ELIP
EAST LANCASHIRE INCLUSION PARTNERSHIP

ARR 6: Is therapeutic play a successful tool to aid learning and increase a child's potential within a special needs school?

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Context

Therapeutic play is a form of play therapy. It is an effective therapy for a child that uses play and creative arts as the main tools (Playtherapy.org.uk, 2016). It is designed for children who experience mild to moderate behaviour and emotional problems. Research carried out by Play Therapy United Kingdom (PTUK) suggests that 75% of the children referred will show a positive change (Playtherapy.org.uk, 2015).

School context

Tor View School is a generic special needs education faculty that caters for students aged 3-19 years, at the last Ofsted inspection it was rated outstanding (Ofsted, 2016). Currently, Therapeutic Play and Play Therapy are not offered to the students on site and the school has very minimal forms of therapeutic interventions in place. It is hoped that with this research therapeutic inputs into the students at Tor View School can be increased.

Researcher context

This briefing paper presents some of the evidence gathered as part of a wider MA study in Play Therapy. Throughout the process I have operated as a therapist, reflective practitioner and action researcher.

As a therapist it is my role to create a space that is safe, has clear boundaries and enables the child to explore their reasons for referral with me reflecting back observations to the child if I feel it is appropriate and would benefit their development to do so. As a therapist I attend regular clinical supervision, allowing any concerns to be raised and ensuring that the therapy I am offering the child is completely safe.

As a researcher I have been collecting evidence and operating according to the ethical guidelines outlined by Play Therapy United Kingdom. See below for discussion of research process.

Research Focus

The briefing paper presents three case studies of SEN pupils who have accessed therapeutic play. Given the school context, the intention is to assess if therapeutic play would be a useful addition to the range of interventions offered by Tor View School and contribute to its commitment to remaining an outstanding school.

What is Therapeutic Play?

Therapeutic play is a form of play therapy and uses the creative arts to allow a child to explore any challenges they might be facing. Therapeutic play sessions are completely child lead with it being the child who chooses what they wish to explore during each session. The child is free from any expectations or judgement and can simply 'play out' their feelings through use of any of the tool kit on offer (outlined below).

> 'The dynamic process between child and play therapist, in which the child explores, at his or her own pace and with his or her own agenda, those issues past and current, conscious and unconscious, that are affecting the child's life in the present. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change. Play therapy is child-centred, in which play is the primary medium and speech the secondary medium.' (Carroll, 1998, p.2)

As the therapist I become part of the child's word, I paint with them, dress up and become a dragon, dance, crawl around the floor, play with a dolls house, mirror emotions and become really sad or equally happy, I absorb myself in their feelings and completely accept the child as is, for who they are and who they want to be during our session together.

To become fully qualified as a Play Therapist I am required to complete my Master's Degree which alongside my studies requires me to do 200 hours of therapy with children and have clinical supervision at a ratio of 1 hour of supervision for every 6 hours of therapy I complete with a child. My training is clinically accredited by Play Therapy United Kingdom (PTUK) and is validated by Leeds Beckett University in partnership with The Academy of Play and Child Psychotherapy (APAC).

Method: Research Process

Data was collected as part of a tracking process for a variety of pupils as they received therapy. Throughout the intervention I kept detailed therapy notes and observations of children's responses.

Pre intervention data collection

Before the child enters therapy an assessment was completed in the form of a **Strengths and Difficulties Questionnaire (SDQ).** This questionnaire is a set of predetermined questions devised by Robert Goodman and is a recognised way of assessing children's emotional and behavioural difficulties. It is outlined in the Department for Education Mental Health and Behaviour in Schools document as an effective tool for identifying a child's weaknesses (Mental Health and Behaviour in Schools, 2016).

Scoring pupils …
1. prosocial,
2. emotional,
3. peer,
4. conduct,
5. Hyperactivity

Strengths and Difficulties Questionnaire (SDQ)

The child is scored against five different measures (prosocial, emotional, peer, conduct, and hyperactivity). The combined scores form a baseline position for the child as they entered therapy, the higher the score of the SDQ, the more severe the problem.

