

Play Therapy

A REVIEW OF THE EVIDENCE BASE



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Executive Summary

Be Centre

Be Centre is both Australia's leading play therapy organisation and one of the largest specialist play therapy centres in the world. The Be Centre's highly trained mental health professionals offer programs such as the 1-to-1 'Hear Me Play' program that give at-risk children the opportunity to express themselves through the medium of play. In addition to this core offering, Be Centre also offers a range of ancillary services and seeks to contribute to developing the play therapy evidence base. It is in accordance with Be Centre's role as a knowledge producer and advocate that this report has been developed.

This Review

This comprehensive review of the play therapy evidence base has been developed to extend upon the findings stemming from Be Centre's *Annual Impact Report 2021* prepared by SVA Consulting. In doing so, this review has consolidated the findings from pre-existing meta-analytical studies and single-case studies into the effectiveness of play therapy.

Key Findings

Research conducted for this review has found that:

- Play therapy has a positive effect on the behavioural and social-emotional competencies of children. This includes positive effects on:
 - Overall behaviour problems.
 - Internalising behaviours.
 - Externalising behaviours.
 - Social adjustment.
 - Anxiety and fear.
 - Development.
 - Self-efficacy.
 - Self-concept.
- The positive effect of play therapy on behavioural and social-emotional competencies can be observed in both normal functioning children and children with specific presenting issues such as autism, attention deficit hyperactivity disorder (ADHD) and disruptive behaviours.

- Play therapy has a positive effect on academic performance, especially in the areas of reading, mathematics and spoken language.
- Play therapy has a positive effect on children's relationships with both their peers and family members.
- Children whose parents and/or carers are involved in their play therapy journey exhibit greater benefits.
- The treatment setting and format of a child's play therapy experience can have an impact on overall effectiveness.
- The age, gender, cultural background and presenting issues of a child are unlikely to alter the effectiveness of play therapy.
- There has been little research done into the lifelong benefits of play therapy. However, evidence exists to suggest that:
 - Play can help to prevent the onset of health and well-being consequences associated with adverse childhood experiences.
 - The childhood benefits of play therapy may help to prevent individuals from exhibiting anti-social behaviour, criminal behaviour and severe mental health issues in later life.

1. Introduction

1.1 Background

1.1.1 Be Centre

Be Centre is Australia's leading play therapy organisation and is also one of the largest specialist play therapy centres in the world. The Be Centre's highly trained mental health professionals offer programs such as the 1-to-1 'Hear Me Play' program that give at-risk children the opportunity to express themselves through the medium of play. In addition to this core offering, Be Centre also offers ancillary services ranging from parent support sessions to an art club and holiday workshops. The Centre is also committed to developing the play therapy evidence base and promoting the effectiveness of this early intervention.

1.1.2 Play Therapy

Play therapy is a developmentally appropriate and culturally sensitive counselling intervention for children that enables them to use play to communicate and engage with their feelings. This form of treatment recognises that people have the internal resources required to both grow and reach their potential. Thus, play-therapy enables children, as opposed to therapists, to control the pace, direction and content of their therapeutic journey.

Based on the belief that play is a child's natural medium of communication and learning about themselves, others and the world around them, play therapy sets children on the path toward self-actualisation through self-expression and the processing of experience. This is especially important for children who have experienced adverse experiences such as grief and loss, domestic violence, divorce, attachment issues, bullying, medical trauma and chronic illness, abuse, autism spectrum disorders, ADHD, anxiety, bullying, and the impact of parental drug and alcohol use or mental health issues.

1.2 Scope and Methodology

This review has been developed in order to extend upon the findings uncovered in Be Centre's *Annual Impact Report 2021* prepared by SVA Consulting. As such, a review of existing meta-analytical reviews and single-case studies has been undertaken in order to develop a broad overview of play therapy's known benefits.

