



Play Therapy and the NDIS:



**HOW PLAY THERAPISTS SUPPORT
NDIS CHILD PARTICIPANTS AND
THEIR FAMILIES**

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A NOTE ABOUT LANGUAGE

This document follows the current Victorian State Government Disability Plan in using person-first language. “Person-first language puts the person before their disability – for example, ‘person with autism’. Person-first language was first used to emphasise a person’s right to an identity beyond their disability and as a way of addressing ableism.” However, the authors of this document acknowledge that for many people with disabilities, their disability forms a core part of their identity. Some disability organisations and advocacy bodies therefore advocate for the use of identity-first language, for example ‘autistic person’. The use of identity-first language for some demonstrates their connection to the disability community and emphasises that it is society, not the condition that is disabling. The use of identity-first language aligns with the social model of disability, as defined by the United Nations Convention on the Rights of Persons with Disabilities. The Social Model of Disability regards disability as the limitations that society and communities place on a person, rather than the limitations of the disability itself.

This document refers to Play Therapist as it pertains to practitioners who meet the criteria of “Other Professional” defined in the NDIS Pricing Arrangements and Price Limits document.

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WHAT IS THE NDIS?



Between 2013-2020 the National Disability Insurance Scheme (NDIS) was introduced in Australia. By 2020, half a million Australians were receiving dedicated disability assistance. The NDIS aims to assist persons with disabilities to:

- Have choice and control in the types of support services, and service delivery models, that suit their individual needs.
- Access early intervention supports.
- Access supports that maintain or improve their functional capacity, assist with independence, and community engagement.
- Be actively involved and included in goal setting and reviewing outcomes related to their support needs and chosen services.

In 2024, there were 649,623 NDIS Participants, 153,174 of which were children (9 and under). There is a high rate of NDIS use for children who are 5–7 years old who access support through the Early Childhood Approach. In this age range, 13.4% of participants boys and 5.9% girls.

With the NDIS prioritizing a ‘whole of life approach’, investment in Early Childhood Support for developmental delay and disability, aims to enhance ‘whole of life outcomes’. As specialist paediatrically trained mental health and developmental clinicians, Play Therapists have been engaged by many child NDIS participants and their families across Australia. Play Therapists are highly trained to offer a number of supports to maintain or enhance functional capacity, and/or facilitate developmental gains. Alongside plan managers, and/or caregivers, a Play Therapist can support in setting relevant and targeted goals, meeting regularly to review and report on progress.

There have been significant reviews and changes to the NDIS over the past 3 years, seriously impacting on the NDIS' ability to provide a 'whole of life approach' for their Participants. Some of these reviews and changes are outlined below.

In 2022, a review of the NDIS aimed to reform the Scheme. Recommended changes to the NDIS took effect on 3 October 2024. Participants can now only access listed NDIS supports. Along with guidance also available to Participants and Providers that outlines supports that are not NDIS supports.

At the end of 2024, the National Disability Insurance Agency (NDIA) announced that Music Therapy and Art Therapy would no longer be recognised or available as an evidence-based therapy for NDIS Participants. After several weeks of a nation-wide advocacy campaign, an independent review of NDIS-funded music and art supports was announced on 13th December. The review will inform the NDIA's release of Operational Guidance in 2025. The independent review will take into consideration:

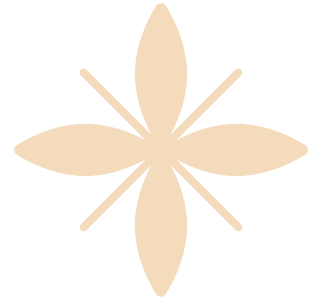
- 1.The evidence of effectiveness of Music Therapy and Art Therapy for people with disability
- 2.The qualifications and registrations of Music Therapy and Art Therapy providers
- 3.The pricing of Music Therapy and Art Therapy supports

The Psychotherapy and Counselling's Federation of Australia ([PACFA](#)), established the College of Creative and Experiential Therapies ([CCET](#)) in 2022. They define Creative and Experiential Therapists as "professionals who specialise in the use of 'more than verbal' approaches in therapy." PACFA list several examples of Creative and Experiential Therapies, including Play Therapy, Music Therapy, Art Therapy, Drama Therapy, and Dance and Movement Therapy.