Parent and teacher interviews

Alongside this parent and teacher interviews were completed to identify any significant behaviour's that were of concern and to be targeted through therapy. The children accessed a minimum of 12 weeks of therapy which happened on the same day, at the same time and in the same place each week. This element of routine was crucial to the therapy's success in order for me, the therapist to build up a therapeutic relationship with the child. Throughout the 12 weeks the children were monitored and any significant happenings were recorded.

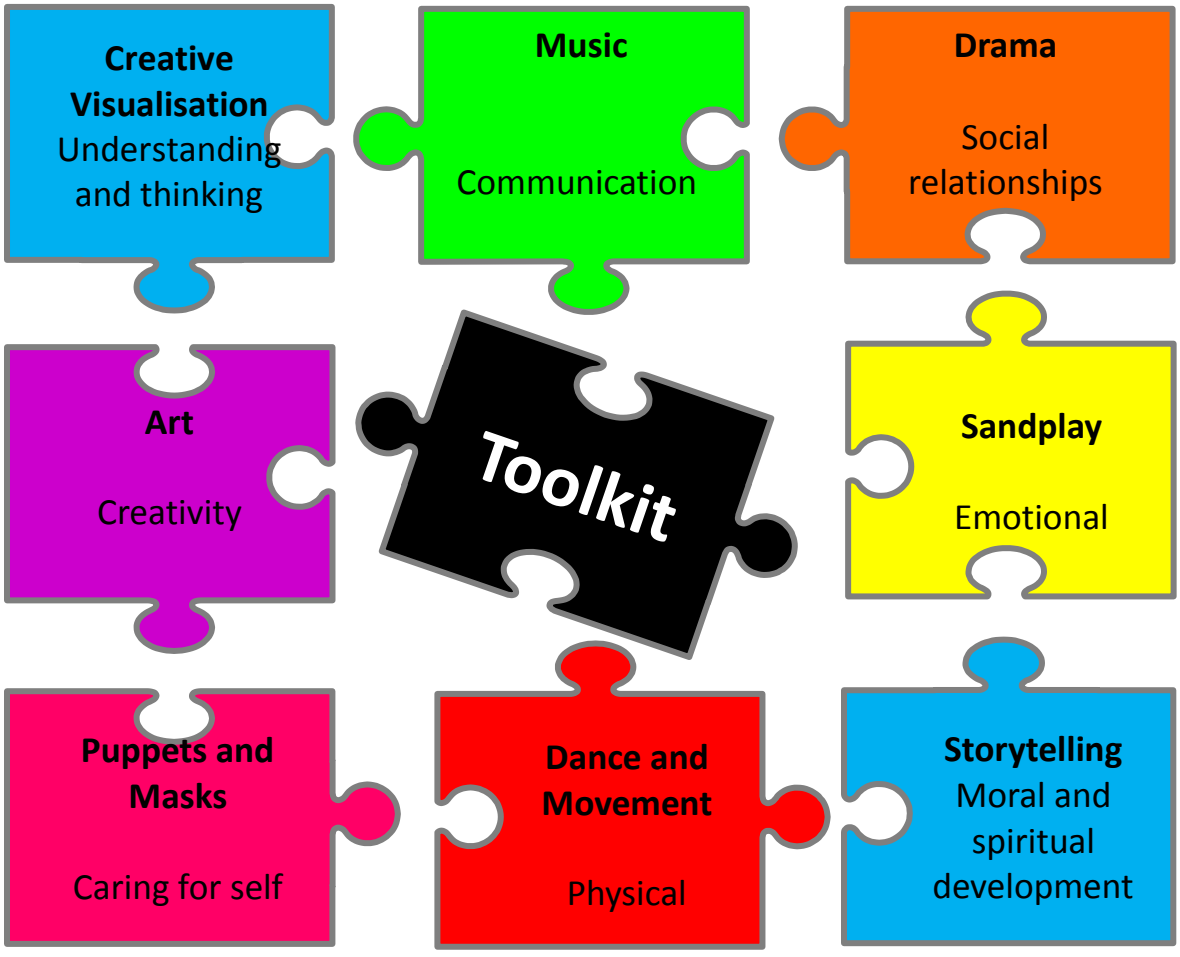
Post intervention data collection

At the end of the therapy a new SDQ assessment as well as further teacher and parent interviews were undertaken. This highlighted if the SDQ score had reduced showing an improvement, and if the emotional and behavioural difficulties highlighted in the interviews had improved, or if the child was in need of further therapy.

