

**An Investigation into Which Techniques of Play Therapy are  
Most Effective across a Spectrum of Behaviors in Children**

**Honors Thesis**

**Presented in Partial Fulfillment of the Requirements For the Degree of  
Bachelor of Science in Psychology**

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## **Abstract**

Play Therapy, a type of therapy in which play is used to help a client share their emotions and work through their issues, is a globally used practice (Cassado-Frankel, 2016). It is used to help many children combat their trauma, anxiety, depression, and several other disorders and conditions. This thesis reports on a meta-analysis of 11 previous research studies in the psychological literature research conducted on this subject and an analysis of data collected via an original survey completed by seventeen child therapists in the New England area who use play therapy on a regular basis with their clients. Consistent with previous studies in the literature, survey respondents reported that play therapy is very effective in helping children clients with their struggles. The survey found that the participants believed a play therapy session should be 30-60 minutes on average in order for it to be effective. The survey also found several patterns in which types of play therapy are most commonly practiced for different types of conditions. For example, the most preferred types of play therapy to practice were Child-Centered Play Therapy and Non-Directive Play Therapy. Another pattern found was that play therapy was most popularly practiced with clients who have anxiety disorders and least used with clients who have oppositional defiant disorder.

## Introduction

Play Therapy was developed a lot further back than many people may believe. Plato, the Greek philosopher, who lived from 429-357 BC, once stated that “you can discover more about a person in an hour of play than in a year of conversation” (Yorke, 2012). Much later, in the 1900s, Sigmund Freud was the first psychologist to publish a case on Play Therapy. In 1909, he published a documented case on play being used in a therapeutic setting titled “Little Hans” (Yorke, 2012). Since then, therapists have been using Play Therapy in their patients in order to help aid a myriad of issues and/or difficulties.

However, there has been very little research done on whether specific types of Play Therapy are more beneficial to clients with one specific challenge versus another. That is the question that this thesis strives to answer. There has been an abundance of research on the different types of and strategies used in Play Therapy and their measured benefits on subjects. Be that as it may, would having a deeper understanding on types of therapy aimed towards clients with specific emotional and behavioral issues help the client succeed even more?

In modern times, there is a significant amount of stress on today’s generations, as a result of this, therapeutic help is more needed than ever. The looming pandemic, climate change, polarized politics, are a few of the many stressors. This is especially true concerning children. Decades of evaluation research demonstrates therapy can help a person overcome their anxieties, understand their emotions, and get back to full functioning. A meta-analysis of play therapy outcomes research from 1947 to the present shows that 6 of 8 studies noted a decrease in behavioral disturbances in school environments, 7 of the 9 studies showed a decrease in anxiety,

and 8 of 8 studies showed improvement in physical and learning disabilities (Bratton & Ray, 2000).

Unfortunately, therapy is not a “one-size-fits-all” type of resource; different techniques and strategies work for different people and this is true for children as well. One very popular type of therapy that is used with patients who are children is Play Therapy. Play therapy is a practice that utilizes the act of play, in several different manners, in order to help clients express their emotions to a therapist. There are several different ways to go about using play therapy with children currently in use. The two main categories of play therapy that most subcategories fall into are Directive and Non-Directive (Child-Centered). Directive Play Therapy is when a therapist directs the session of play and encourages the client to talk about certain topics, answer certain questions, or participate in certain activities. Non-Directive Play Therapy is when a therapist watches what the child does in the session of play and interprets their actions, (Gierok, 2022). There are more specific subcategories of these two main categories such as Sand Play Therapy, Group Play Therapy, Expressive Arts Therapy, and Imaginary Play Therapy. However, an interesting question presents itself; is there a way to know which type of play therapy is most beneficial to each individual child given their behavioral challenges and emotional spectrums? That is the question that this research paper will strive to answer.

This study investigates a wide variety of play therapies. I used a mixed-methodology approach. The first section of this paper describes the methodology used to collect and analyze data found in previously published literature, and I include a meta-analysis of existing findings in a table. The second section describes my original survey of licensed children’s therapists who use play therapy. These questions focus on understanding the therapists’ personal experiences of using play therapy with their clients as well as their professional opinions of different aspects of

play therapy. The results from this survey are cross-analyzed with the data from the literature review. I investigate whether there are any patterns as to what type of play therapy a therapist uses when a client has a specific behavior or diagnosis. Finally, I present an analysis of the effectiveness of different types of play therapies in different behaviors and diagnoses.

The hypothesis of this research is that results will not be uniformly in favor of one type of play therapy, but rather patterns will emerge with respect to clusters between types of Play Therapy and types of emotional or developmental Issues.

