



Strategy to Boost Credibility

The Association for Play Therapy (APT) recognizes that the credibility of both play therapy and play therapists is often challenged in adversarial situations, e.g. when play therapists act as expert and factual witness in court, when play therapists seek agency or institutional funding support to attend play therapy workshops and conferences, when play therapists engage in public mental health conversations with other mental health professionals, insurance panels, etc. This paper was collectively generated by several prominent play therapists to assist these objectives.

Play Therapy

There are several articles that report the efficacy of play therapy (Baggerly & Bratton, 2010; Bratton, Ray, Rhine, & Jones, 2005; LeBlanc & Ritchie, 2001). Within each, readers will find reviews of studies describing evidence of and efficacy for those engaged in the therapeutic benefits of play therapy as practitioners, instructors, and supervisors. The recent studies listed below are examples of research that observe more rigorous, experimental procedures. These studies included an experimental and control/comparison group and are grouped according to type of control group and randomization:

1. Active Control Group with Randomization
 - Bratton et al. (2013)
 - Morrison Bennett and Bratton (2011)
2. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Comparison Group with Randomization
 - Schottelkorb et al. (2012)
3. Wait-List Control Group with Randomization
 - Blanco and Ray (2011)
 - Blanco et al. (2012)
4. Delayed-Start Control Group with Randomization
 - Ray et al. (2013)
5. Nontreatment Comparison Group without Randomization
 - Kidron and Landreth (2010)

Today many organizations and associations incorporate play therapy into their work or intervention models. Examples are the American Red Cross, World Vision, and the United Nations High Commission for Human Rights.

Along with recognition of play therapy's therapeutic nature, by those outside APT, we should also acknowledge the research underway both within and outside of the United States, particularly in Great Britain, Iran, South Africa, and Taiwan. Since 2011, APT has contracted a well known and reputable national mental health research consultant to assist the design and funding of studies generating evidence-based play therapy treatments

Play Therapists

Play therapy is unique in its therapeutic use of play but, because courts, insurers, and other parties are accustomed to standard mental health words and phrases, it is critical that play therapists use such to describe themselves and play therapy. For example, play therapists might describe themselves first and foremost as licensed mental health professionals – that is, as licensed counselors, clinical social workers, marriage and family therapists, psychologists, psychiatric nurses, school counselors or psychologists, etc. who therapeutically use play to help

clients, particularly children, to obtain optimal mental health. Using or emphasizing the term “play therapist” may imply something new, different, strange, unknown, and unproven.

Play therapists must logically describe the value of play, play therapy, and play therapists. Review the About Play Therapy section of the APT website (a4pt.org). Offer a simple but clear analogy, i.e. “just as adults with developed vocabularies use words to communicate, children use play.” Play therapists should qualify themselves as “licensed mental health professionals” by describing the clinical education and training, supervised experience, and other criteria that are satisfied to earn and maintain state licensure. They can also describe the clinical education and training, supervised experience, and other criteria that they must satisfy to earn and maintain their Registered Play Therapist (RPT) and Supervisor (RPT-S), specialty credentials that are over and above the standard training required to become a licensed professional.

In short, licensed mental health professionals use a variety of modalities to treat different clients. Play therapists are strongly encouraged to use standard mental health jargon to describe the rationale and outcomes of their therapeutic use of play-with clients.

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