



**Unleashing potential:
How play therapy
helps heal negative
self-concept in
children**

Katherine Olejniczak
Director, Psychologist, Play Therapist


Psychologist (MAPS)
Psychology Board Approved Supervisor (AHPRA)
Psychology Board Approved Supervisor Trainer (AHPRA)
Registered Play Therapist – Supervisor (APPTA)
Accredited Play Therapist (PTI)
Approved Play Therapy Supervisor (PTI)



**Psychology and
Play Therapy**
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The art of honoring children's experiences

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Learning objectives

- 1) Articulate to another colleague what play therapy is and how it differs from therapeutic play
- 2) Understand the development and basic neuroscience of a child's development of self-concept, how negative self-schemas emerge, and practice identifying these in their own client cases
- 3) Revisit the core components of cognitive restructuring and name two important developmental considerations for children, and three opportunities that enable cognitive reprocessing in play therapy
- 4) Understand how the play therapy techniques of Tracking and Reflection, and use of Interpretations, supports a child's cognitive reprocessing of negative self-schemas in the play therapy process.
- 5) Participants will be invited to observe role-play where the workshop facilitator will demonstrate these skills in practice




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Underpinning principles

- Rights of the child – including:
 - Child able to enjoy own culture and use own language
 - Child safe from neglect and abuse
 - Child involved in decision-making that affects them
 - Child's rights upheld by systems and institutions
 - Freedom of expression.... either orally, in writing or in print, in the form of art, or through any other media of the child's choice
- "Best Interests" principle – e.g. promote children's development in age-appropriate ways

United Nations Convention on the Rights of the Child (1989)
National Framework for Protecting Children 2009-2020 (2009)
Best Interests Framework for Vulnerable Children & Youth (2007)



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Policy context of child & family wellbeing

National Children's Health & Wellbeing Strategy, 2021
First ever national framework

Eight principles have been used as the foundation of the Strategy's development.

- Child-centred**: Giving priority to the interests and needs of children.
- Strengths-based**: All services have a perspective that builds on child and family strengths, to inform a holistic and family-centred approach.
- Prevention-focused**: Both universal and targeted prevention of mental illness by promoting mental wellbeing.
- Equity and access**: Ensuring that all children and families have access to health, education and social services.
- Universal system**: Programs and services are developmentally appropriate, culturally responsive and treat children in the context of families and communities.
- Evidence-informed best practice and continuous quality evaluation**: The use of data and indicators to create a continuous feedback loop between research and clinical practice.
- Early intervention**: Early intervention for those in need, while addressing the impacts of trauma and social determinants.
- Needs based, not diagnosis driven**: Service delivery based on individual needs and reduced focus on requiring a diagnosis to access services.

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"Children are best able to participate in therapy when it is developmentally appropriate and neurobiologically sensitive."

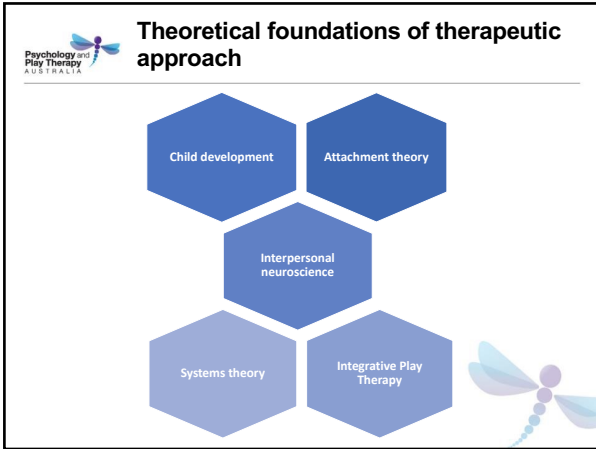
~ Katherine Olejniczak ~

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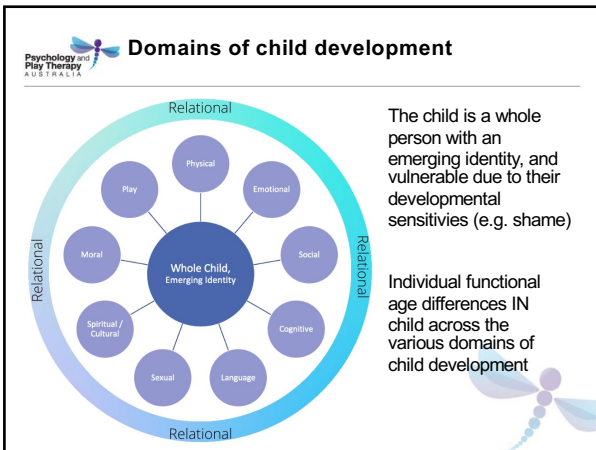
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Some theory