Whilst currently under review and in jeopardy of being permanently removed, Music Therapy and Art Therapy have their own designation in NDIS supports and pricing within the NDIS Pricing Guide. Other Creative and Experiential Therapies, however, including Play Therapy, are not recognised by the NDIS at all. Such therapies, including Play Therapy, are currently delivered to NDIS Participants under the NDIS 'Other Therapies' line item within the NDIS Pricing Guide. Considering the NDIS review of Music Therapy and Art Therapy, we will be providing information on Play Therapy across two documents to outline:

- 1.Play Therapy and the NDIS (this document)
- 2.Play Therapy Disability Evidence Summary (due out February 2025)

THE NDIS AND PLAY THERAPISTS



Play Therapy is an evidence-based psychotherapy. Play Therapists undertake extensive training in child development, psychological theoretical knowledge, and develop a specialised skillset through supervised clinical placements. Play Therapists provide therapeutic supports through a Whole Child Development (WCD) approach. For child NDIS participants and their families, supports such as Play Therapy, can assist overall health, wellbeing and participation in daily living. Play Therapy empowers children to work towards their NDIS goals through a developmentally sensitive and adaptive approach.

Play Therapy research has shown effectiveness in supporting children diagnosed with the following NDIS listed disabilities:

- Autism (Level 2 and Level 3)
- Intellectual Disability
- Developmental Delay
- Global Developmental Delay
- Down Syndrome
- Cerebral Palsy
- Hearing Impairment
- Psychosocial disability
- Vision impairment

Research indicates the efficacy of Play Therapy to support a range of needs and difficulties experienced by NDIS child participants, for example:

- Overall functioning
- Emotional difficulties
- Self-concept
- Social-emotional assets
- Medical conditions
- Speech/language differences
- Internalizing behaviors (anxiety, depression)
- Externalizing behaviors (aggression, disruptive behaviors, self-control)
- Attention deficit
- Relationship stress
- Academic progress
- Self-concept/self-esteem
- Social-emotional assets
- Trauma
- PTSD

***Play Therapy is
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based
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PLAY THERAPISTS CAN SUPPORT CHILDREN, YOUTH AND OLDER PERSONS WITH THEIR NDIS JOURNEY BY:

- Helping children and families to determine their eligibility for NDIS assistance and making recommendations for, and completing referrals to, other professionals and services as needed.
- Supporting children, families and other professionals to understand the role and scope of a Play Therapist within the NDIS, and working collaboratively with relevant professionals who are part of the Participant's Care Team.
- Administering a range of assessments, including developmental assessments, psychosocial assessments and play assessments, to support people with their NDIS applications and NDIS Plan Reviews.
- Providing ongoing therapy and psychosocial support.



PLAY THERAPISTS SUPPORT CHILD AND YOUTH NDIS PARTICIPANTS WITH PHYSICAL AND INTELLECTUAL DISABILITIES IN MANY WAYS. THIS INCLUDES SUPPORT TO:

- Gain a better understanding of their unique physical, developmental and emotional difficulties and lived experience.
- Achieve improved quality of life by developing independence, coping skills and language and communication skills, to respond to life's challenges with increased resilience, self-confidence, choice and control.
- To participate more fully in education settings by ensuring access to responsive and informed pre-schools and schools, through evidence-based therapeutic recommendations and curriculum adjustments.
- Work in partnership with families of children with a disability to increase their understanding of their child's unique profile, development and support needs, therefore increasing their capacity to meet those needs over time.



