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ABOUT OUR COMPANY

KLC Counselling & Play Therapy Pty Ltd.
ABN 60 688 533 726

KLC Counselling & Play Therapy Pty Ltd is a private practice with locations in Hervey Bay and Maryborough, Queensland. Each year, we support over 100 children and families by providing a safe, caring environment to help manage challenges, strengthen attachments, and build healthier relationships.

Our team of postgraduate-qualified Play Therapists come from diverse professional backgrounds, including counselling, psychology, and education. We are committed to supporting you and your child with compassion and respect, ensuring our approach is tailored to your family's unique needs.

As a trauma-informed and neurodivergent-affirming practice, we create an inclusive space where all children, parents, and carers feel welcomed and supported. We also offer specialised assistance for families experiencing domestic and family violence.

In addition to play therapy, we provide general counselling support for children and young people, helping them to develop resilience, manage emotions, and improve overall wellbeing. Our goal is to support your family's mental health journey with kindness, understanding, and professional care.



WHAT IS PLAY THERAPY?

Play Therapy is a powerful means of combining the innate, creative and non-verbal capacities of children in order to engage, build relationships, and work therapeutically with them. Play therapy is a developmentally appropriate, evidence-based intervention for children 2-14 years old.

In Play Therapy, children can play out, symbolically or literally, their real-life and inner experiences in a way that builds capacity and insight.

Play Therapy sessions give children a safe, secure and confidential space to process their thoughts, feelings and experiences.

The result: children who can process their trauma, heal from hurts and thrive in their everyday life.



**"Birds fly, fish
swim and
children play."**

Dr. Garry Landreth



WHAT IS CHILDREN & ADOLESCENT COUNSELLING?

Children and adolescent counselling offers a range of evidence-based approaches tailored to support individuals up to 18 years old. Techniques such as Cognitive-Behavioral Therapy (CBT), Solution-Focused Brief Therapy (SFBT), and Child-Centred Play Therapy (CCPT) or Child-Based Play Therapy (CBPT) are utilised to help young people develop resilience, manage their emotions, and overcome challenges.

These approaches are designed to be developmentally appropriate, engaging, and practical, focusing on empowering children and adolescents to build coping skills, set goals, and find solutions to their difficulties.

These sessions foster insight, healing, and growth, helping children to process trauma, overcome hurts, and thrive in their daily lives

Our goal is to support children and adolescents in building resilience and achieving emotional well-being through compassionate, evidence-based therapy.

Differences & Benefits of Child-Centered Play Therapy & Children's Counselling

Child-centered play therapy is a non-directive approach rooted in humanistic principles, where children express themselves freely through spontaneous play in a safe and accepting environment. This method allows children to process emotions and experiences naturally, fostering emotional healing and self-awareness through their own chosen means of expression. It is particularly beneficial for younger children or those who find it difficult to articulate their feelings verbally, supporting their emotional growth in a gentle, child-led manner.

Conversely, **children's counselling** typically involves talking therapies such as cognitive-behavioural therapy, where children are encouraged to verbalise their feelings and thoughts in a structured way. This approach helps children develop coping skills and address specific issues like anxiety or depression.

Both approaches are valuable; counselling can be particularly effective for children capable of verbal communication and dealing with targeted issues, while play therapy provides a supportive environment for emotional expression and development in children who find talking challenging.



**We can help
identify the
best support for
your child.**



WHO DOES

PLAY THERAPY & CHILDRENS COUNSELLING HELP?

Children going through difficulties associated with:

- Low self-esteem and self-confidence
- School and social difficulties
- Selective mutism
- Trauma or attachment issues
- Divorce and separation
- Anxiety and depression
- Grief and loss
- Angry and aggressive behaviours
- Chronic illness
- Bullying
- Sexual or physical abuse
- Gender variance
- Sleep
- Out of Home Care

Children with a diagnosis of:

- Autism
- ADHD
- AuDHD
- Global Development Delay
- Cerebral Palsy
- Down Syndrome
- PTSD
- plus more...

EXAMPLE OBJECTIVES

- Increase child's ability to emotionally self or co-regulate
- Decrease volume and intensity of meltdowns or problem behaviours
- Support child to process traumatic experiences
- Enhance social skills and play skills
- Grow attachment and relationship between child and caregiver/s
- Increase child's self esteem and sense of self
- Decrease night time disturbances (eg. nightmares)
- Increase child's positive self-talk and confidence

STRUCTURE AND PROCESS

- 1 Intake
- 2 Child Session 1-5
- 3 Parent/Carer update
- 4 Child Session 6-10
- 5 Parent/Carer update
- 6 Written Report (if requested).
- 7 Repeat.