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- Needs-based therapeutic intervention**
- Psychology and Play Therapy AUSTRALIA
- Acknowledges that children adapt to their experiences and relationships
 - Acknowledges that many presenting behaviours of concern have developed as an adaptive response to serve the survival, protection or comfort of the child
 - Seeks to understand what the child's adaptive responses might be communicating about the child's needs
 - In understanding the function of the behaviour, we're able to more effectively meet the child's need in a way that is holistically supportive to the child
 - Considers the bio-psycho-social-cultural/spiritual needs of the child
- (Crittendon, 2006; Perry, 2006; Baim & Morrison, 2013)


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**Maladaptive schemas of self,
other and the world**

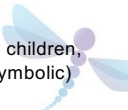


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Maladaptive schemas

- Often developed early in life
- Reinforced through congruent experiences
- Readily activated by triggering cues in the environment and interpersonal processes through which information is processed...
- ...leading to bias (e.g. schema-congruent) and misinterpretation of subjective experience (e.g. negative self-attributions)
- Are rigid and inflexible; closed, impermeable and concrete systems
- Often expressed in content – in adults, verbal. In children, sometimes verbal, most often through play (i.e. symbolic)

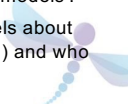


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Emergence of identity, self-concept

- Self-concept – the set of beliefs an individual has about oneself. It contains self-evaluations and contributes to overall self-worth.
- The brain develops through neuronal interdependence.
- We learn about ourselves through the reflection by another – reflected self-appraisals.
- Through this process we internalise a sense of who we are – we develop our identity.
- This is often referred to as our 'internal working models'.
- For example, we develop internal working models about how we do relationships (i.e. patterns of relating) and who we are as people.



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Internal working models

	Positive Internal Working Model	Negative Internal Working Model
View of self	I am Lovable I am worthy	I am unlovable I am unworthy
View of the world & relationships	Others are responsive Others are Loving Others are interested in me Others are available to me The world is relatively safe	Others are unavailable Others are neglectful Others are rejecting Others are unresponsive The world is unsafe

(Australian Childhood Foundation, 2017)

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Shame

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Guilt and shame

GUILT VS SHAME

<p>1 Is about actions and our behaviors</p>	<p>1 Intensely painful feeling or experience of believing we are flawed</p>
<p>2 Guilt focuses on behaviors and values</p>	<p>2 Shame focuses on our self-worth and feelings of being unlovable</p>
<p>3 The natural and healthy response we feel when we do something that we should not have done</p>	<p>3 An unhealthy, personal response to feeling we did not do something right or in the way it should have been done</p>
<p>4 You can feel bad about the behaviors, but still respect yourself</p>	<p>4 You lose self-respect and allow shame to define who you are as a person</p>

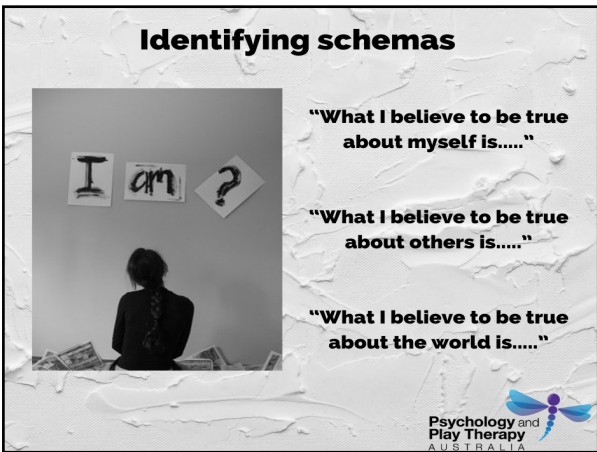
- I shouldn't have done that
- How stupid of me to ...
- I'm worried about what I did to ...
- I'm sorry I ...
- I wish I'd never ...

- I'm stupid
- I'm a failure
- I'm bad
- I hate myself
- I don't matter
- There's something wrong with me

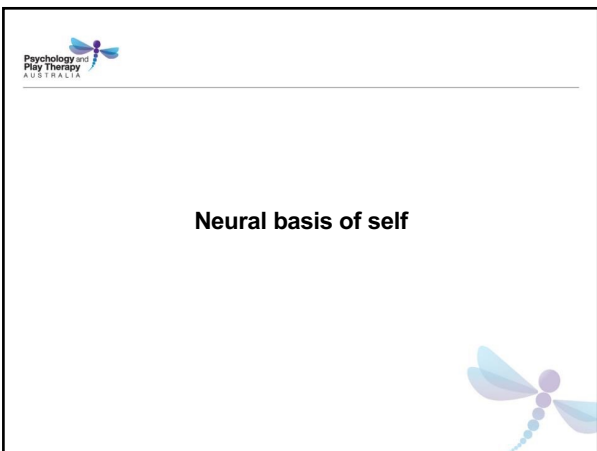
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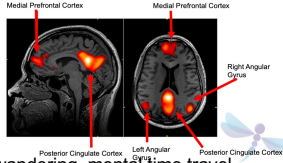


