PLAY THERAPY 1 CLAIM

RATIONALE AND PROOF

“Play is a child's natural language, so Play Therapy works.”

What evidence is still needed after a plausible rationale?

Discuss, then check the matching boundary.

PLAY THERAPY 2 CLAIM

AGE

“Play Therapy is only for ages three to twelve.”

Which factors matter more than a fixed age band?

Discuss, then check the matching boundary.

PLAY THERAPY 3 CLAIM

DOSE

“Thirty sessions are required for change.”

Is an older association the same as a tested dose rule?

Discuss, then check the matching boundary.

PLAY THERAPY 4 CLAIM

TEACHER ROLE

“Teachers can use Play Therapy principles in class.”

Where does skilled support end and therapy begin?

Discuss, then check the matching boundary.

PLAY THERAPY 5 CLAIM

SYMBOLIC PLAY

“Repeated play reveals the child's trauma.”

How many meanings can one scene have?

Discuss, then check the matching boundary.

PLAY THERAPY 6 CLAIM

META-ANALYSIS

“Positive reviews prove effectiveness.”

What do study quality and variation change?

Discuss, then check the matching boundary.

PLAY THERAPY 3 BOUNDARY

ASSOCIATION IS NOT PRESCRIPTION

An older pattern between more sessions and larger effects does not set one dose.

Goals, approach, child response, burden and review should guide length. Do not promise change by session number.

A review date is safer than a magic number.

PLAY THERAPY 2 BOUNDARY

FIT IS DEVELOPMENTAL

Three to twelve is a common service range, not a universal rule.

Consider the child's communication, development, preferences, aims and the provider's competence. Some services work beyond that band.

Ask about this child and this service.

PLAY THERAPY 1 BOUNDARY

RATIONALE IS NOT AN EFFECT

Play can support communication, but that alone does not prove treatment benefit.

Check studies of the named approach, group and outcome, then retain their limits. A sound idea still needs fair tests.

Plausible is not proven.

PLAY THERAPY 6 BOUNDARY

READ THE MEAN AND THE LIMITS

Reviews report average gains across varied, often weak studies.

Designs, approaches and reporters differ. A positive mean is not a promise for every child, setting or outcome.

Ask who rated what, and when.

PLAY THERAPY 5 BOUNDARY

NO SYMBOL CODEBOOK

A toy, drawing or repeated scene has no single fixed meaning.

Children borrow from stories, daily life, curiosity and imagination. Record direct words and safety facts. Do not infer abuse, trauma or diagnosis.

Follow disclosures, not guesses.

PLAY THERAPY 4 BOUNDARY

VALUE THE CLASSROOM ROLE

Teachers can offer ordinary play, listening and access without becoming therapists.

They should not probe trauma, decode symbols, diagnose or claim treatment. Notice, support, refer and coordinate within policy.

Warm practice is not amateur therapy.

PLAY THERAPY 7 CLAIM

REPORTERS

“Parent improvement means the child improved at school.”

What if teacher and parent ratings differ?

Discuss, then check the matching boundary.

PLAY THERAPY 8 CLAIM

TRAUMA CARE

“Play Therapy is first-line care for PTSD.”

What does current NICE guidance name?

Discuss, then check the matching boundary.

PLAY THERAPY 9 CLAIM

DIAGNOSIS AND FIT

“Autism or ADHD makes Play Therapy the right choice.”

Why is a label alone not enough?

Discuss, then check the matching boundary.

PLAY THERAPY 10 CLAIM

REGISTRATION

“A registered therapist guarantees a good fit.”

What else must a school check?

Discuss, then check the matching boundary.

PLAY THERAPY 11 CLAIM

PRIVACY

“Therapy is private, so nothing is shared.”

Which limits must be explained before work begins?

Discuss, then check the matching boundary.

PLAY THERAPY 12 CLAIM

OUTCOMES

“Calmer behaviour proves success.”

Whose goal and whose report should count?

Discuss, then check the matching boundary.

PLAY THERAPY 9 BOUNDARY

ASSESS THE NEED

A diagnosis does not select one therapy.

Ask about the child's goals, communication, access, preferences, risks and other care. Check evidence for the exact approach and outcome.

Fit is individual and reviewed.

PLAY THERAPY 8 BOUNDARY

USE CURRENT GUIDANCE

NICE prioritises trauma-focused CBT and conditionally considers EMDR for PTSD.

Generic Play Therapy is not named as first-line care. A qualified clinician should assess and plan treatment for the child.

Do not delay indicated trauma care.

PLAY THERAPY 7 BOUNDARY

KEEP REPORTERS SEPARATE

A change at home does not prove the same change in class.

Parent, child, therapist and teacher may see different settings and outcomes. Record each view, then examine the agreed goal.

Disagreement is information, not failure.

PLAY THERAPY 12 BOUNDARY

USE AGREED OUTCOMES

Quiet conduct alone does not prove safety, learning or wellbeing.

Review child voice, goal progress, access, burden and different reporters. Continue, adapt, stop or refer from the whole record.

Visible calm can also be compliance.

PLAY THERAPY 11 BOUNDARY

EXPLAIN PRIVACY LIMITS

Privacy supports trust, but safeguarding can require information sharing.

Before work starts, explain what stays private, what may be shared, with whom and why. Use the minimum necessary information.

Never promise secrecy.

PLAY THERAPY 10 BOUNDARY

REGISTRATION STARTS THE CHECK

Also check approach, age and need experience, supervision and governance.

Confirm consent, assent, privacy, data, safeguarding, complaints, review and endings. Registration does not guarantee personal fit or outcome.

Verify the live register entry.