PLAY THERAPISTS CAN DELIVER THIS SUPPORT IN VARIOUS WAYS, INCLUDING:

- Working one-on-one or in small groups with children with disabilities to provide therapeutic supports aimed to promote development and progress against identified NDIS goals.
- Conducting assessments to report on functional capacity in alignment with NDIS goals.
- Working with the child's family to learn about, and address, challenges to social participation.
- Working collaboratively within a wider care team, including working alongside other treating health and disability professionals and organisations to help participants achieve their NDIS goals.



PLAY THERAPISTS ARE PROFICIENT IN CONDUCTING VARIOUS ASSESSMENTS AND IN THE SHARING OF THERAPEUTIC KNOWLEDGE AND SKILLS WITH CLIENTS, FAMILIES AND PROFESSIONALS. THIS COLLABORATIVE APPROACH SUPPORTS:

- Enhanced social and communication skills that foster increasing community participation.
- Promotion of daily living and general life skills, such as self-confidence, resilience, problem-solving, independence and decision-making capacity.
- Addressing unhelpful or challenging behaviours (maladaptive responses) through holistic, systemic (working with the person's support systems) and person-centered approaches.
- Developing, and supporting the implementation of recommendations for adjustments and supports in educational and social settings.
- Increased community understanding that disability and mental health challenges can often co-exist and addressing such co-morbidities through trauma-informed care.

PLAY THERAPY IS AN EVIDENCE- BASED PRACTICE (EBP)



Human brains are pre-wired for play. This brain circuitry is critical for wiring the upper, cortical (thinking), area of the brain responsible for language, reasoning and problem solving. Research from as many as twenty different fields, including behavioural science and neuroscience, tells us that play provides holistic and vital benefits. In Play Therapy, children connect with their therapist and express themselves in their most natural way – through play. Play Therapists are highly trained to create the conditions for optimal growth and development, meaning that Play Therapy is like dialing up the play potential on the brain and body.

With demonstrated positive outcomes for wellbeing and developmental capacity building, Play Therapy is “empirically supported with decades of research confirming its effectiveness”. Between 2000-2023, 4 meta-analyses, 2 systematic reviews and 137 quality Play Therapy studies were published. Evidence-based practice is informed by good quality research, clinical expertise, and the honouring of service users’ preferences. In Health disciplines, good quality research is categorised into hierarchical levels of evidence, with the risk of bias increasing numerically. Factors considered in determining level of evidence include the research design, study quality, and clinical relevance. Quality Play Therapy research from the last 24 years mapped across the levels of evidence:

- 4 meta-analyses and 2 systematic reviews [Level 1]
- 56 randomized Control Trials (RCTs) [Level 2]
- 20 quasi-experimental group designs [Level 3]
- 28 experimental single-case designs [Level 3]
- 33 repeated measures of single-group designs [Level 3]

In addition, many more quality case reports [Level 4] and qualitative studies [Level 5] on Play Therapy have been published.



Play Therapy has a dedicated journal, published by the American Psychological Association (APA). The 'International Journal of Play Therapy' is a quarterly publication by the 'Association for Play Therapy' (APT). APT's Research Committee draws on three definitions of Evidence-Based Practice (EBP) from:

- Effective Child Therapy.
- California Evidence-Based Clearinghouse (CEBC)
- American Psychological Association (APA) Evidence-Based Practice in Psychology

APT considers EBP to be treatments or approaches that use scientific evidence to demonstrate improvements with needs or difficulties, implemented by an expert clinician, in a client-centred, culturally sensitive way.