THE INTAKE

The intake goes for 1.5 hours, online or face to face in clinic. It is conducted with the parents/carers of the child and without the child present. The intake aims to gain information about the child and their family history and current situation. It is also an opportunity for the therapist to build a relationship with parents/carers and answer any questions.



STRUCTURE AND PROCESS CONT.

THE CHILD SESSION

Each session takes 45 minutes, and requires weekly attendance. Sessions can be in clinic, or at the child's kindergarten or school. Most children require 20-30 sessions.

THE UPDATE

Each update takes 60-90 minutes, online or face to face in clinic. The update is conducted with the parents/carers of the child and without the child present. The update aims to find out how the child is going at home and at school, to share how things are going in session and to share any tips, skills or suggestions we may have for the child and their family.

REPORTS

By request, therapists will provide a report. The report will include session summary, progress, any assessment results, and recommendations.



FEE SCHEDULE

We charge the same hourly rate for all services.

[Join the waitlist](#)

We work closely with families who are:

NDIS self and plan managed (GST free)

Referred via DCP (plus GST)

Self-funded/private paying (plus GST).

Hourly rate: \$193.99 (plus GST if applicable)

Parent Consultation – Intake: \$290.98

A one-off parent intake session in the clinic or via telehealth. (1.5 hours)

Parent Consultation – Update: \$290.98

Scheduled after every 4-5 child sessions, in the clinic or via telehealth. (1.5 hours including notes)

Therapy – Child Session: \$193.99

Therapy appointments on a weekly basis in the clinic (60 minutes including notes)

Therapy – Child Session with Travel: \$242.48

Therapy appointments on a weekly basis in home, daycare or school (75 minutes including notes & travel time)

Reduced Fee

We hold a limited number of reduced-fee spots for families who do not have access to external funding and meet our criteria.

While we are unable to process MHCP claims directly, if you are able to obtain a Mental Health Care Plan (MHCP) from your GP, we will be happy to offer a discounted rate for our services. **[FIND OUT MORE](#)**

PLAY THERAPY PHASES

Children generally progress through four phases during their play therapy journey. The duration of each phase is unpredictable, but regular weekly attendance tends to lead to faster and more positive results.



PHASE 1 **ENGAGEMENT**

Children explore the playroom and the toys, questioning what things they can and cannot do in the playroom. Some children will have the desire to touch and try out everything they see, other children will be hesitant and uncertain about what their role is in the playroom and look to the therapist to take the lead.

PHASE 2 **WORKING THROUGH**

The child and Therapist establish a relationship of trust and the child begins to play out underlying issues. A decrease in the child's functioning may accompany this phase as they make the decision to put in the work or keep resisting because it feels difficult. Often, things will get worse before they get better.

PHASE 3 **THERAPEUTIC GROWTH**

This is typically the longest phase of play therapy. Children show up to each session ready to put in the hard work required for personal growth. They are learning, healing, stepping out of their comfort zone, and making changes. Parents and carers often notice positive advances in their child's self-esteem, behaviours, communication, and overall outlook on life.

PHASE 4 **CONCLUSION**

This important phase entails the therapist and child summarising their time together and preparing to end the relationship. This occurs when children are consistently demonstrating their new skills with ease, and behavioural and emotional needs have stabilised in multiple environments.

4 UNIVERSAL OUTCOMES OF PLAY THERAPY

INCREASED REGULATION

Children learn to self-regulate, leading to a calm, centered demeanor with reduced severity and frequency of dysregulation. Reducing the impact of external triggers, enabling children to maintain composure and resilience when things don't go to plan



INCREASED SELF-ESTEEM

Children learn to believe in their abilities and face challenges with optimism and determination. Children gain the skills to navigate adversities, reducing the impact of fear and uncertainty in their lives.



INCREASED EMOTIONAL VOCABULARY

Children learn to communicate and express their feelings and needs more clearly, paving the way for better support and understanding from others.

INCREASED WORLDVIEW

Children learn to contemplate the outcomes of their actions, fostering a sense of responsibility and empathy. Children develop a more mature understanding of their role within their environment and relationships.

FREQUENTLY ASKED QUESTIONS

01 WHAT CAN I EXPECT FROM A SESSION

In Play Therapy, your child will come into the playroom while you wait in the waiting room (if possible). You may hear banging, laughing, yelling and singing - or it may be silent. Most of the time your child will leave regulated, but sometimes the session is hard for the child so they may need extra cuddles and affection from you. Your child may exit with a special gem which we call a 'transitional object' to help the transition from the therapy space to the home space. Your child may want to tell you everything that happened, or may want to keep it to themselves - both are acceptable.