### **Meta-analysis**

#### **Procedures**

I looked into 11 different studies previously done on the subject of play therapy. Some were case studies, some were surveys, and others were analyses of previous studies. I searched Salem State's databases in the category of Psychology. Some of the key terms I used to search for studies were, "play therapy", "play therapy for PTSD", "play therapy for Autism", "play therapy for ADHD", "play therapy for anxiety", and "play therapy for depression". I limited the search to peer-reviewed research articles written in English that were published between 2000 and 2020.

#### **Results**

Table 1 displays the findings from each of the 11 studies selected for the review. The table includes the name of the study, the authors, the year the study was done, the types of play therapy it explored, the frequency in which the therapy was used, the sample size, the age range, the emotional or behavioral disorder displayed, and the main findings.

Table 1

## Prior Research Studies on the Effectiveness of Play Therapies

Name of Study	Author(s)	Date	Type of Play Therapy	Frequency	Sample Size	Age Range	Emotional or Behavioral Disorder	Main Findings
			Non directive vs. Directive, Individual vs. Group, Symbolic vs. Nonsymbolic					
Non-Directive Play Therapy for Young Children with Autism: A Case Study	Josefi, et al	2014	Non-directive play therapy	16 one-hour sessions over a 5-month period	1	6 yrs	Autism	Child demonstrated attachment behavior towards the therapist. Child's development of autonomy and pretend play were improved and the boy's mother reported increased independence and empathy.
Effectiveness of Group Play Therapy in Generalized Anxiety Disorder of Children	Karahmadi, et al	2011	Group Play Therapy	Weekly one-hour sessions for three months	30	5-11 yrs	GAD (Generalized Anxiety Disorder)	Findings were that group therapy reduces GAD symptoms both in posttest stages and in follow up stages
Play Therapy-Reaching the Child With Autism	Parker, et al	2011	Symbolic Play/Sandplay Therapy	Weekly 45 minute sessions for twelve weeks	1	7 yrs	Autism	There was a very sharp decline in misbehaviors such as visits to lunch detention room, refusal to participate in class, hitting or biting other children, and classroom tantrums
A Case-Based Example of a Nondirective Approach	Lawver, et al	2008	Non-directive play therapy	Not specified	1	6 yrs	Oppositional Defiant Disorder	The child lessens his aggression during play throughout sessions, learns how to do tasks independently, and the therapist encourages him to more positive play

Methodological Considerations for a Directive Play Therapy Approach for Children with Autism and Related Disorders	Stagnitti, et al	2017	Directive Play Therapy	22 one-hour sessions	4 yrs, 5 yrs, 6 yrs	3 yrs	Autism	Henry started mainstream school and his mother reported him writing stories on his own three months later. Ben was able to use absent objects in play and his mother reported that other children at his preschool came to Ben for play ideas. Nigel was able to play for two hours at home without adult supervision and attended a special school for children with intellectual disability and other diagnoses such as autism
Intensive Short-Term Child-Centered Play Therapy and Externalizing Behaviors in Children	Ritzi, et al	2016	Intensive Short-term Child-Centered Play Therapy	2 30-minute sessions daily for two weeks	24	6-9 yrs	In order to qualify children had to be "described as demonstrating high levels of problematic externalizing behaviors by one or more caregivers" or "identified as having borderline or clinical levels of externalizing behaviors according to the CBCL"	Children in treatment group showed a statistically significant decrease in scores on Externalizing Problems and the subscale Aggressive Behavior as compared with children in the waitlist control group
The Effect of Group Play Therapy on Social-Emotional Skills in Pre-School Children	Chinekesh, et al	2013	Group Play Therapy	15 90-minute sessions	372	PreK	Children learning Social Emotional Skills, children with a range of abilities, no particular disorder	Group game therapy significantly improves cognitive development
Impact of play therapy on parent-child relationship stress at a mental health training setting	Ray	2008	Child-Centered Play Therapy	40-50 minute sessions, Range of sessions was between 3-74 sessions	202	2-13 years	Parent-Child Relationship Stress, no particular disorder, relationship stress	CCPT demonstrated a statistically significant positive effect on the stress of the parent-child relationship

Effects of Alderian Play Therapy on Reducing Students' Disruptive Behavior	Meany-Walen, et al	2012	Alderian Play Therapy	30-minute sessions, once a week	58	K-3rd grade	Disruptive Behaviors	A reduction in scores on the TRF and ITS scales indicated improvement in the targeted behavior
An Exploratory Study of Child-Centered Play Therapy With Aggressive Children	Ray, et al	2009	Child-Centered Play Therapy	7 weeks of play therapy sessions, 2 30-minute sessions per week	42	4-11 years	Aggressive Children	Teachers reported significant differences and parents reported moderate differences interpreted through effect sizes for children participating in CCPT
Two Case Studies of Child-Centered Play Therapy for Children Referred With Highly Disruptive Behavior	Cochran, et al	2010	Child-Centered Play Therapy	Not specified	2	6 years	Highly Disruptive Behaviors	Both clients made significant progress