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THE THERAPEUTIC POWERS OF PLAY, CAPACITY BUILDING AND PSYCHOSOCIAL DEVELOPMENT

Many professionals use play in their work with children, including Occupational Therapists, Psychologists and Speech Pathologists. However, only Play Therapists are highly trained to harness the therapeutic powers of play to enhance development, increase capacity, and create therapeutic change across four domains:

1. Facilitating communication
2. Fostering emotional wellness
3. Increasing personal strengths
4. Enhancing social relationships

PLAY THERAPY IS INTERSECTIONAL, DEVELOPMENTALLY AND CULTURALLY SENSITIVE

Emotional, behavioural and mental health difficulties are more prevalent in children, adolescents, and young people with intellectual and neurodevelopmental disabilities. Access to Creative and Experiential Therapies ensures that interventions are effective and developmentally sensitive. Children are not always able or willing to communicate through words, but play is comfortable and universal – it is a child’s primary language. Play Therapy is an accessible, cross-cultural, neurodiverse-affirming, and developmentally sensitive child psychotherapy. As highlighted in the National Disability Royal Commission’s report, girls and women with a disability have a high likelihood of experiencing family, domestic and sexual violence. Play therapists, who are trained in developmental, trauma-informed and psychotherapeutic methodologies are uniquely positioned to offer support which meets each element of the child’s needs.

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PLAY THERAPY IMPROVES FUNCTIONAL CAPACITY

Children and young people living with disability may have significant reduced functional capacity in one or more of six areas identified by the NDIS: communication, social interaction, learning, mobility, self-care, or self-management.

In Play Therapy, many therapeutic factors contribute towards improving functional capacity, including the therapeutic relationship, carefully selected toys and creative resources, therapeutic powers of play, and psychotherapy skills.

Play Therapy provides opportunities for growth and development across all six areas of NDIS defined functional capacity.

1. Mobility
2. Learning
3. Communication
4. Self-care
5. Social interaction
6. Self-management



1. MOBILITY

Physical activity in Play Therapy has the potential to activate the whole body and all regions of the brain, making Play Therapy a whole-person approach. Through carefully selected toys and expressive materials in the playroom, fine motor skills can be refined and gross motor skills developed. Examples of fine motor therapeutic play include artmaking (drawing, painting, crafting with scissors, etc.), sensory toy manipulation, and play dough experimentation with utensils and tools. Examples of gross motor skill development that improve muscle tone, coordinated movements, and postural stability are activated through many types of therapeutic play including ball games, parachute play, ribbon or cheerleader pom-pom dancing, and imaginative sword battles with soft foam swords, and even pool noodles.



2. LEARNING

Play strengthens pre-existing neural pathways and creates new networks. Children with an intellectual disability follow similar developmental trajectories as their neurotypical peers, however, often more slowly. This means play is crucial for ensuring that all children achieve their fullest learning and developmental potential. Play Therapy provides opportunities for hands-on learning and problem solving, development of coping skills, experiences of indirect and direct teaching, and promotion of self-confidence. The Play Therapist encourages the child to try out solutions, take safe risks and attempt tasks independently. They provide psychoeducation by either indirect modelling, or direct teaching of practical, social and emotional skills as needed.



3. COMMUNICATION

Play Therapy supports children to express themselves by helping the child learn how to connect sensations in their body to emotions and words. The playroom toys are carefully curated and organised to enable a wide range of emotions to be explored and expressed. Play Therapists are trained to categorize emotional content in children's play and offer targeted supports to increase a child's understanding and insight of their thoughts, feelings, behaviours and experiences.

Play Therapists offer co-regulation, partnering with children to develop self-awareness and self-control, ultimately aiming to increasing capacity for self-regulation. Through Play Therapy, children increasingly build capacity to draw on emotional expression and new vocabulary to communicate verbally or through assistive strategies (with an adult's support). Play Therapy can support children to express themselves effectively, since both the Play Therapist and children communicate through the play. Play Therapy recognises the rights of children to communicate in ways that feel best for them, and meets children where they are at, rather than asking children to communicate in ways that are not aligned with their rights.