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Default Mode Network (DMN)

- The capacity to connect with our inner life through self-referential processes (i.e. self-concept) are functions of the DMN
- The DMN is an interconnected group of brain systems involving the:
 - posterior cingulate cortex
 - medial prefrontal cortex
 - medial and lateral temporal lobe
 - angular gyrus
 - dorsolateral prefrontal cortex, and
 - inferior frontal gyrus
- The DMN is also related to mind wandering, mental time travel, mental simulation and scene construction, autobiographical memory, Theory of Mind and social cognition, reflective functioning and mentalizing, moral judgement, and semantic processing




(Mancuso, 2022)

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Default Mode Network (DMN) (cont...)

- The DMN was initially thought to be activated in a psychological resting state and deactivated by tasks
- It is now better understood along a continuum of internal-external functioning influenced by affective and emotional processes
- That is, the self-referential processes of the DMN are state dependent
- For example, when feeling safe, our attention does not need to focus on external stimuli, providing opportunity for the DMN to become active - we can now be open to direct attention inwards, to our inner world of self, thinking about ourselves, our relationships, and our interpersonal experiences



(Mancuso, 2022)


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Default Mode Network (DMN) (cont...)


DMN research in children:

- Developmental differences in its function and organisation between children and adults
- Significant differences in the pattern of activation in children (aged 9-10 years) during self-knowledge retrieval
- Speculated this may be due to the "lack of automaticity in children's self-knowledge retrieval processes causing an over reliance solely on this region" (p.10), and therefore requiring greater processing demand
- Also suggested the differences may explain the reliance children have on social information to understand themselves, such as reflected self-appraisals



(Pfeifer, Lieberman & Dapretto, 2007)


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Default Mode Network (DMN) (cont...)


DMN research in children:

- Developmental differences between adolescents and adults
- As with younger children, adolescents aged 14 years also showed greater activity in neural networks of the DMN related to self-perception and social cognition, indicating they rely significantly more on the perspectives of others in development of their self-concept
- van Burren et al. found these differences peaked at 14 years possibly due to "the development of a consistent self-concept and representations of peers" (p.10)



(Pfeifer et al, 2009; van Burren et al, 2022)


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DMN and implications for play therapy with children with negative self-concept

- 1) Brain circuitry involved in the DMN is not well developed and so not readily accessible to the child
- 2) The state dependent nature of DMN functioning means that in chronic distressed or dysregulated states, the child's energies are directed to lower subcortical regions of the threat response system

Stuck in this lower brain circuit, the child does not have opportunities for energies to be directed towards expansion via neuronal interconnections that enables inhibition of these rapid defensive reactions



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DMN and implications for play therapy with children with negative self-concept (cont...)

- 3) When these children do access their inner world, it is not a safe place. Characterised by negative self-attributions that further activate shame states and the threat response system, the child is caught in a vicious cycle of adaptive patterns to avoid further pain and protect his emergent sense of self, maladaptive though it may be

This in turn suppresses activation of the frontal lobe that supports and develops executive functioning, regulation, and the interconnections the DMN requires for self-reflection



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DMN and implications for play therapy with children with negative self-concept (cont...)



- A key goal of play therapy with these children is to support them to experience their DMN as a safe place – can experience connection to self as healthy
- Safety of the therapeutic relationship is utilised to help “make the child’s default system a safe place, making the child’s inner life rich and generative, not a state of mind to be avoided” (Baylin & Hughes, 2016, p.42)
- Through the co-created play contexts and dyadic meaning-making of the intersubjective space between therapist and child, the child has many disconfirming experiences which violate the expectations of the brain
- The child is now engaged in cognitive reprocessing




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“It’s a wonderful thing when we can awaken their [children’s] higher circuits and potential, and help them get into a growth state of mind...they can live in engagement more, and awaken the possibilities to experience comfort and joy, curiosity, and potentiate their higher powers”


~ Jon Baylin ~


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Cognitive restructuring / reprocessing



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Cognitive restructuring / reprocessing


“Structured, goal-directed, and collaborative intervention strategies that focus on the exploration, evaluation, and substitution of the maladaptive thoughts, appraisals, and beliefs that maintain psychological disturbance”
(Clark, 2014)

Goals are to:

- Modify schematic organisation or interconnectedness
- Reduce the accessibility or activation threshold or their content
- Strengthen access to competing, more adaptive beliefs and assumptions




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3 components of cognitive restructuring / reprocessing

- 1) Collaborative empiricism** – nature of therapeutic relationship is collaborative, to describe, explain and help resolve client problems. Shared responsibility for direction of therapy.
- 2) Verbal intervention** – evidence gathering, cost/benefit analysis, identifying cognitive errors (i.e. distorted cognitive styles), and generating alternative explanations.
- 3) Empirical hypothesis testing** – testing hypotheses related to maladaptive and new, alternative and more adaptive schemas through techniques including behavioural rehearsal, mastery and role playing.