2. Play Therapy

The treatment of children with behavioural, social and emotional difficulties is most effective when therapists and counsellors adopt developmentally appropriate interventions. As such, play therapy has become one of the most popular therapeutic approaches for treating childhood mental health conditions (Blalock et al. 2019; Pester et al. 2019). Play therapy is a developmentally appropriate and culturally sensitive counselling intervention originating from Carl Rogers' philosophy of person-centred therapy (Cochran & Cochran 2017; Ritizi et al. 2017; Blanco et al. 2018; Blalock et al. 2019). This form of treatment recognises that people have the internal resources required to both grow and reach their potential (Ritizi et al. 2017). Thus, play-therapy enables children, as opposed to therapists, to control the pace, direction and content of their therapeutic journey (Hillman 2018).

Based on the belief that play is a child's natural medium of communication and learning about themselves, others and the world around them, play therapy sets children on the path toward self-actualisation through self-expression and the processing of experience (Cochran & Cochran 2017; Dillman Taylor et al. 2021). In addition, play therapy has the added benefit of being well-researched and effective in a variety of different contexts.

2.1 About the Be Centre

The Be Centre is one of the largest specialist play therapy centres in the world and is committed to empowering children who are experiencing emotional, social or behavioural difficulties (Be Centre 2021). In addition to programs for at-risk children, the Be Centre (2021)

also provides programs for parents, carers and professionals whilst simultaneously promoting awareness of play therapy as an effective clinical tool. It is in accordance with this aim that this report has been developed in order to provide an overview of the evidence base in support of play therapy’s effectiveness as an early intervention for children.

3. Evidence Base

The existing play therapy evidence base clearly suggests that this early childhood intervention has a positive impact on children’s behavioural and social-emotional competencies, their academic performance, and their relationships with both family members and peers.

3.1 Behavioural and Social-Emotional Competencies

The impact of play therapy on children’s behavioural and social-emotional competencies has been a primary focus of past research. For example, Lin and Bratton’s (2015) meta-analytical review of 52 previously published studies looking at the effectiveness of play therapy found that it could improve overall behaviour problems, internalising behaviours, externalising behaviours and self-efficacy in children. These findings are largely consistent with those uncovered in Ray et al.’s (2015) meta-analytical review of 23 studies focussed explicitly on the effectiveness of play therapy in schools. They also align closely with the findings of earlier meta-analytical studies by LeBlanc and Ritchie (2001), that noted the overall effectiveness of play therapy, and Bratton et al. (2005), which highlighted its positive impact on behavioural problems, social adjustment, personality concerns, self-concept, anxiety/fear and developmental/adaptive concerns.

Table 1 - The Effectiveness of Play Therapy at Improving Behavioural and Social-emotional Competencies

	Lin & Bratton (2015)	Ray et al. (2015)	Bratton et al. (2005)
Overall Behaviour Problems	✓	✓	✓
Internalising Behaviours	✓	✓	-

Externalising Behaviours	✓	✓	-
Self-efficacy	✓	✓	-
Social Adjustment	-	-	✓
Personality Concerns	-	-	✓
Self-concept	-	-	✓
Anxiety/Fear	-	-	✓
Developmental/Adaptive Concerns	-	-	✓

In the years subsequent to the publication of these reviews, additional meta-analytical and single-case studies have provided further evidence that play therapy is effective at improving the behavioural and social-emotional competencies of children. In particular, knowledge surrounding play therapy’s ability to improve internalising and externalising behaviours has been strengthened, while its effectiveness at reducing stress and social-skill deficits has been more clearly revealed (Pester et al. 2019; Parker, Hergenrather, Smelser & Kelly 2021). This is in addition to Blalock et al. (2019) revealing that play therapy can improve self-regulation in children, a finding that is consistent with SVA Consulting’s (2021) impact report looking at the effectiveness of the Be Centre’s work.