There are a few key patterns in the data above. One thing that can be seen from the table is that child-centered/non-directive play therapy was more commonly used in the studies than directive play therapy. (Sand play therapy and Alderian play therapy are considered non-directive). Also, one can see that the age range of subjects ranged from 2 years old to 13 years old with the majority of clients being 5-9 years old. The most common disorder of subjects

in the meta-analysis was Autism Spectrum Disorder. Every article showed improvement in the children's lives after they went through several sessions of play therapy. Some children had improved cognitive development. Some children lessened their aggression. Some children had reduced anxiety symptoms. Some children had lessened disruptive behaviors. Every article showed a positive improvement in the child's social and/or emotional life.

## Therapist Survey

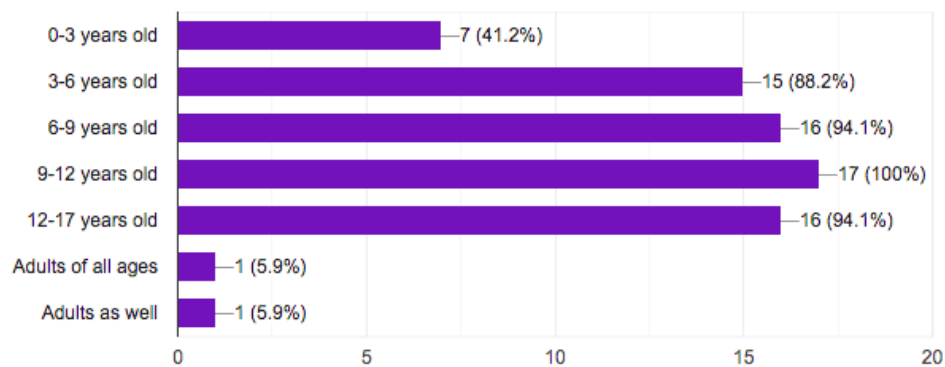
### Therapist Characteristics

Out of those 60 contacted, 17 licensed therapists participated in the survey. The age range of clients these therapists worked with was very broad, from infant clients to adult clients: seven of the 17 therapists worked with 0-3 year old clients, 15 of the 17 therapists worked with 3-6 year old clients, 16 of the 17 therapists worked with 6-9 year old clients, 17 of the 17 therapists worked with 9-12 year old clients, 16 of the 17 therapists worked with 12-17 year old clients, and 2 of the 17 therapists worked with adult clients (see Table 2).

**Table 2**

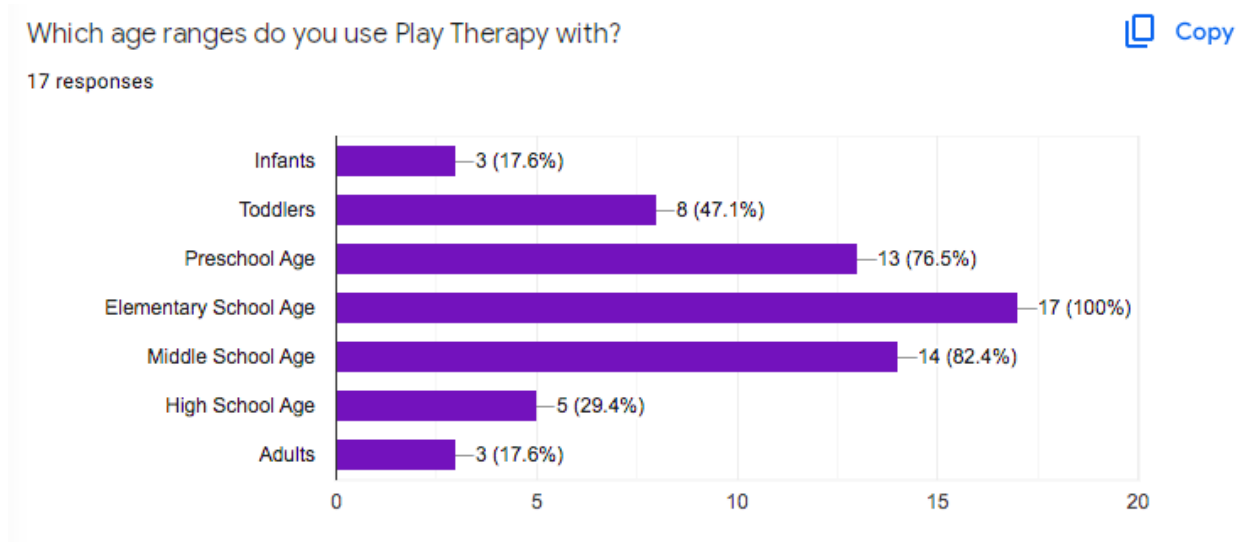
What age range of clients do you work with? Check all that apply.