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Cognitive reprocessing – Necessary considerations for children

- The brain and cognitive capacities are still developing – do not yet support the capacities to the degree required for cognitive restructuring processes as described in the literature, particularly for conscious awareness and reflective functioning....
- Yet children do have capacity to engage in a therapeutic process to achieve schematic reprocessing
- Additionally, we know that trauma is very much a body experience, not just cognitive....
 - E.g. Attachment schema also involve adaptational patterns of physiological arousal, social behaviour and emotional responses




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 **Cognitive reprocessing – Necessary considerations for children (cont...)**

- Schemas may arise from experiences stored in implicit memory.
- In play, schemas may be identified not just verbally, but also through symbolic representation, behaviour, physiology and patterns of relating

Opportunities!

- During play therapy, cognitive reprocessing can occur through the embodied experiences of the play, which activates material stored in implicit memory and can....
- Create new neural templates/interconnections for new experiences and cognitions....
- Co-created in the intersubjective space



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Why play therapy?



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"Children are best able to participate in therapy when it is developmentally appropriate and neurobiologically sensitive."

~ Katherine Olejniczak ~



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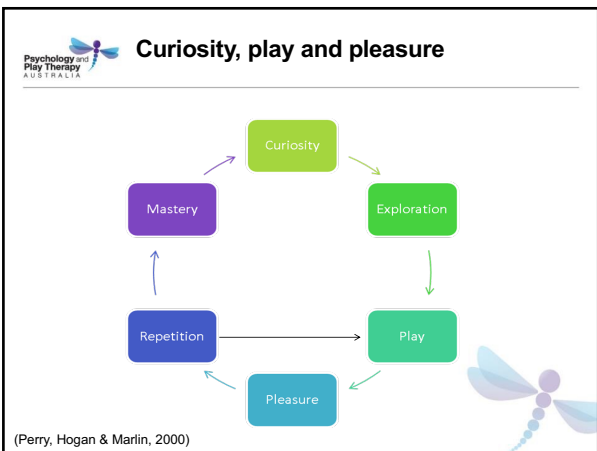
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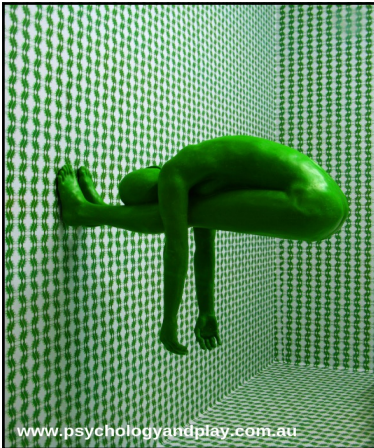
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"Play is naturally pleasurable, and generally thought to be the organizing activity that shapes the child's physical, social, emotional, and cognitive perceptual view of the world"

(Gaskill & Perry, 2012)

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"Just like language, play enables symbolic representation. Symbolic representation allows images, thoughts, feelings and experiences to be made conscious"

- Katherine Olejniczak -



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The art of honouring children's experiences

"Symbols used in play can assist in the organisation of cognitive schemas, and the child may begin to assimilate new possibilities into past representation, which in turn, helps the child grow and change."

Yasenik & Gardner (2012)



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"Play has the power to connect us with ourselves..."

...to bring us closer to ourselves...

Because in order to play we must use ourselves.

**When we play...
...we use all of ourselves"**

~ Katherine Olejniczak ~

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What is play therapy?



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"Play therapy is a developmentally appropriate and neurobiologically sensitive therapy approach specifically designed for children, employing a range of play and creative art mediums

The trained play therapist utilises the therapeutic powers of play, through the interpersonal process, that enables children to develop, relate, regulate, feel, express, communicate, practice, master, process and integrate their internal and external experiences"

~ Katherine Olejniczak ~




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 **Defining therapeutic play**

- “Therapeutic play is the intentional use of a specific play medium and/or activity to promote development and/or reparative and healing experiences, in relation to a specific therapeutic goal” (Olejniczak, 2020).
- May be used as a discrete intervention inside and/or outside a play therapy process.
- Example – sensorimotor play activities to provide patterned repetitive input into the lower brain to support regulation development and neural integration.
- Therapeutic play is facilitated/scaffolded by an adult in the child’s world – therapist, parent/caregiver, teacher.