What is the play therapy tool kit?

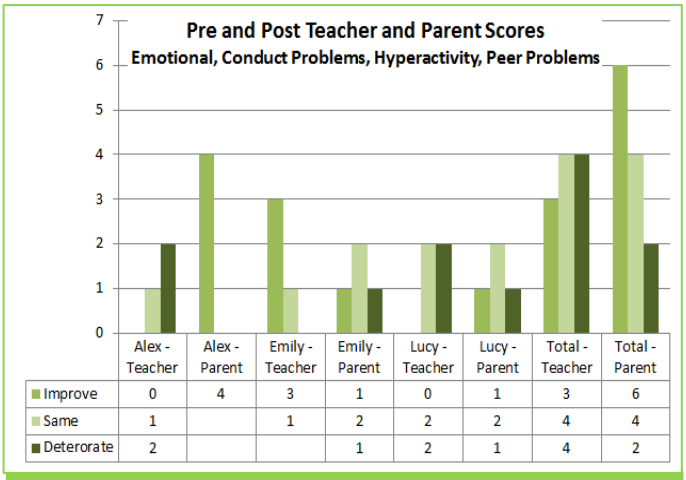
In the play room each child has equal access to what is known as the play therapy tool kit. This toolkit contains resources designed to help benefit different areas of a child's development. The main sections of the toolkit are listed below.

On entering the room alongside various other things the child is given a set of boundaries, a box where they can store any artwork they create whilst in therapy and a 'Do not disturb' sign they can place on the door, this element of control over their space adds to the feeling that is it their time. The room itself I set up each week, it is in the same order and with the same tools; this element of structure enables the child to feel completely at ease as they begin to feel secure within their surroundings and able to take control over how they wish to spend their time in the play room.



Strengths and Difficulties Questionnaire (SDQ)

The following section provides some summary data for three pupils, Alex, Emily and Lucy, whose case studies provide more individual insights into their response to the play therapy. Overall there was greater improvement shown for the group of three pupils in the scores given by their parents than the teachers, with six items of improvement for parents compared to three for teachers. There were four items that stayed the same for parents and teachers. The difference between parents and teachers pre and post scores may be due to the fact that one child changed class teachers so it was a different opinion that was given on the end SDQ than the beginning, one child showed improvement through vocalisation of not wanting to do certain classroom activities but this would show as a negative on the SDQ score where in actual fact it was a positive for that particular child. Overall greater pressures are present in the classroom so you would imagine that scores might not change so dramatically over the short term 12 week intervention than they would at home.



	Alex - Teacher	Alex - Parent	Emily - Teacher	Emily - Parent	Lucy - Teacher	Lucy - Parent	Total - Teacher	Total - Parent
Improve	0	4	3	1	0	1	3	6
Same	1		1	2	2	2	4	4
Deterorate	2			1	2	1	4	2

Figure 1:
Difference in SDQ scores Pre and Post Play Intervention

Difference in scores pre and post intervention

Figure 1 shows a breakdown for each pupil of the number of items within the total teacher / parent SDQ scores which showed an improvement, remained the same or deteriorated. Whilst all pupils showed signs of improvement there was no consistent pattern across the pupil group highlighting the importance of adopting a holistic position. For example, Alex's parent's scores confirmed improvement across all four of the items, whereas for the teacher only one item (emotional) remained the same and two deteriorated.

Total scores pre and post play

When looking at the combined scores for pre and post intervention, on the basis of teacher scores pupils Alex and Lucy both increased representing a shift from low to high risk. For all three parents the scores decreased showing improvements at home. Emily also improved according to the teachers score.