The effectiveness of play therapy at improving the behavioural and social-emotional competencies of children has also been observed in children with specific presenting issues such as autism, attention deficit hyperactivity disorder (ADHD) and disruptive behaviours. For example, the very first systemic review of play therapy literature pertaining to children with autism found promising signs when it came to improvements in social and emotional behaviours (Hillman 2018). Meanwhile, research conducted with ADHD diagnosed elementary school children found some evidence to suggest that play therapy is effective at improving on-task behaviour amongst this cohort (Swank & Smith-Adcock 2018). Stronger findings have, however, since been observed amongst children with more broadly defined disruptive behaviour. This is evidenced through Parker, Hunnicutt Hollenbaugh and Kelly’s (2021) meta-analytical study which found medium effect sizes for reducing externalising and overall problem behaviours, and small effect sizes when it came to improving aggression.

3.2 Academic Performance

It is made clear within the literature that there is an inextricable link between improvements in a child's behavioural and social-emotional competencies and their overall academic performance. For example, it is noted by Perryman and Bowers (2018) that children exhibiting strong emotional learning skills have improved potential for success in the classroom.

The meta-analytical studies conducted by Ray et al. (2015) and LeBlanc and Ritchie (2001) both acknowledged that participating in play therapy can improve a child's academic performance. More specifically, both studies noted play therapy had a small to medium effect on a child's overall academic performance. It is important to note, however, that Lin and Bratton (2015) only observed a small effect, and thus warned that the ability of play therapy to improve academic performance may actually be limited.

Further research conducted in the wake of Lin and Bratton's (2015) review has helped to strengthen the case that play therapy does have a positive effect on a child's academic performance. For example, it has been found in at least two studies that play therapy can lead to a statistically significant improvement in academic scores amongst normal functioning school children (Blanco et al. 2017; 2018). Similar findings have also been uncovered in studies looking specifically at the effect of play therapy on academic performance amongst at-risk kindergarten and second-grade students (Blanco et al. 2019; Perryman et al. 2020; Massengale & Perryman 2021). In fact, it has even been noted in one study that at-risk children who participate in play-therapy may see their academic results improve by more than their normal functioning peers who do not participate in play therapy (Perryman et al. 2020). It is important to note, however, that such improvements have only been confirmed within single-case studies and sometimes just in relation to specific subject areas.

Contemporary research examining the link between play therapy and academic performance has found improvements within specific subject areas. In particular, reading, mathematics and spoken language have been observed by both Blanco et al. (2017) and Perryman et al. (2020) to be improved through participation in play therapy at a young age.

3.3 Relationships

The evidence base to support play therapy's positive effect on a child's relationships is limited when compared to the focus that has been given to behaviour, social-emotional competencies and academic performance. However, this is not to suggest that play therapy is ineffective at improving the relationships that children have with their family members and peers.

It was found during Bratton et al.'s (2005) meta-analytical review that a strong positive relationship exists between participation in play therapy and improvements in the parent child relationship. Meanwhile, evidence also exists to suggest that play therapy has a positive effective when it comes to improving a child's relationships with their peers (LeBlanc & Ritchie 2001; Hillman 2018).

4. Determinants of Success

A key focus of the play therapy literature has been to determine whether factors like parental involvement, intervention setting and format, and demographic variables have any impact on overall effectiveness.

The latest *Annual Impact Report* prepared for the Be Centre reveals that greater outcomes were often achieved for children whose parents or carers were actively engaged in their play therapy journey (SVA Consulting 2021). This is highly consistent with previous research that has examined the effect of parental involvement on the effectiveness of play therapy. For example, LeBlanc and Ritchie (2001), Bratton et al. (2005), and Lin and Bratton (2015) all noted in their large-scale meta-analytical reviews that parental involvement produced the largest positive effects.