17 responses



Of the ages of clients worked with, 3 of the 17 therapists used play therapy with infants, 8 of the 17 therapists used play therapy with toddlers, 13 of the 17 therapists used play therapy with preschool aged children, 17 of the 17 therapists used play therapy with elementary school aged children, 14 of the 17 therapists used play therapy with middle school aged clients, 5 of the 17 therapists used play therapy with high school aged clients, and 3 of the 17 therapists used play therapy with adult clients (see Table 3).

**Table 3**



The participants worked with a great range of behavioral and emotional challenges including GAD, PTSD, ASD, Child-Parent Relationships, ODD, Children with Disruptive Behaviors, Children with Aggressive Behaviors, ADHD, Depression/Mood Disorders, RAD, Borderline tendencies, traumatic experiences, sexual abuse, divorce, and problematic sexual behaviors (See Table 4).

**Table 4**

### Participant Recruitment

I reached out to 60 licensed therapists listed in PsychologyToday.com who primarily work with children in New England to participate in my survey. The website, PsychologyToday.com lists therapists in a given geographical area with certain specialties. I narrowed my search to licensed therapists in New England who primarily worked with children as clients. The website provides you with contact information for these therapists. However, some therapists had just phone numbers as contact information and some therapists had just email addresses as contact information.

For the psychologists that just had phone numbers listed, I used the following phone script to offer them the opportunity to participate in the study:

Hello,

My name is Jamie Boghosian, I am a senior at Salem State, and I am calling because I am searching for licensed therapists to participate in my survey for my senior thesis research paper. The research paper is on the use of play therapy with children clients. If this is something you're interested in, I can send you more information about the study and send you the link to the online survey.

I would be very grateful for a phone call back, my phone number is \*\*\*-\*\*\*-\*\*\*\*.

Thanks so much.

For the psychologists that just had email addresses listed, I used the following email script to offer them the opportunity to participate in the study:

Hello there,

My name is Jamie Boghosian and I am a senior at Salem State University.

I am currently conducting a research study on the use of Play Therapy. I am looking for Licensed Therapists to fill out a brief survey on their own experiences and opinions about Play Therapy.

I would really appreciate it if you could fill out this survey.

Please feel free to contact me with any questions, comments, or concerns.

Thank you so much in advance.

Best,

Jamie Boghosian  
\*\*\*\*\*@salemstate.edu

(Link to the survey)

## Survey Instrument

The survey consists of 13 questions; nine of the questions are multiple choice questions and 4 are open response questions. The survey consists of three parts. The first part is questions that all participants will answer, whether they use play therapy with their clients or not. The second part is questions that only participants who do use play therapy with their clients will answer. The third part is questions that only participants who do not use play therapy with their clients will answer. The questions to the survey are in the Appendix.

## Survey Procedures

The data was collected electronically using Google Forms. Before the questions begin, there is a Disclosure Statement. By continuing the survey, participants understood that they had consented for their responses to be used for this research thesis.

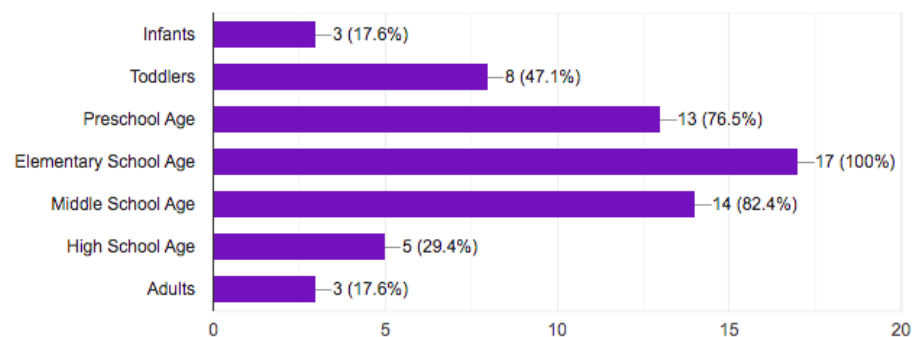
## Results

All of the participants engage in play therapy with their clients. 88.3% believe that play therapy is effective in helping children with their problems/challenges, however, the types of play therapy they use varies.

**Table 5**

Which age ranges do you use Play Therapy with?

