

# AOTEAROA NEW ZEALAND ASSOCIATION OF PLAY THERAPY MANATŌPŪ INCORPORATED

## Core Clinical Competencies

These Core Clinical Competencies have been developed by Aotearoa New Zealand Association of Play Therapists (ANZAPT), an incorporated and not for profit association. As Aotearoa's national professional Play Therapy association, a major objective is to promote Child-Centred Play Therapy (CCPT) practice in Aotearoa New Zealand. The effective integration of knowledge and skills acquisition in CCPT practice is paramount to ethical work with tamariki of all ages, families, the community, and the profession.

ANZAPT offers these play therapy core competencies as best practices for the instruction, supervision and practice of play therapy. They are to be referred to alongside the Code of Cultural Competence, the Code of Ethical Practice, and the Reflective Practice and Continuing Professional Development Policy.

The Core Clinical Competencies outlined within this document are set at the minimum level required to protect public health and safety, and represent the Association's minimum expectations for the competent practice of child-centred play therapy.

The ability to articulate knowledge and understanding of the following clinical competencies and demonstrate core CCPT skills is paramount. All play therapists are required to demonstrate that they have maintained competence in order to obtain an annual practising certificate.

### GRATEFUL ACKNOWLEDGMENT:

This document was adapted from original documents of the Psychotherapy Board of Aotearoa New Zealand (PBANZ), National Institute for Relational Enhancement (NIRE), the British Association for Play Therapists (BAPT), and further refined through ANZAPT's ethics sub-committee. ANZAPT gratefully acknowledges all sources named above for the initial work that went into preparing their original documents.

# 1. Core Clinical Competencies

## 1. Therapeutic relationship

All play therapists will be:

1. skilled in the safe and effective therapeutic use of the relationship between play therapist and client, and able to establish and maintain a therapeutic alliance using person-centred ways of being such as Unconditional positive regard, Prizing, Genuineness and Psychological contact
2. able to be emotionally present, congruent and attuned to self, client and context
3. able to tolerate ambiguity, uncertainty and anxiety in relation to the child-centred play therapy process
4. able to appropriately contain tamariki during the therapeutic work and show effective limit setting (setting minimal, only necessary limits using the 'empathy sandwich' or equivalent) during therapeutic play sessions to help a child build a sense of self-responsibility and to keep play sessions safe and toys/supplies from being purposely destroyed
5. able to demonstrate skills in empathic perspective taking, using reflective and expressive modes fluidly, especially when providing care and support in difficult and challenging situations with tamariki and families, and ability to recognise the underlying positive
6. able to recognise and work effectively with the child's non-verbal communication, including how the child interacts with the therapist and the therapeutic environment
7. knowledgeable of and sensitive to the vulnerability of tamariki with regard to power dynamics, and able to apply this knowledge to their practice with tamariki and family/whānau
8. able to form effective working therapeutic relationships with the child's wider social system, including parents/caregivers, to gather background information on referred child, gain permission to record sessions (when needed), assure confidentiality, address concerns and answer questions, and begin to build an ongoing relationship to gain their support and feedback during CCPT treatment
9. able to work with parents/caregivers to support the child's therapeutic process, and to promote, enhance and facilitate a positive child – parent/caregiver relationship

## 2. Human development

All play therapists will be:

1. knowledgeable and have critical understanding of human development and healthy child development processes within the individual, group and social context: this includes family, whānau, iwi, group and political contexts over the human lifespan

2. knowledgeable and have extensive understanding of pēpi and tamariki growth and development, including maturational, cognitive, social, physical and psychological and spiritual development and integrate this into therapeutic practice
3. knowledgeable and have extensive understanding of dynamics between siblings, family/whānau, social, cultural and political environments, and the impact on the development of pēpi, tamariki, and rangatahi
4. have knowledge of theories of play development, have critical understanding of play as a therapeutic medium, and be able to describe the benefit of forming a playful and therapeutic relationship
5. Understand theories of normal and abnormal play development, the role of play and the use of play as a therapeutic metaphor
6. Able to understand the clinical needs of specific groups of tamariki affected by disrupted development; drawing on theories of attachment, mental health, social and emotional wellbeing, disability and trauma
7. able to discuss these in relation to observed behaviour, and use this knowledge therapeutically to assist tamariki in their personal growth, including working with developmental delays and disruptions