(Olejniczak, 2020)



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 **Play therapy mediums**

- Drawing and Art
- Sand
- Music
- Drama
- Clay
- Masks
- Puppets
- Storytelling
- Movement and Dance
- Nature
- Computer Programs/Apps
- Creative Visualisation



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 **Many play therapy models**

- Jungian / Psychodynamic Play Therapy
- Humanistic / Child-Centred Play Therapy
- Gestalt Play Therapy
- Adlerian Play Therapy
- Directive Play Therapy
- CBT Play Therapy
- Ecosystemic Play Therapy
- Trauma-Focused Integrated Play Therapy
- Dyadic Play Therapy
- Filial Play Therapy
- Group Play Therapy
- Integrative Play Therapy




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Efficacy of Play Therapy




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Efficacy of play therapy

- Statistically significant medium-large effect sizes for CCPP, including in both general and school settings (LeBlanc & Ritchie, 2001; Bratton et al., 2005; Lin & Bratton, 2015; Ray et al., 2015; Jensen et al., 2017)
- Greatest statistically significant effect sizes were in the areas of total/global behavioural problems, self-efficacy, externalising and internalising problems, and academic outcomes (Lin & Bratton, 2015; Ray et al., 2015; Jensen et al., 2017)
- Peak effects occur the greater number of sessions the child has (i.e. 30 sessions; Bratton et al. 2005; LeBlanc & Ritchie, 2001), although statistically significant results of positive outcomes shown with an average of 12 sessions (Ray et al., 2015)



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Efficacy of play therapy (cont...)


Evidence-based Psychological Interventions in the Treatment of Mental Disorders

A Review of the Literature

FOURTH EDITION 2018



- Play therapy shown to be most effective when caregivers are included in the intervention – i.e. filial therapy/CPRT (Bratton et al., 2005; LeBlanc & Ritchie, 2001; Lin & Bratton, 2015)
- Play therapy has been identified by the APS for the first time in their "Evidence-based psychological interventions in the treatment of mental disorders" (APS, 2018)



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The state of play therapy in Australia

- PLAY THERAPY gaining recognition in Australia
- PLAY THERAPY recognised by the community as a valuable therapeutic intervention for their children
- Is still an emerging profession
- PLAY THERAPIST recognised as a health profession under the Health Professionals & Support Services Award in 2020
- PLAY THERAPY recognised as a profession under many Professional Indemnity Insurance providers
- March 1 2023, Medicare Items for parents/caregivers came into effect, enabling rebates for up to 2 sessions without child present




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When I was in year three or two, I had a play therapist and a few months into the year I stopped going and I didn't understand why, apparently I didn't have the funding. I thought it was helping.

Young person with experience of mental illness

(The National Children's Mental Health and Wellbeing Strategy, 2021, p.57)



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Integrative play therapy techniques



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Integrative play therapy refers to the use of more than one therapeutic treatment model and set of techniques.


It is based on tailoring the therapeutic approach to the unique presenting concerns and needs of each child.

The most appropriate theories, treatment models and techniques are selected by the therapist to address these specific concerns and needs.

Integrative play therapy may be utilised within a session, and also across sessions.




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Cognitive restructuring / reprocessing in play therapy

Cognitive Restructuring Components	Examples in Play Therapy
1) Collaborative empiricism Collaborative therapeutic relationship to describe, explain and help resolve client problems. Shared responsibility for direction of therapy	<ul style="list-style-type: none"> • Therapeutic relationship – process of play therapy based in interpersonal process • Use of PTDM-R – working along the continuums of the directiveness and consciousness dimensions. Movement is both child- and therapist-led; engaged in a therapeutic dance. • Dyadic meaning-making – occurs in the intersubjective space; is co-constructed between therapist and child; and occurs at multiple levels (i.e. bodily, emotional, symbolic).




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Cognitive restructuring / reprocessing in play therapy (cont...)

Cognitive Restructuring Components	Examples in Play Therapy
2) Verbal intervention Evidence gathering, cost/benefit analysis, identifying cognitive errors (i.e. distorted cognitive styles), and generating alternative explanations	<ul style="list-style-type: none"> • Evidence gathering – reflections/interpretations of the child engaged in an alternate experience, such as, "You thought you couldn't do that, but you tried and found out you could!" • Cognitive bias identification – interpretations of the maladaptive schemas as they occur in the play, or the child's verbalisations, such as shame-based statements • Generate alternative – interpretations that offer the child an alternate experience of self, such as personal qualities. For example, continuing to work out a way to do something, "You keep on trying to get it just as you want. You're persisting. Bobby is persistent".




