Play Therapist interview questions

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What to expect

Interviews for Play Therapist roles typically assess your clinical skills, therapeutic approach, and ability to work with children and families in a safe and ethical manner.

- **Clinical knowledge and assessment:** Questions about your understanding of child development, assessment tools, and therapeutic techniques.
- **Behavioural and scenario-based:** Questions asking you to describe past experiences or respond to hypothetical situations with children.
- **Working with families and multidisciplinary teams:** Questions about collaboration with parents, carers, and other professionals.
- **Safety and ethical practice:** Questions about maintaining boundaries, child protection, and professional standards.
- **Process and documentation:** Questions about record-keeping, session notes, and use of software.

The interview process for Play Therapist roles often begins with a phone screen, followed by a panel interview that may include a clinical scenario or case study discussion. Some employers may ask for a practical assessment or a portfolio of previous work. Final stages typically involve reference checks and a Working with Children Check.

1. Walk me through how you assess a child's emotional and developmental needs through play-based observation.

Why they ask

This process question assesses your clinical assessment skills and your ability to structure an assessment session.

How to structure your answer

A walk-through structure: start with building rapport, then describe the observation framework, the tools you use, and how you interpret findings and communicate them.

Example answer

“I begin by building rapport with the child in a gentle, non-threatening way, often using a sand tray or art materials to help them feel comfortable. I then observe their play, noting themes, behaviours, and interactions. I use the Strengths and Difficulties Questionnaire (SDQ) to gather standardised information from parents and teachers, and I conduct a developmental history interview with carers. I document my observations and look for patterns that indicate emotional or behavioural needs. Finally, I share my findings with the family and referrers, and we collaboratively develop a therapy plan.”

2. Tell me about a time when you had to build a therapeutic relationship with a child who was initially resistant or withdrawn. How did you approach it?

Why they ask

This behavioural question explores your ability to engage children who may be reluctant to participate in therapy.

How to structure your answer

STAR: Situation, Task, Action, Result. Describe the child's context, your goal, the steps you took to build trust, and the outcome.

Example answer

“I once worked with a 7-year-old boy who had been referred for anxiety and was very withdrawn, refusing to speak or play. I started by sitting with him in the playroom, offering quiet activities like drawing, and simply being present without demanding interaction. Over several sessions, I followed his lead, commenting gently on what he was doing. I used a sand tray and allowed him to create scenes, which he eventually began to explain. After a few weeks, he started to open up about his worries. By the end of our sessions, he was actively engaging in play and using words to express his feelings. His mother reported he was more talkative at home and seemed less anxious.”

3. Imagine you are working with a child who becomes very distressed during a session and starts to throw toys. How would you handle the situation while maintaining safety and therapeutic support?

Why they ask

This scenario question tests your ability to manage a crisis in a therapeutic setting, balancing safety with therapeutic rapport.

How to structure your answer

A judgement-under-pressure structure: first ensure safety, then de-escalate, then reflect and repair, and finally document and plan.

Example answer

“My first priority is safety for the child and myself. I would calmly and firmly set a limit, saying something like 'I can see you're feeling very upset, but I need to keep you and me safe. Throwing toys is not okay.' I might move closer to the door or move dangerous objects away. I would use a calm, soothing voice to help the child regulate, perhaps offering a sensory tool like a soft ball or suggesting we take some deep breaths together. Once the child is calmer, I would acknowledge their feelings and validate them, then explore what triggered the distress through play or conversation. I would document the incident and discuss it with my supervisor and the family to adjust the therapy plan as needed.”

4. What techniques do you use to help children express their feelings when they have limited verbal communication skills?

Why they ask

This technical question assesses your knowledge of play therapy techniques and your creativity in working with non-verbal children.

How to structure your answer

A technical explanation: describe the rationale, then specific techniques, and give an example from your practice.

Example answer

“I rely heavily on non-directive play therapy techniques, such as sand tray, art, and puppetry, because they allow children to project their feelings onto external objects. For example, with a child who was selectively mute, I used a sand tray and miniature figures. He would create scenes that represented his family and school life. I would reflect what I saw and ask open-ended questions like 'I wonder what this figure is feeling.' Over time, he began to use the figures to express anger and sadness that he couldn't verbalise. I also use therapeutic storytelling and role-play with dolls to help children act out scenarios. The key is to follow the child's lead and create a safe, accepting environment where they feel free to express themselves without pressure.”

5. How do you involve families in the play therapy process and support them in continuing therapeutic strategies at home?

Why they ask

This client-facing question evaluates your ability to work collaboratively with families and your understanding of systemic support.

How to structure your answer

A collaborative approach structure: describe how you build rapport with families, provide education and strategies, and review progress together.

Example answer

“I see families as essential partners in the therapeutic process. I start by meeting with parents or carers to understand their concerns and goals, and I explain how play therapy works. I provide regular feedback sessions, either in person or via phone, to share progress and discuss strategies they can use at home. For example, I might teach a parent how to use a 'calm corner' with sensory items or how to engage in child-led play for ten minutes a day. I also invite parents to observe a session if appropriate, and I provide written resources. I emphasise that change happens both in and out of the playroom, and I work with families to set realistic goals and celebrate small wins.”

6. How do you document session notes and progress reports for referrers and carers, and what software do you use?

Why they ask

This process question examines your attention to detail, familiarity with practice management software, and understanding of record-keeping requirements.

How to structure your answer

A step-by-step process description: what you record, how you record it, the software you use, and how you ensure confidentiality and accuracy.

Example answer

“After each session, I write up notes as soon as possible, capturing the child's play themes, behaviours, emotional responses, and any significant interactions. I use Cliniko to maintain electronic records, which allows me to securely store notes and share relevant information with referrers as needed. For progress reports, I summarise the child's goals, progress, and ongoing needs, using the Strengths and Difficulties Questionnaire (SDQ) scores to track changes over time. I ensure all documentation complies with privacy legislation and professional standards, and I keep notes objective and factual. I also use Power Diary for scheduling and reminders. I regularly review notes with my supervisor to ensure quality and continuity of care.”