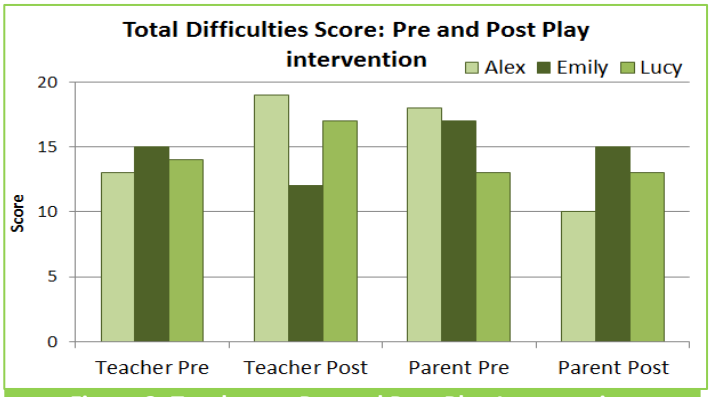


Figure 2: Total score Pre and Post Play Intervention

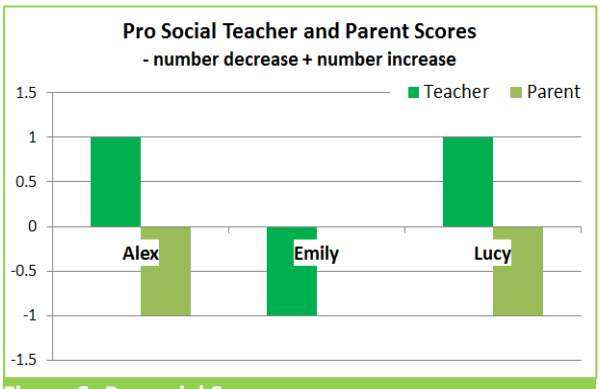


Figure 3: Prosocial Scores

Pro Social

Analysis of each item was undertaken, for the pro social scale. All three pupils showed improvement, with Alex and Lucy this was evident in parent scores. For Emily, their prosocial score remained the same for their parent, but improved for the teacher. As noted above whilst the scores are helpful they don't provide the detail of how pupils behaviour has changed, this is now discussed in three individual case studies.

Alex's Story

Alex was referred to me in October 2015 and a programme of 12 sessions was agreed, the goal was to use therapeutic play to tackle the concerns raised in his referral. Alex is diagnosed with Autism Spectrum Disorder and lacks in confidence in the classroom, he often presents with quite disruptive behaviour at home. The reasons given by both his class teacher and mother for his referral and their hopes for attending therapeutic play sessions are outlined below. It is useful to notice that the reasons for referral are different, with those at home relating to Alex gaining greater control to manage his behaviour, whilst at school they relate to increasing his interaction with others.

Class Teacher	
Reasons for referral	**Outcomes**
To increase his confidence in exploring the classroom	Alex is more willing to give things a try himself and has increased in confidence
To increase his intention to communicate with others	His intention to communicate has improved
To improve his behaviour at home	This couldn't be answered by his class teacher but she commented that Alex's individual character is becoming clearer and he is showing he can make independent choices
Parent	
Reasons for referral	**Outcomes**
For Alex to stop urinating on the carpet at home	Alex has stopped urinating on the carpet at home
To stop lashing out/getting angry when he doesn't get his own way	Alex's anger has reduced at home and he isn't hitting out as much, instead using his voice to communicate his anger

During therapeutic play I noted an increase in Alex's approach to the sessions with him developing over the weeks in his confidence within the room, he explored themes of trust, communication, making choices and boundaries. In the initial discussion the teacher did not give a reason for his lack of attention when communicating with others, however, it is possible it was a different way of controlling the situation. It is pleasing to see at both school and home he has improved in how he communicates as this will support wider engagement with his peers and family.

Additional Findings

Alex's class teacher was asked if there had been any other changes since attending therapeutic play and she noted '*We have noticed an increase in his independence with familiar tasks'*. Alongside this Alex's Mother was given the option to add any further comments on how he had developed through therapy she stated, *'Alex seems a lot calmer on a Monday (when he accesses therapeutic play) than any other day of the week. I have noticed he is more relaxed'*.

Emily's Story

Emily was referred in October 2015 and attended for 18 sessions. Emily is diagnosed with Autism Spectrum Disorder and has limited verbal communication. She often presents as a little emotional and uses low level aggression to communicate. I have outlined below both her class teacher and Mother's reasons for referral and what they both hoped would improve by attending therapeutic play sessions.