02 WHAT IF I NEED TO TALK TO THE THERAPIST ABOUT MY CHILD

Try to avoid discussing your child in front of them before or after the session. Play Therapy is a safe space for your child and we try to minimise conversations about your child in front of them. If you have time sensitive questions or concerns, email your child's therapist directly. Alternatively, wait for the parent update sessions which we schedule every 4-5 child sessions. In the updates, we share progress, check in with each other and ask questions, all without your child present.

03 CAN I BE IN THE SESSION WITH MY CHILD

Play Therapy is designed to create a confidential and safe space for the child and that means having their parent/carer wait in the waiting room. However, we always strive to ensure that the child is comfortable and if that means having you in session with them, then we will accommodate that, usually with a slow, gentle separation over multiple sessions. Coming into session on their own can be a milestone for children and increase their independence and confidence. We also offer filial sessions such as Interplay if this is a concern.

04 SHOULD I TALK TO MY CHILD ABOUT WHAT HAPPENS IN SESSIONS

Play therapy is an important time for children to 'just be' without expectations or pressure to talk about their sessions. Try to resist asking your child questions such as "What did you play with?" Or "Did you have fun?". Instead, a statement such as "all done, it's time to go home now" reduces any pressure to share. If your child does initiate sharing about what they did in their sessions, that's absolutely fine!

FAQ CONT:

05 WHAT IF MY CHILD'S CHALLENGES BECOME WORSE WHILE THEY'RE IN THERAPY

Sometimes children's behavioural or emotional challenges can become worse before they get better while they are in therapy. This is because the process can bring up feelings, anxieties or hurts that may have previously been repressed. This is part of the process, and over time your child will develop resilience and coping strategies to deal with these challenges.

06 WHY DO YOU ONLY OFFER WEEKLY SESSIONS

Weekly sessions are ideal because Play Therapy relies heavily on building a strong therapeutic relationship, which develops gradually with each visit. When children go too long between sessions, this relationship can stagnate, slowing progress and making change more difficult. We typically only consider fortnightly sessions in rare cases. To support effective relationship building, we recommend starting with a block of five weekly sessions before reviewing the option of moving to fortnightly sessions. Please feel free to discuss this further with your therapist for more guidance.

07 WILL PLAY THERAPY TEACH MY CHILD HOW TO PLAY

This is a common misconception. We won't teach your child how to play as we know that how your child plays is the right way for them. If we tried to teach them to play, that would mean that our way is the 'right' way and theirs is the 'wrong' way. Instead, we follow your child's lead completely, we learn how they express themselves and 'talk play' in their language. This is why play therapy works, children feel heard, understood and respected.

08 MY CHILD PLAYS AT HOME, HOW IS THIS DIFFERENT

We also hear this a lot, and try to highlight the word 'therapy' in what we do. Just like how you speak at home but also see a Speech Pathologist or have a sensory swing at home but still see an Occupational Therapist. Play therapy supports what you already do whilst adding the psychological element of therapy and the communication of play to make it truly impactful.

FAQ CONT:

09 MY CHILD DOESN'T SAY MANY WORDS, CAN PLAY THERAPY STILL HELP

Play therapy does not require any words from your child to see change and make a difference to their life. We have experienced many children not utter a word for 20 sessions, yet progress and reach goals outside of the session. This is due to the unconditional positive regard we show each and every child. Accepting them the way they are in the moment and not expecting them to change for us. Note: The child does need a level of receptive language.

10 MY CHILD IS AUTISTIC, IS PLAY THERAPY APPROPRIATE

Definitely, we are proudly neurodivergent affirming! This means that no matter your child's neurotype, they are welcome in session with us. This also means that we will not try to change/fix/cure your child - no way! We will embrace your child, celebrate them and show them each and every session how amazing we think they are - just as they are.

11 CAN I USE MY NDIS FUNDING

Yes, we can accept self and plan managed NDIS participants.

12 HOW WILL I KNOW IT'S WORKING

You will be able to talk to your therapist about this in the parent/carer updates. It is likely you won't see any changes in the first 4-6 sessions as the child is still building trust in the therapist and space. After that, it could be things like a reduction in meltdown occurrences, increased tolerance of others, increased emotional regulation (e.g they recover from a negative experience faster). Sooo many things!

13 DO BOTH PARENTS HAVE TO CONSENT FOR A CHILD TO ATTEND

If there is no court order in place then only one parent needs to consent, however we do prefer for both parents to know about the sessions and give permission. We are happy to have 2 separate intakes, updates and communications.

If there is a court order in place, we cannot provide therapy unless it is inline with the order.



BOOK
A FREE
CONSULT
NOW

WE ACCEPT:

NDIS (self and plan managed)
Self-funded/private paying
DCP funded

FOUR WAYS TO BOOK A CONSULT:



klc.counsellor@gmail.com



0478 359 705



www.klccounselling.com.au



[Online booking calendar](#)