### 3. Theory

All play therapists will be:

1. knowledgeable and have critical understanding of child-centred play therapy - a relational psychotherapeutic model - and in less depth, a range of psychotherapeutic models such as filial therapy and able to integrate theory and practice
2. able to articulate a personal theoretical orientation to child-centred play therapy
3. able to communicate with parents/caregivers, professionals and other service providers about the therapeutic power of play and its ability to: facilitate communication; foster emotional wellness; enhance social relationships and increase personal strengths
4. knowledgeable and have extensive understanding of the early development of attachment and relating styles of pēpi, in the context of a parent, caregiver, family, whānau and environmental relationships. This will include both tangata whenua and tauwiwi theories of practice, for example kaupapa Māori and tamariki ora
5. able to understand the psychodynamic nature of creative expression, which includes play, music, visual art, writing, role-play, movement and the use of creative materials, which will inform their therapeutic work with tamariki and their whānau
6. aware of and have a sufficient understanding of the effects of abuse, trauma and neglect. Abuse and trauma may be sexual, physical, psychological, or cultural
7. Knowledgeable about the impact of colonisation on tangata whenua, and have an understanding of intergenerational trauma on the development of tamariki and whānau

## 4. Assessment

All play therapists will be:

1. knowledgeable of and able to use a range of appropriate assessment processes including: SDQ, working hypothesis, dynamic formulation; Internal Working Model, and treatment planning, and use sound clinical reasoning when applying these processes
2. Able to engage in whakawhanuanga processes with the whānau to conduct a thorough tamariki psychotherapeutic assessment, using the most appropriate assessment tools, including taking a developmental history and family/whānau history
3. able to use anecdotal and standardized measures such as CBCL, SDQ and HoNOSCA to measure and report on external mechanisms of change in CCPT
4. able to identify typical and atypical behaviours and responses
5. able to manage issues related to risk assessment and risk management for tamariki, and able to identify potential risk factors in play therapy practice
6. knowledgeable and have critical understanding of child mental and emotional well-being, neurodiversity and childhood disorders as relevant to the client population the play therapist is treating and uses this information in order to know when to consult or refer
7. able to identify when child-centred play therapy is and is not indicated, which treatment model is appropriate to a particular situation, or when further assessment is needed and refers appropriately
8. able to formulate clear, meaningful and appropriate therapeutic contracts, including therapeutic aims, objectives, boundaries and rules with the child and their family/whānau
9. able to identify the Typical Stages of CCPT, how to recognise indicators of completed therapy, and evaluate a child's internal mechanisms of change and progress. The play therapist is able to: Recognise and articulate the therapeutic tasks of the CCPT stages; Identify a variety of typical stages of development indicators; and Articulate and evaluate internal mechanisms of change and progress
10. able to determine if there is a potential benefit or disadvantage when working with two or more persons who have a relationship with each other (e.g. siblings, friends) which will undermine treatment. The Play Therapist may clarify, adjust or withdraw after informing the whānau of the conflict and then seek appropriate referral for the member that he/she is not able to work with
11. carefully considering the client's welfare and treatment issues when the client is receiving services from another mental health, educational, or medical professional. The Play Therapist, with written permission from the legal guardian, consults other professional providers to develop clear agreements over coordination of treatment planning in order to avoid confusion and reduce conflict for the child

## 5. Intervention

All play therapists will be:

1. able to understand play as a medium of communication; to facilitate, engage in and interpret the symbolism of play, artwork and creative processes
2. able to explain Play Therapy structure and boundaries in age appropriate language for tamariki and their family/whānau/carer
3. able to access an adequate space and the appropriate toys/supplies or 'totebag playroom' for providing consistent and confidential child-centred play therapy sessions.
4. able to provide the initial opening statement during first sessions and provide a confidentiality statement in a developmentally appropriate manner if the child is at an age to understand this. The play therapist is able to structure sessions including consistent 5 minute and 1 minute cues at the end of CCPT sessions. The play therapist can articulate the importance of structuring in providing an optimum therapeutic environment
5. able to effectively use psychotherapeutic interventions such as tracking, acknowledgement, empathic statements and limit setting, suited to the different stages of treatment with a sensitively attending way of being, with prosody of voice, matching voice tone, facial expressions, and non-verbal communications
6. able to respond to questions, requests for help and commands using child-centred responding skills in all these areas to provide opportunities for the child to build an intrinsic sense of self with ability to choose and direct during the therapy session
7. able to deepen and intensify the psychotherapeutic process as appropriate, keeping attuned to the level of intervention suited to the client and stage of treatment
8. able to provide empathy while the child leads, explores and chooses activities in the playroom. The play therapist demonstrates an on-going warm acceptance (unconditional positive regard) for the child's self-expressions, and desire for (or lack of) relationship. The play therapist is able to reflect child's feelings present, child's likes and dislikes, intentions, beliefs without questioning tone, expectations, or praise
9. able to monitor and evaluate the effectiveness of play therapy interventions for identified therapeutic objectives
10. able to recognise and respond to the typical stages of development of a child, and stages of CCPT that a child presents in their therapeutic journey
11. able to understand and work in the transformable dynamics of Mauri (life-force and vitality), reflecting a healthy balance between hinengaro, wairua and tinana, and able to engage with all aspects of a child's life
12. able to understand and work with the transferential and countertransferential dynamics operating between the therapist and the child; the therapist and the parents/caregivers; the therapist and the child's wider social environment
13. aware of and able to work with patterns of psychological life which may be outside of conscious awareness, including non-verbal and preverbal patterns, and clinical processes of defence mechanisms, resistance, transference and counter-transference
14. recognise and work effectively with tamariki who communicate non verbally, including how tamariki interact with the therapist and the therapeutic environment
15. create a therapeutic environment that is emotionally, physically and developmentally safe for tamariki and whānau during the therapeutic work

16. demonstrate the ability to provide empathy during solitary role-plays through sensitively attending and tracking without interrupting a child's process. The play therapist demonstrates the ability to take part in interactive role-plays, wherein the child leads and is in control of the narrative. In interactive role-plays, the play therapist demonstrates skills that allow the child to be "the author, director and lead character in their role-play" during CCPT sessions, and skillfully using the "aside"
17. able to identify with tamariki and their family/whānau the end point of therapeutic intervention; shows understanding for appropriate time and method for ending the therapy sessions with a child, and ways to help the child transition and use progress made in therapy to build future positive relationships with siblings, peers, and adults
18. the play therapist follows planned ending of therapy to include what to look for and assess during a "countdown period" of 4-6 sessions
19. able to articulate /translate Play Therapy practice /process and if appropriate to engage with the child's parents /carers in the therapeutic process

## 6. Other areas

All play therapists will be:

1. promoting the best interests and welfare of tamariki, which may include adjunctive therapy for the significant adults in the child's life and encouraging the advancement of the psychosocial and emotional development and positive mental health of tamariki, as well as the nurturing relationships in the child's life
2. responsible for the development and safe management of the play therapy environment/ playroom, in line with Health & Safety standards. This includes risk assessment of the environment and taking appropriate steps to ensure continuing safety and ensuring privacy during sessions, preserving confidentiality in use and storage of therapeutic materials produced in sessions
3. providing an appropriate Play Therapy service based on the work setting and / or across multiple locations, and when working in environments which at times have complex or competing agendas
4. able to articulate, and provide a substantive rationale for, their own professional opinion through verbal and written communications in clear, concise and accurate form, for example, in report writing and client records
5. knowledgeable of child protection procedures, statutory requirements, and skilled in their application of relevant procedures
6. demonstrate knowledge about children's rights as enshrined in the Convention on the Rights of the Child (UN General Assembly, 1989)
7. actively advocates for the Rights of the Child when breaches are observed. Refers to <http://www.unicef.org.au/Discover/What we-do/Convention-on-the-Rights-of-the-Child/Child-Rights.aspx>

## 2. Cultural competence

Please refer to the ANZAPT Code of Cultural Competence.

## 3. Ethical and legal practice

Please refer to the ANZAPT Code of Ethics.

## 4. Reflective practice and continuing professional development

Please refer to the Reflective Practice and Continuing Professional Development Policy.