17 responses

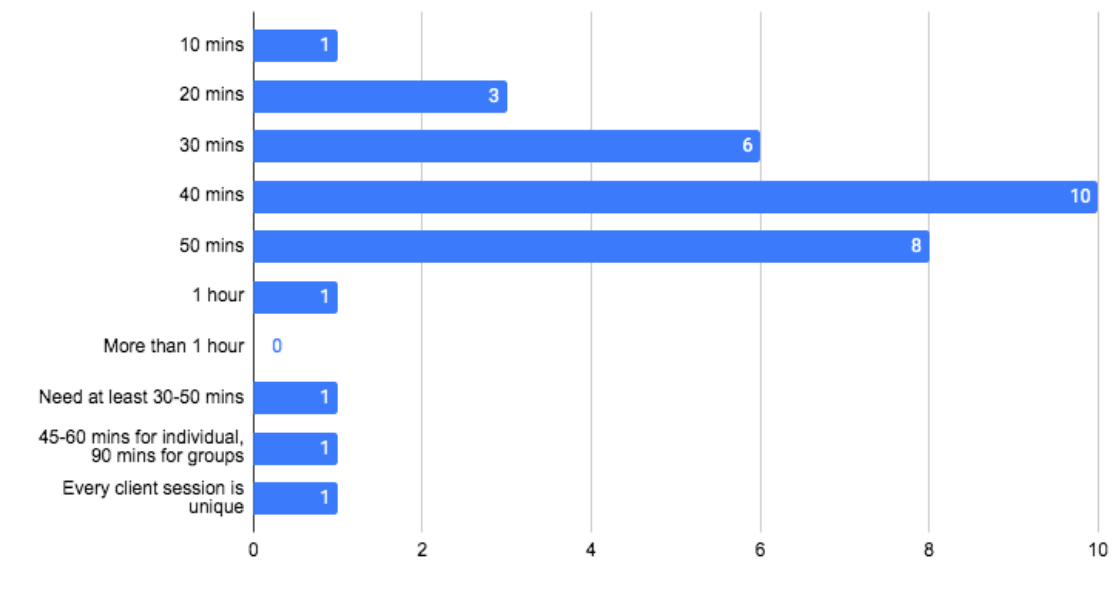


In terms of how frequently they use play therapy, 12 participants use it every session or almost every session with their child clients. 6 participants stated that it depends on the client's age, needs, and the situation.

In terms of age ranges, play therapy was most popularly practiced with children of preschool age, elementary school age, and middle school age.

**Table 6**

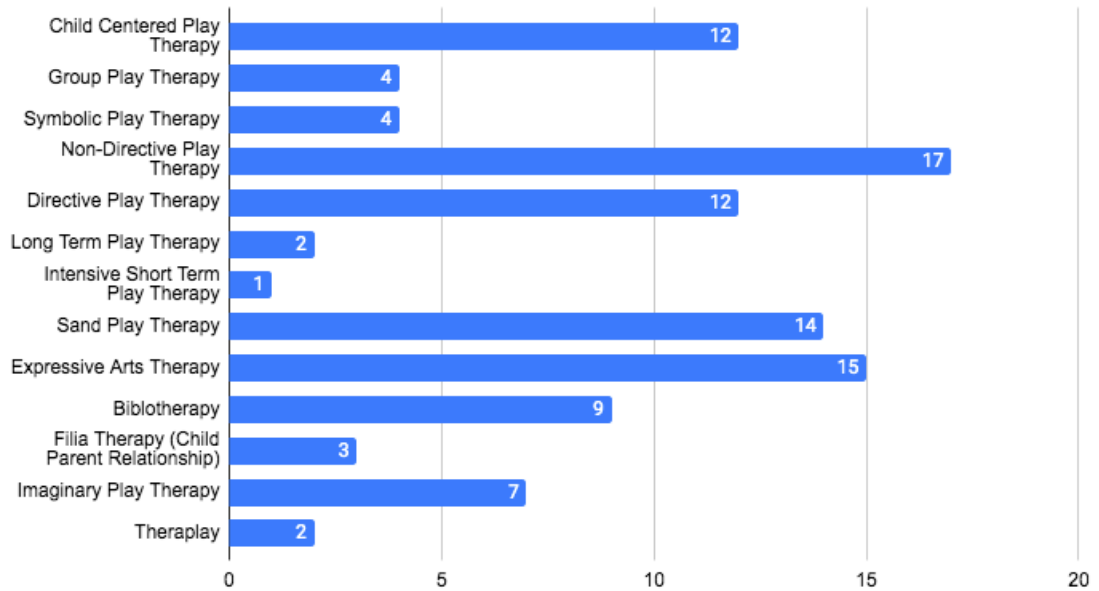
How long do you believe a session of play therapy should be in order to be succesful?