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 **Cognitive restructuring / reprocessing in play therapy (cont...)**


Cognitive Restructuring Components	Examples in Play Therapy
<p>2) Verbal intervention Evidence gathering, cost/benefit analysis, identifying cognitive errors (i.e. distorted cognitive styles), and generating alternative explanations</p>	<ul style="list-style-type: none"> • Normalisation – reconceptualising a child’s aggressive play behaviour with a psychoeducation statement to bring awareness what is happening in their body. For example, “Your body has so much energy running through it, it needs to push something really hard to release it”. This is also a non-shaming statement that supports the child to experience acceptance of their physiological and affective state, by both the therapist, and hopefully themselves, over time. • Problem solving – interpretations of reflection, curiosity, and/or facilitative immersion in the play to explore problems and solutions (e.g. navigating relational difficulties in imaginative play in the dolls house)

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 **Cognitive restructuring / reprocessing in play therapy (cont...)**


Cognitive Restructuring Components	Examples in Play Therapy
<p>2) Verbal intervention Evidence gathering, cost/benefit analysis, identifying cognitive errors (i.e. distorted cognitive styles), and generating alternative explanations</p>	<ul style="list-style-type: none"> • Distancing – In play therapy, the child frequently uses distancing techniques themselves, representing/ expressing their own experiences through projective and role mediums such as sandplay/sandtray, pretend/imaginative play, role play. The therapist taking a more facilitative approach, inviting the child to explore aspects of the play (e.g. role play, imaginative play in dolls house) from the perspective of other figures/miniatues in order to take on an observer stance. Therapist use of Linking/Bridging Interpretations at these times can support the child’s development of more conscious awareness about their representation/expression.

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 **Cognitive restructuring / reprocessing in play therapy (cont...)**


Cognitive Restructuring Components	Examples in Play Therapy
<p>3) Empirical hypothesis testing Testing hypotheses related to maladaptive and new, alternative and more adaptive schemas through techniques including behavioural rehearsal, mastery and role playing.</p>	<ul style="list-style-type: none"> • “Playing is itself a therapy” (Winnicott, 1971, p.50) • The very functions of play involve this: Cycle of Curiosity – Play – Pleasure – Repeat – Master • Enact schemas (self- and relational-), problem-solve and testing out alternatives, and discover themselves. • Play mediums – drama/puppets role/pretend play, construction play etc. • Play is an embodied experience

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 **Integrative play therapy techniques**

- Therapeutic frame/container & Limit setting (Structuring)
- Tracking and reflection – verbal and non-verbal
- Use of interpretations
- Storytelling – fragments to coherence; verbally, non-verbally and other symbolic form
- Therapist use of self

Therapist use of Self



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 **Tracking and reflecting a child's play**

Tracking:

- Verbally acknowledging non-verbal behaviour, describing what you see, hear and observe the child doing.

Example


“You are pushing that (car) right through there (tunnel).”
 “You are putting lots of that (sand) in that (bucket).”

- Avoid labelling toys a child is using, as it may represent something else.

(Landreth, 2012)



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 **Tracking and reflection (cont...)**

Reflecting:


- A child's verbalisations – verbally repeating something the child says, in slightly different words.

Example


The child is playing with some toys in the corner....

Child – “There is going to be a big earthquake soon. No one can keep it from happening; not even Superman.”
 Adult – “No one can help stop the earthquake.”

(Landreth, 2012)




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 **Tracking and reflection (cont...)**

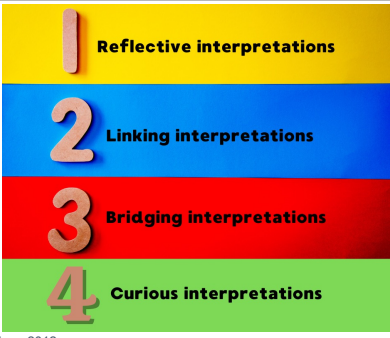
Also, tracking and reflection of:

- A child's non-verbalisation communication and/or states, such as body movement, energy, posture
- Therapist's own states/experiences clinically relevant for the child




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 **Interpretations**



(Yasenik & Gardner, 2012; Olejniczak, 2022)



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"When we hold the therapeutic goals in mind, we can be clinically selective in how we use interpretations and reflective statements"


~ Katherine Olejniczak ~



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Therapist use of Self


- Therapist self-awareness
- Therapeutic presence
- Attunement & mentalizing
- Authentic Self & Congruence
- Affective synchrony
- Transference & Countertransference
- Therapist as Container
- Therapist as Titration Agent
- Therapist as a Partner in the therapeutic dance
- Therapist as Dyadic Meaning-Maker
- Facilitator of repair in the “messiness” of the therapeutic process