4. SELF-CARE

Play Therapy supports children to practice self-care skills both directly and indirectly. Play Therapy regards children to be inherently capable, and so wherever possible, the Play Therapist returns responsibility to the child, developing competence, confidence and independence. This aligns with the National Disability Royal Commission's report (2023) which notes that ["governments have an obligation to children with disability under UN CRPD, to 'respect ... the evolving capacities of children with disabilities and ... the right of children with disabilities to preserve their identities"](#). Through the use of specialised clinical skills, Play Therapists encourage children to persist through struggles, providing practical support only if needed, such as opening a play doh container lid or pulling on a dress-up costume. The Play Therapy toys and resources offer opportunity for self-care skill development and mastery through fine motor skill play, such as cutting, painting and drawing, manipulating play dough with hands and tools, and using forks, spoons and knives in home corner play. Rich opportunities for indirect self-care skills practice are provided through pretend play, for example pretending to get dressed for work, or make breakfast for the Teddy Family, pretending to brush teeth, or go to the doctor and pretending to bath dolly and take dolly to the toilet.



5. SOCIAL INTERACTION

In Play Therapy, children benefit socially and emotionally from engaging in pretend play. Pretend Play, a well-researched type of play, affords children the opportunity to 'step into social roles' and experience what it is like to be a parent, doctor or police officer – the options are limitless! Engaging in pretend play, allows children to consider another's perspective, an essential component in developing empathy. As narratives evolve through pretend play, so does the capacity to interpret and respond to verbal and non-verbal social cues, negotiate with peers, and regulate through disappointment, with the Play Therapist's support. Play Therapy empowers children through their learning process, increasing their communication skills and ability to advocate for their own needs. Play Therapy is grounded in child-centered practice and is neuro-diverse affirming. Play Therapists recognise and honour children with disabilities' unique strengths and identities, including the right to play and communicate in ways that align with their own personal preferences. By utilising a child-centred approach, Play Therapists are able to support pro-social skill development in developmentally appropriate, culturally and disability-affirming ways.



6. SELF-MANAGEMENT

Play activates many regions of brain; one such region that is particularly useful for increasing self-management skills is the cortical region of the brain. This part of the brain is thought to be responsible for executive functioning. Many children with disabilities present with executive dysfunction, which impacts their capacity to engage in education, at home and in the community. As Play Therapy amplifies the intensity of play, the Play Therapist capitalises on the neurological qualities of play to facilitate sustained engagement and focus, flexibility of thought cognition and emotion, and overall frustration tolerance and responsiveness to challenge. Within the attuned and responsive therapeutic relationship, repeated opportunities to play out everyday scenarios, serve as important rehearsal time for real-life daily task completion.