CLASS TEACHER	
REASONS FOR REFERRAL	**OUTCOMES**
To see Emily happier	Emily appears happier in school
For her to be more willing to communicate	She is more willing to communicate
For her to interact more with her peers	Emily interacts with her peers more
To see a reduction in her aggressive behaviour	Her aggressive behaviour has reduced
PARENT	
REASONS FOR REFERRAL	**OUTCOMES**
To improve her communication	Emily's communication has improved
To increase her awareness of the world around her	Emily's awareness has improved slightly and she is listening to what her Mother is saying more
Emily currently doesn't play with toys-To see this increase	Emily is more engaged with her Mother in play

During our sessions I noted how Emily's trust increased in both me and the process, as initially she was apprehensive on coming into the play room with me. Together we explored themes of communication, trust and boundaries and I found that her willingness to explore the various tools on offer improved over our time together. This small step to engaging with various tools within the room has evidently filtered into Emily's interaction within the classroom and with her mother in play.

Additional findings

I asked Emily's class teacher if there had been any other changes since attending therapeutic play and she noted that '*Vocalisation has increased and choices in class are more varied'*. I also discussed with Emily's mother if she had any further comments on how she had developed through therapy and she said '*On a Sunday we go to Church and Emily now goes to a mainstream church play group without me while I stay through the service, so her independence has increased* '

Lucy's Story

Lucy was referred to me in October and accessed 18 therapeutic play sessions with myself. Lucy is diagnosed with Autism Spectrum Disorder, struggles with her emotions and can often become aggressive which is linked to her lacking in verbal communication. I have outlined below both her class teacher and parent's hoped outcomes for her attending therapeutic play.

CLASS TEACHER	
REASONS FOR REFERRAL	**OUTCOMES**
To see Lucy happier in school	Lucy's appears happier but this can often reduce
To see incidents of aggression reduce	Incidents of aggression has reduced
To see an increased willingness in her communicating with both staff and peers	Lucy is more willing to communicate with peers and staff
To see her participate in class more	Lucy is more willing to work alongside her peers in class
PARENT	
REASONS FOR REFERRAL	**OUTCOMES**
To see Lucy's anger reduce	There has been no change in Lucy's anger
For her to build up her tolerance to other children	Lucy's tolerance to other children has improved
For her communication to improve	Lucy's communication has improved and is now more relevant to context

Lucy really engaged with the process and developed well throughout our time together. For example, her understanding of ending the sessions was initially difficult and became a distressful time for her but with consistency, boundaries and support she understood the need for our time each week to come to an end. Using the entire toolkit on offer, she explored areas surrounding communication, teamwork and trust with this being supported by her development in the classroom and working alongside her peers, something which previously was difficult for her.

ADDITIONAL FINDINGS

Lucy's class teacher was asked if there had been any other changes since attending therapeutic play and she noted *'Lucy is more willing to participate in group work and transfer between activities'.* Alongside this Lucy's mother said how *'She approached other children to play with her for the first time at a trampoline club*'.

Conclusion

Over the period of collecting this data each child demonstrated improvement both at home and at school. Although reasons for referral differed and some behaviours remained, accessing therapeutic play resulted in a range of improvement. It is my belief that increasing a child's time in therapy and giving them longer to adapt is likely to lead to further improvement. The initial 12 sessions for each child appears not to be long enough with school holidays and the challenges of Autism. During future assessments with children in a special needs school setting I believe it would be beneficial to extend this period to a minimum of 18 sessions.

I feel that by having access to therapeutic play and play therapy children are able to target their difficulties in a space that is safe and consistent, something which for a lot of children is a very rare luxury. So often we expect our children to be able to label their emotions and deal with life's challenges when for various reasons this isn't an option for them. To have dedicated time with no expectations and using play, which is a child's natural language as the tool is the main reason for its success. I believe that having Play therapy and Therapeutic Play on offer to students alongside a full curriculum can only see positive results as out of all the three teachers asked all noted improvements in the child since they began attending therapeutic play which in turn then reduces the stress on the class as a whole and therefore increases the child's potential to learn, cope with day-to-day stresses and engage in a full curriculum.

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East Lancashire Inclusion Partnership http://www.elip.org/

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