The most popular responses for how long play therapy sessions should last were 30 minutes to one hour.

**Table 7**

Check all the types of play therapy you have practiced with your clients

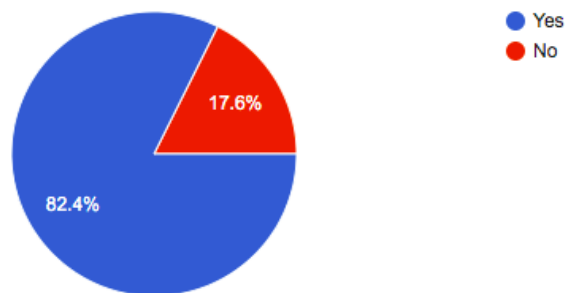


Based on the chart above, it seems that the three most popular types of play therapy among the participants are Non-Directive Play Therapy, Expressive Arts Therapy, and Sand Play Therapy.

**Table 8**

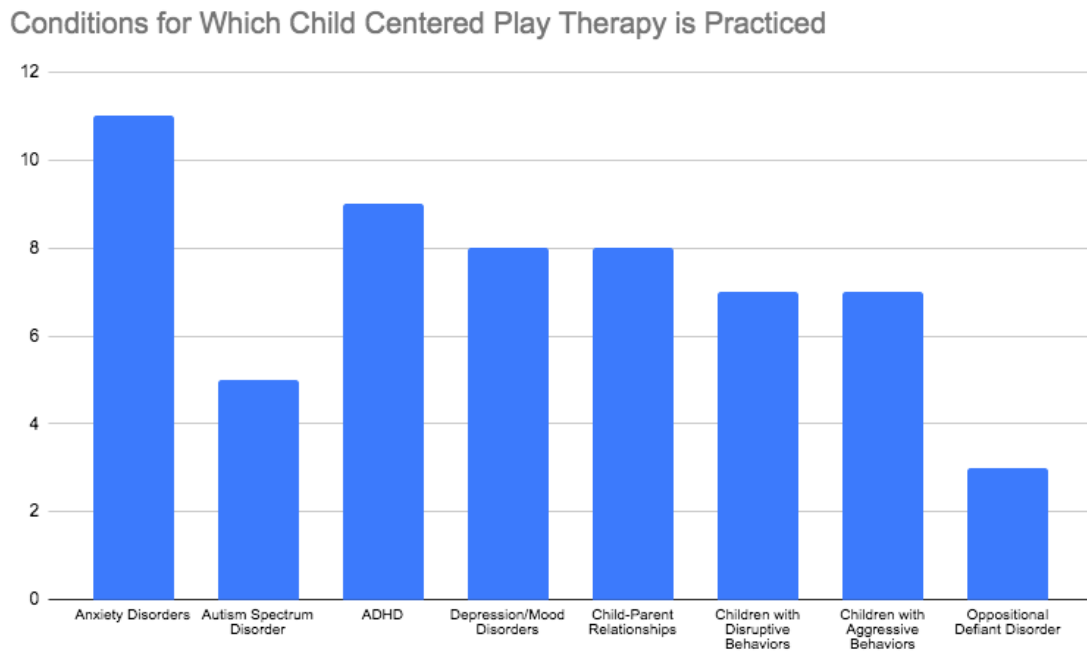
Does the type of behavioral or emotional challenge a client has influence the type of play therapy you use?

17 responses



The majority of participants said that the emotional challenge of a client has an influence on the type of play therapy they use. 82.4% said that it does have influence while 17.6% said it does not.