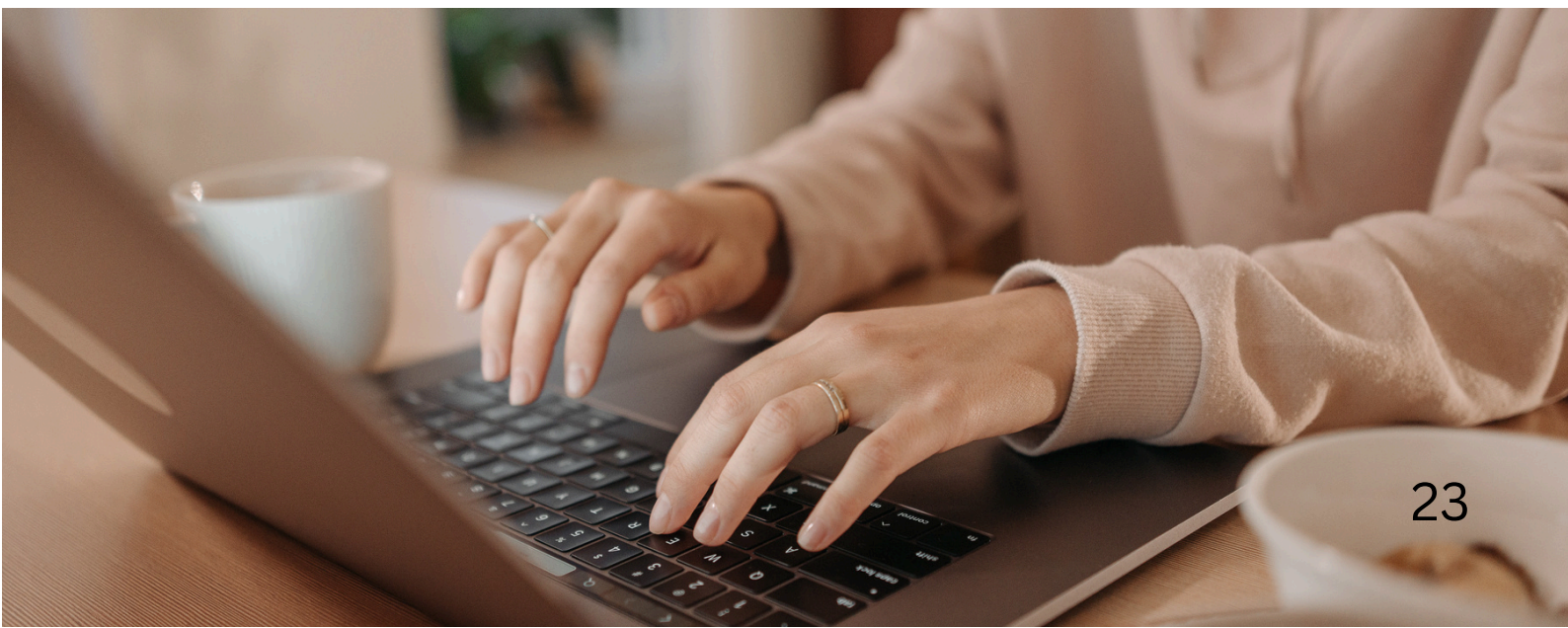
PLAY THERAPY IS ALIGNED WITH NDIS GOALS AND OUTCOMES

Play therapy can support children and young people with their goals across the NDIS domains of:

- Daily living
- Choice and control
- Health and wellbeing
- Relationships
- Community participation
- Learning
- Work (for teenagers)

Using the NDIS Outcomes Framework, Play Therapists assess and track child progress, in alignment with participant goals. In Play Therapy, goals are developed in collaboration with caregivers, and clients (where appropriate), and inform treatment planning and evaluation of progress. Play Therapy with NDIS child participants follow this same process, but ensure goals are set, tracked and reported on using the Outcomes Framework.

Play Therapists are highly trained in child assessment and clinical report writing. As child development specialists, Play Therapists assess, monitor, and report on NDIS domains of functional capacity. Play therapists formulate an individualized, culturally sensitive, assessment schedule based on a child's life history, chronological age, developmental presentation, and neurotype. Play Therapists draw from a range of standardized psychological scales, observation, and play or arts-based assessments when treatment planning.



HOW PLAY THERAPISTS CAN SUPPORT: AN EXAMPLE

Zac is a 10-year-old boy with a diagnosis of Autism - Level 2, a Speech and Language Delay and Post Traumatic Stress Disorder (PTSD). Zac was referred to a Play Therapist by his Psychologist, after finding talk-based therapy ineffective.

The Play Therapist met with his parents to obtain a complete medical, developmental and family history to inform goals and treatment planning. During this initial appointment, Zac's parents reported that Zac was socially withdrawn and isolated, had difficulties talking about his feelings, and often used physical aggression when he was overwhelmed. They added that Zac had started to show signs of separation anxiety, finding it harder and harder to leave the family home and to separate from his parents.

The Play Therapist gathered further information and conducted further qualitative and quantitative assessments. The Play Therapist determined that Zac presented with severe emotional dysregulation and inhibited self-management skills, persistent social challenges, significant difficulty with expression and communication and reduced capacity to maintain focus and engagement in school and learning.