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Case example




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Case conceptualisation

- Bobby’s adverse experiences had resulted in a host of trauma impacts - on his neurobiology, across developmental domains and functional capacities, and on his sense of safety in relationship with himself, others and the world.
- His relational schemas were such that he perceived adults as being unpredictable, neglectful, physically and emotionally abusive and unable to meet his needs. He perceived the world as unsafe and insecure, changeable at any time.
- His adaptive response was to rely on himself to meet his own needs. His self-schemas were negative and he experienced himself as unlovable, naughty and bad.
- His chronic negative self-attributions and low self-efficacy constantly triggered in him a shame response, perpetuating his dysregulation and creating a vicious cycle. His self-concept was too fragile to risk exposing himself to the risk-taking required for expanding his development, particularly in his peer relationships and academic learning.
- Bobby fiercely protected his only sense of self he knew by avoiding activities, tasks and relationships he perceived as threatening, either through behaviours of resistance or aggression.
- However, this left him feeling sad and alone.




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Primary processes of change

- 1) Safety and security – in physiology and attachment security (i.e. epistemic trust)
- 2) Self-concept and self-efficacy – support development of a more healthy relationship with himself by reprocessing his maladaptive self-schemas, and strengthening his self-concept and self-efficacy



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Shame-based maladaptive self-schemas

I'm naughty
I'm bad

I'm stupid

I can't do anything

There's something wrong with me


I don't belong

I'm unlovable


I don't matter



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The play therapy process
Phase 1 – Safety and Stabilisation
The cornerstone of the therapy



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Phase 1 – Sandtray sequence




Sandtray 1

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Phase 1 – Sandtray sequence



Sandtray 2 Sandtray 3

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Phase 1 – Turning point



Help me!

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Phase 1 – Sandtray sequence (cont...)

Sandtray 4 Sandtray 5

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Phase 1 – Sandtray sequence (cont...)

Sandtray 6 Mother & Infant

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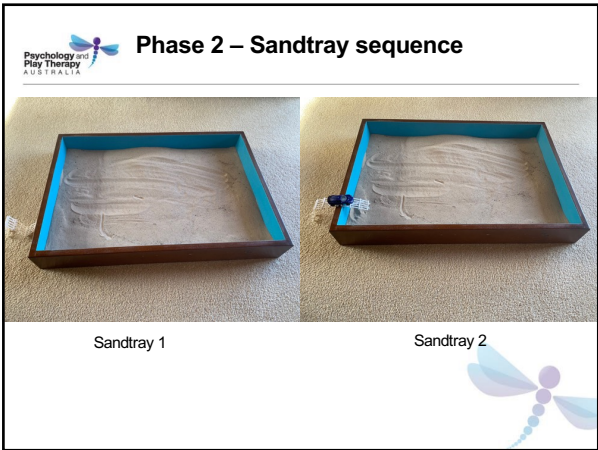
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**The play therapy process
Phase 2
Reprocessing shame-based self-states**

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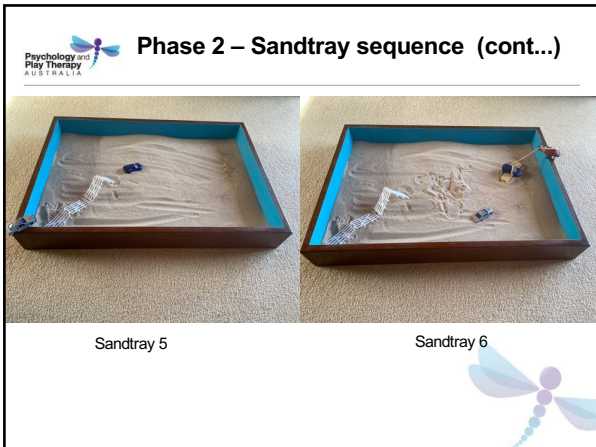
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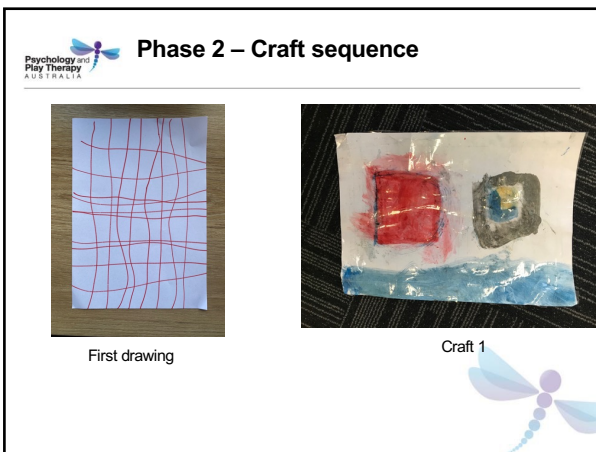
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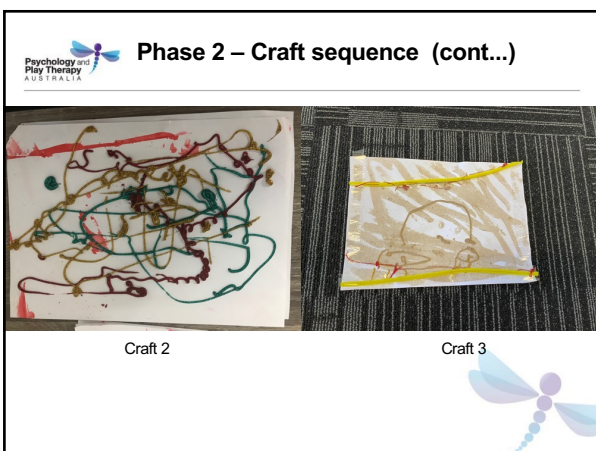
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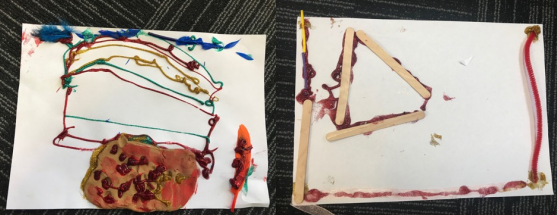
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Phase 2 – Craft sequence (cont...)




