way to treat children (Baines, 2008). •Children use play techniques in their sessions to safely express feelings. enabling them to share past traumatic events until they are able to better manage the trauma in their lives (Landreth, & Bratton, 1999; Russ & Neic, 2011).

•Utilizing an assortment of play techniques in an outpatient setting allows children to transfer their anxieties, fears, fantasies, and guilt to their play objects rather than to people (Landreth, & Bratton, 1999).

•Play techniques are an effective method to treat variety of children's problems, such as chronic illness, autism, attachment difficulties, grief, anxiety, learning disabilities, selective mutism, social withdrawal, speech difficulties, low self-esteem, and traumatization (Baines, 2008).

Identification of Effective Play

Techniques for use with Children in a Outpatient Mental Health Clinic

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Key Findings

A review of the literature suggest that the most effective play techniques materials include:

•Puppets and Puppet Theater.....

- Sand Play or Sand Tray & Miniatures......
- Therapeutic and Board Games.....

Dollhouses & Accessories.....

•Therapeutic Books and Workbooks......

Arts and Crafts.....









The Top 5 Child Mental Health Disorders & Play Techniques Trauma / PTSD

•Children will use puppets to make them feel safe. Puppets help project their thoughts and feelings related to traumatic experiences (Holbrook, 2008). •Arts and Crafts, such as crayons & paints are often used as a shield so children can create pictures to work through PTSD or trauma (Holbrook, 2008).

Conduct Disorder / Oppositional Defiant Disorder

•Puppets are often used by children to express themselves without the fear of being judged, rejected, or humiliated (Holbrook, 2008).

•Books help facilitate the child's expressions, conflicts, & the transfer of ideas between the therapist and the child in session (Goldings & Goldings, 1972). Anxiety

•Sand Play/Sand Tray allow children to express their internal world through the miniatures in the sand. It works well for children who are very active or have high anxiety levels (Holbrook, 2008).

•Games make children feel comfortable by defining an occupied space with the therapist & the client to help build trust & rapport (Landreth & Glover, 2005). Depression

•Sand Play/ Sand Tray does not require a child to be verbal. It is recommended for children who are depressed, withdrawn, or non-verbal (Holbrook, 2008). •Books have been found helpful by assessing language abilities with children who are withdrawn, depressed, or anxious (Goldings & Goldings, 1972). Physical, Sexual, and Emotional Abuse

•Puppets help distance the child's self from the content of the play and lessens anxiety from physical, sexual, and emotional abuse (Landreth & Glover, 2005)

•Dollhouses and accessories help children with disclosure of physical and sexual abuse and produces healing solutions. Dollhouse figures are often used for identifying names of their family members (Landreth & Glover, 2005).

Recommendations

Based on the systematic literature review, the use of a variety of play techniques are supported by research in working with children in Outpatient Therapy. It is recommended that Allina Health/New Ulm Medical Center:

- 1) Therapists expand to incorporate play techniques when working with children in treatment.
- 2) Explore potential sources of funding to purchase play materials identified as effective in the literature review and the key findings.
- 3) Therapists be encouraged to pursue play therapy credential and become a Register Play Therapist (RPT). (See table below)

The Steps in Becoming a Registered Play Therapist (RPT) Retrieved from: The Association of Play Therapy Website - http://www.a4pt.org

References are available from the author upon request.



| License and Certification | |
|-------------------------------------|-----|
| Must hold an active and current | |
| state license to engage in clinical | , i |
| mental health practice. | |

Must have earned a Masters or higher mental health degree. (LICSW, LPCC, LMFT, ect.)

References

Educational Degrees

Clinical Experiences Must have completed 2 years & 2000 hours of supervised clinical experiences.