The Play Therapist shared these findings with the parents. From there, the Play Therapist actively sought to promote the choice and control of Zac and his family by working together to establish developmentally-sensitive and neurodiverse-affirming therapeutic goals, and a treatment plan that was in line with Zac's NDIS Plan. The goals and treatment plan maintained a strong focus on increasing Zac's functional capacity across a range of domains, including learning, communication, social and self-management.



HOW PLAY THERAPISTS CAN SUPPORT: AN EXAMPLE

The co-designed treatment plan included a high level of Systemic work. This involved the Play Therapist working therapeutically with both Zac and his parents to promote therapeutic rapport and safety, and, to provide the parents with hands-on opportunities to learn and practice new ways of promoting Zac's functional capacity outside of the playroom. At first, the Play Therapist focused on providing Zac with co-regulation (opportunities to regulate together) to support Zac to gain mastery of his big emotions, practice identifying and communicating his wants and needs and work towards the skill of self-regulation. With the parents participating in sessions, the Play Therapist was able to provide psychoeducation, modelling and coaching opportunities, so that they could learn how to provide Zac with co-regulation outside of the playroom too.

Through weekly Play Therapy sessions, Zac explored difficult social experiences that were too painful to put into words. Zac used the therapeutic resources to 'play about' social exclusion, bullying and the general challenges of making and maintaining friendships. Whilst remaining in the safety of play, the Play Therapist was able to work with Zac to not only process these social-emotional experiences, but to develop and practice new ways of communicating, connecting and regulating. Specifically, the Play Therapist supported Zac to develop pro-social skills, help-seeking behaviours and play skills, which are known to promote overall social skills. By having the opportunity to practice these skills in play, and in the context of the therapeutic relationship, Zac was able to extend himself and consolidate new skills in a tolerable environment, before using them in the 'real world'. Through such scaffolding, Zac was setup for success.



HOW PLAY THERAPISTS CAN SUPPORT: AN EXAMPLE

In addition to weekly Play Therapy sessions, the Play Therapist facilitated fortnightly parent consultations with a focus on providing an overview of progress and increasing parental capacity to support Zac outside of session. The Play Therapist provided psychoeducation that drew on developmental attachment theories (exploring links between early life experiences, relationship patterns and self-concept), neuroscience and interpersonal neurobiology (considering links between brain, behaviour and relationships) and general child development theories (including Erikson's psychosocial development theory and play skill development theory). The Play Therapist and the parents explored how these theoretical concepts uniquely relate to neurodivergence. They explored how Zac's presenting issues and overall reduced functional capacity can best be addressed through approaches that consider his diagnoses of ASD Level 2, PTSD and Speech and Language Delay.

Beyond work with the family, the Play Therapist collaborated with other professionals in Zac's learning environment to directly address concerns about Zac's capacity to engage in learning and social activity at school. A classroom observation was conducted, followed by the development of a Therapeutic Response Plan to support Zac's teachers to use a neurodiverse-affirming and attachment-based approach, including strategies and adjustments, to best support Zac academically and socially.

The Play Therapist also consulted with Zac's wider team of treating professionals, including Speech and Occupational Therapists, Psychologist and Paediatrician to promote a holistic approach to Zac's treatment and ensure the best social-emotional and developmental outcomes for Zac to ultimately enhance his day-to-day life.

The Play Therapist was also engaged by the family to provide a clinical report to capture Zac's history, treatment goals, progress and future recommendations. This report was used to support applications for further funding and tailored support through: the school; for community-based activities such as, Scouts and computer coding clubs; and to apply for continued funding through the NDIS to support Zac in achieving improved quality of life and functional capacity.