Craft 4 Craft 5



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Phase 2 – Craft sequence (cont...)



Dear Santa, Meely cristmist
!!! for cristinia may, plese have!
a ning video game
a patiens he met
and a kemp cathe
P
Your Best friend


Letter to Santa




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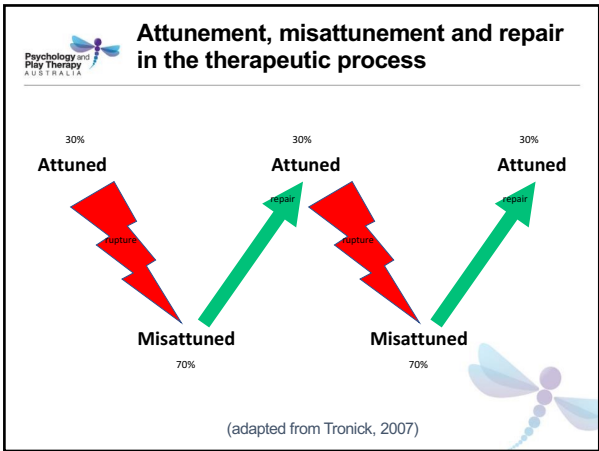
Phase 2 – Craft sequence (cont...)



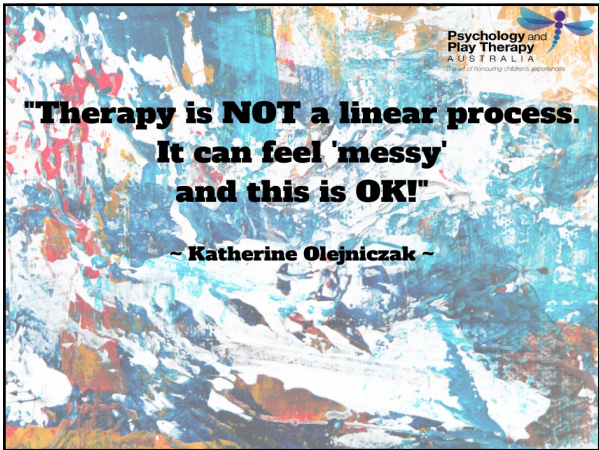
Craft 6 Craft 7



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Conclusion


“The play therapist’s use of self actively facilitates co-created intersubjective play experiences through which implicit schemas are enacted and responded to, false attributions and cognitive distortions safely explored and gently challenged, and where shame states are processed and integrated.

Moreover, it’s an embodied experience.”


(Olejniczak, 2023)




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Further professional development opportunities




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<https://www.psychologyandplay.com.au/cognitive-reprocessing>


THE SCIENCE OF PSYCHOTHERAPY



Cognitive reprocessing of maladaptive self-schemas in play therapy with traumatised children Part 1
Katherine Olejniczak
Psychology and Play Therapy Australia

Cognitive reprocessing of maladaptive self-schemas in play therapy with traumatised children Part 2
Katherine Olejniczak
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Closing remarks



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Being a child therapist takes COURAGE



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 **Contact details**

Katherine Olejniczak
Director, Psychologist, Play Therapist

0408 773 783
katherine@psychologyandplay.com.au

Website: www.psychologyandplay.com.au
Facebook: <https://www.facebook.com/psychologyandplay/>