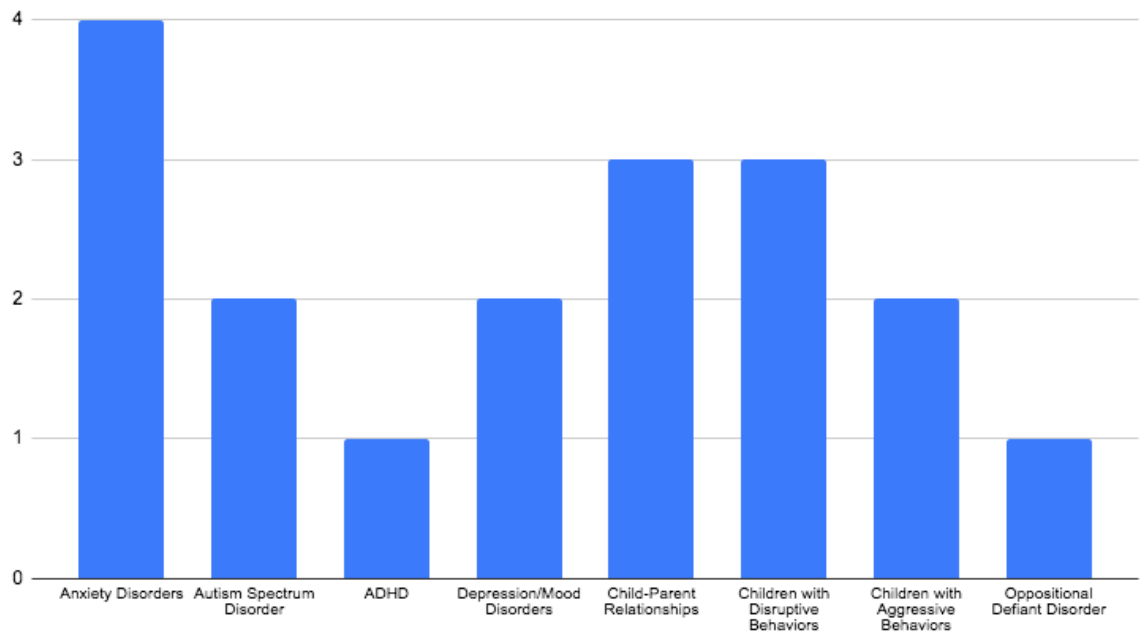
**Table 9**



Child Centered Play Therapy was most popularly practiced with clients with anxiety disorders and ADHD (see Table 9) and Group Play Therapy was most popularly practiced with clients who have anxiety disorders, child-parent relationships, and children with disruptive behaviors (see Table 10). Results show that Symbolic Play Therapy was most popularly practiced with clients who have anxiety disorders. Whereas, Symbolic Play Therapy was not used at all for clients with Oppositional Defiant Disorder (see Table 11)