The contribution of treatment setting and format to play therapy's overall success has also been well studied. This is highlighted by the fact that school-based and clinic-based settings have both been found to produce positive outcomes for children engaged in play therapy (Bratton et al. 2005; Ray et al. 2015). In addition, group and individual therapy formats have also both been observed to lead to positive outcomes (Bratton et al. 2005). Whilst play

therapy's setting and format don't appear to significantly alter effectiveness, it does appear as though the number of sessions completed and the rigour of treatment protocols can alter play therapy's overall effectiveness. For example, it has been noted within two meta-analytical studies that optimum effect is observed within children who participate in 30 to 40 play therapy sessions (LeBlanc & Ritchie 2001; Bratton et al. 2005). Meanwhile, play therapy treatments guided by rigorous procedures that involve instruction manuals and appropriate therapist training were found by Lin and Bratton (2015) to be more effective than methods not underpinned by the same level of rigour.

It is important to note that much of the literature is in agreement on the fact that a child's demographic information is unlikely to hinder or improve the effectiveness of play therapy in their individual case. For example, it is noted between Bratton et al.'s (2005) and Lin and Bratton's (2015) studies that a child's age, gender, cultural background and presenting issues are all unlikely to have a significant impact on their ability to benefit from play therapy. It is important to acknowledge, however, that Lin and Bratton (2015) believe that effectiveness may possibly be marginally more effective in children aged under eight years of age than in children aged over eight.

5. Lifelong Benefits

There is currently a lack of research capable of attesting to the lifelong benefits that accompany having participated in play therapy as a child. However, it is not unreasonable to suggest that the benefits of this therapeutic intervention extend into adulthood.

Research conducted by Pliske et al. (2021) identified ten adults who had been exposed to four or more adverse childhood experiences but who did not develop negative health and well-being outcomes. It was ultimately found that these participants' involvement in play and the arts as children provided them a context for self-expression, self-care and problem-solving, factors which are noted to have helped prevent the onset of long-term impacts associated with adverse childhood experiences (Pliske et al. 2021). Whilst this study was not focussed explicitly on individuals who had participated in play therapy, it is strong evidence that

involvement in play as a child can have benefits into adulthood within individuals exposed to adverse childhood experiences.

It is likely that the benefits of play therapy observed in childhood, such as improved behavioural and social-emotional competencies, academic results and interpersonal relationships, may also have longer lasting effects. It is noted by Perryman and Bowers (2018) that young children who exhibit behavioural problems are likely to develop more severe problems as they age. These problems include anti-social behaviour, criminal behaviour leading to incarceration and potentially more severe mental health issues (Perryman & Bowers 2018; Blanco et al. 2019). Hence, participation in interventions like play therapy that are known to lead to improved behavioural competencies are likely to have benefits later in life.

6. Conclusion

This review has sought to extend beyond Be Centre's *Annual Impact Report 2021* by developing a broad overview of play therapy's known benefits for participants and their families. As such, the literature pertaining to the effects, determinants of success and lifelong benefits of play therapy has been reviewed in order to present a concise summary of the findings from pre-existing meta-analytical reviews and single-case studies.

The primary findings of this process include:

- Play therapy has a positive effect on the behavioural and social-emotional competencies of children. This includes positive effects on:
 - Overall behaviour problems.
 - Internalising behaviours.
 - Externalising behaviours.
 - Social adjustment.
 - Anxiety and fear.
 - Development.
 - Self-efficacy.
 - Self-concept.
- The positive effect of play therapy on behavioural and social-emotional competencies can be observed in both normal function children and children with specific presenting

issues such as autism, attention deficit hyperactivity disorder (ADHD) and disruptive behaviours.

- Play therapy has a positive effect on academic performance, especially in the areas of reading, mathematic and spoken language.
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- The treatment setting and format of a child’s play therapy experience can have an impact on overall effectiveness.
- The age, gender, cultural background and presenting issues of a child are unlikely to alter the effectiveness of play therapy.
- There has been little research done into the lifelong benefits of play therapy. However, evidence exists to suggest that:
 - Play can help to prevent the onset of health and well-being consequences associated with adverse childhood experiences.
 - The childhood benefits of play therapy may help to prevent individuals exhibiting anti-social behaviour, criminal behaviour and severe mental health issues in later life.

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