A PARENT'S PERSPECTIVE OF PLAY THERAPY: AN EXAMPLE

“My son, now aged 5, has attended Play Therapy for the best part of 2 years. When we started, he was largely non-speaking (selective mutism), especially in social settings, highly anxious and regularly dysregulated. We had tried Speech Therapy and Occupational Therapy through multiple providers but always came up with the same barrier, he was unable to talk and engage in sessions. Play therapy allowed him the space where he didn't need to 'perform', he could just play. Initially he was extremely hesitant, but through weekly sessions with our Play Therapist his confidence soared in the playroom. It didn't take him long to start talking and from there he was able to practice social skills in the playroom and we saw these translate into his play in educational settings. As a family, we completed a block of Filial Therapy so that we can respond consistently as a family to our son's needs. This helped us so much and aligns perfectly with the evidence that families should be present and a part of any therapy with a child. We found Speech Therapy and Occupational Therapy were occurring in a silo to us as parents, and Play Therapy was all about the whole family approach. My son would not be where he is today without Play Therapy.”

**“MY SON WOULD NOT BE
WHERE HE IS TODAY
WITHOUT PLAY THERAPY”**

FINDING A PLAY THERAPIST

Currently, Play Therapists who deliver NDIS funded therapies are categorised under 'Other Professionals'. This category requires professionals to have "[a Bachelor's degree or higher in their relevant area and holds current registration or membership with their relevant registration and or professional body.](#)" For Play Therapists, this means they have completed Bachelor Post Graduate studies and are eligible for, and maintain registration with a relevant Australian registering body.

The Australian Qualifications Framework ([AQF](#)) is the national policy for regulated qualifications in Australian education and training. It incorporates the qualifications from each education and training sector into a single comprehensive national qualifications framework." AQF Bachelor or Post Graduate level courses and qualifications are accredited and certified by the Tertiary Education Quality Standards Agency ([TEQSA](#)). TEQSA is nationally responsible for:

- Registration of higher education providers and universities
- Accreditation of qualifications for non-self-accrediting providers
- Authorization of universities and other higher education providers to self-accredit qualifications

The International Consortium of Play Therapy Associations (IC-PTA) defines international Play Therapy standards. Currently, there is one Australian Play Therapy association with an Organizational Membership with IC-PTA, which is the Australasia Play Therapy Association (APPTA).

Play Therapy is represented in Australia by the Allied Health Professions Australia ([AHPA](#)). Two Play Therapy associations are currently Affiliate Members of AHPA: APPTA and the Play Therapy Practitioner's Association ([PTPA](#)). [PACFA](#)'s College of Creative and Experiential Therapies ([CCET](#)) also represents Play Therapists in Australia. Currently, there are several associations that Australian Play Therapists can register with:

- [PACFA](#): Psychotherapy and Counselling Federation of Australia
- [APPTA](#): Australasia Pacific Play Therapy Association
- [APTA](#): Australian Play Therapists Association
- [PTPA](#): Play Therapy Practitioners Association

Since Play Therapy is internationally recognised, Australian Play Therapists may also choose to register with other associations including:

- [IC-PTA](#): International Consortium of Play Therapy Associations
- [APT](#): Association for Play Therapy
- [BAPT](#): British Association of Play Therapists
- [PTI](#): Play Therapy International

Note: A Play Therapist can provide evidence of their qualifications and registration/s in alignment with the NDIS 'Other Professionals' category requirements.



MORE INFORMATION

Australian Psychological Society (APS)

Read more about Play Therapy in the article '[Play therapy: Working creatively with children](#)'.

Association for Play Therapy (APT)

Read more about how Play Therapy can make a positive impact '[Play Therapy Makes a Difference](#)'.

Psychology Today

Read more about '[Play Therapy for Children With Disabilities](#)'

Leap In!

Read more about '[The benefits of play therapy in early intervention](#)'.

NDIS

To read more information about the [National Insurance and Disability Scheme](#), including recent reforms, eligibility, factsheets, community connections and how to lodge a complaint, visit the links below:

- Read more about the [National Disability Insurance Scheme review and reforms](#)
- Read more about [Ombudsman and NDIS Complaints](#)
- Download [Booklets and factsheets](#)

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