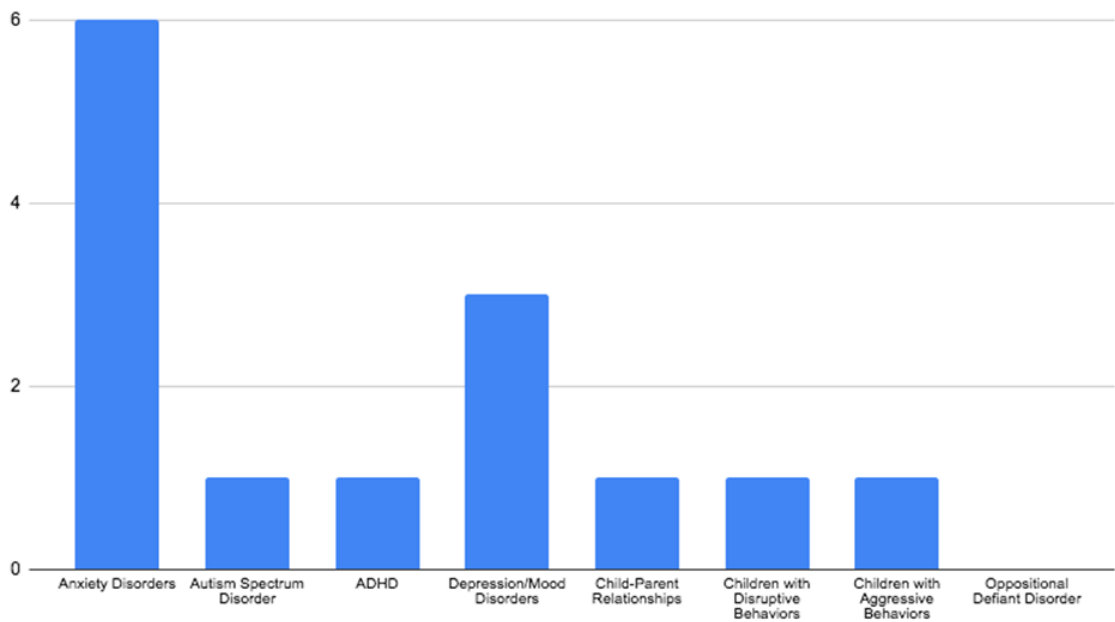
**Table 10**

Conditions for Which Group Play Therapy is Practiced



**Table 11**

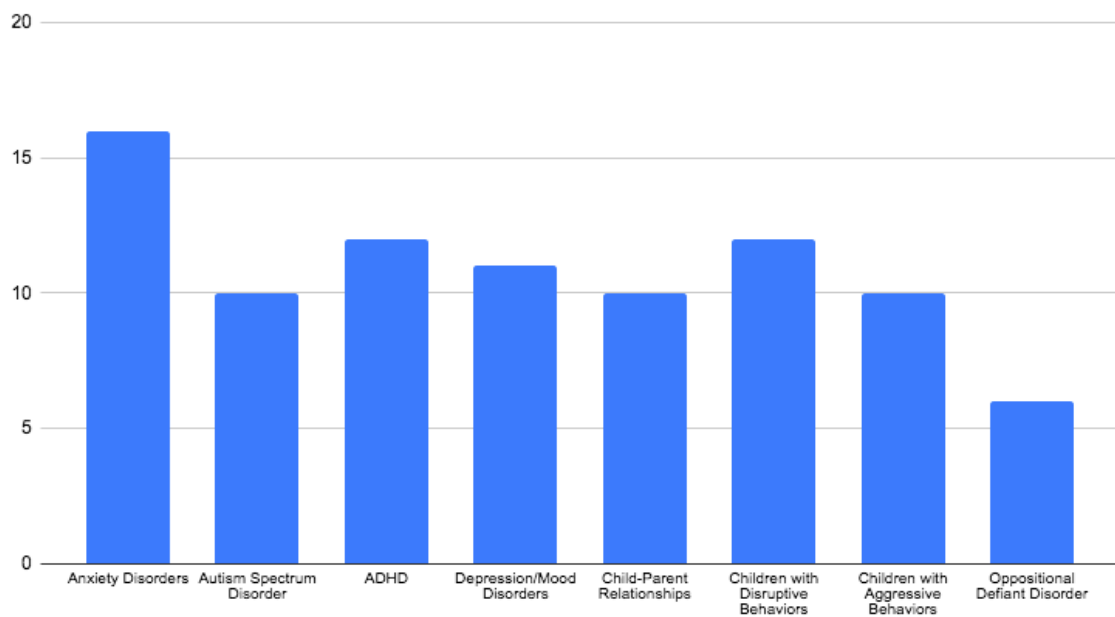
Conditions for Which Symbolic Play Therapy is Practiced



Non-directive play therapy was most popularly practiced with clients who have anxiety disorder and least popularly practiced with clients who have Oppositional Defiant Disorder (Table 12). Long term play therapy was most popularly practiced with clients who have anxiety disorders, disruptive behaviors, and aggressive behaviors. It was not practiced at all with clients with Oppositional Defiant Disorder (Table 13).

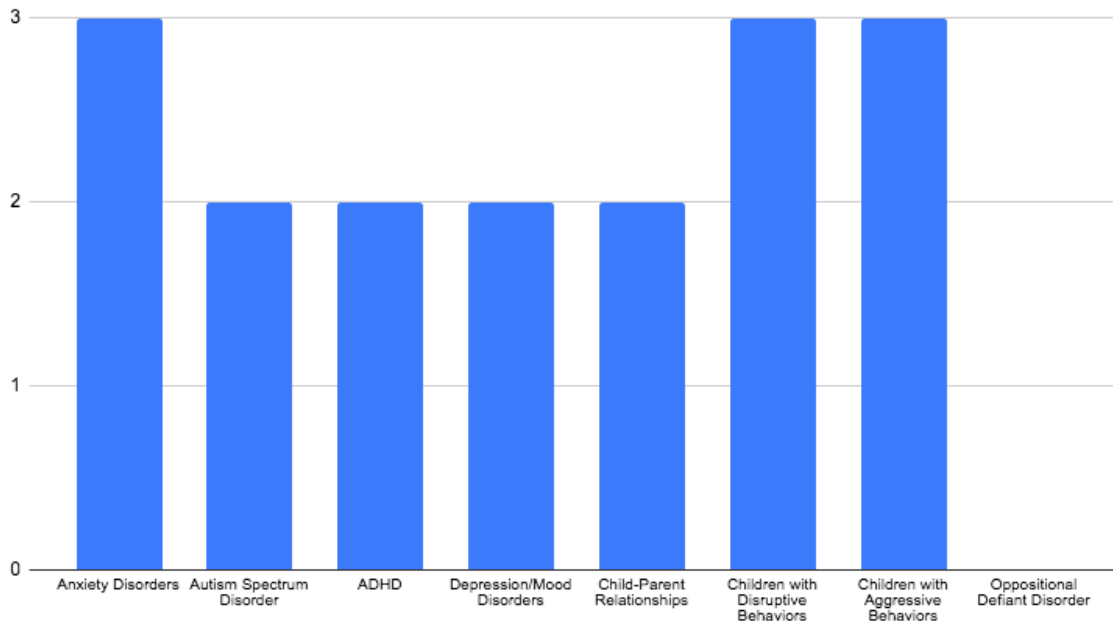
**Table 12**

Conditions for Which Non-Directive Play Therapy is Practiced



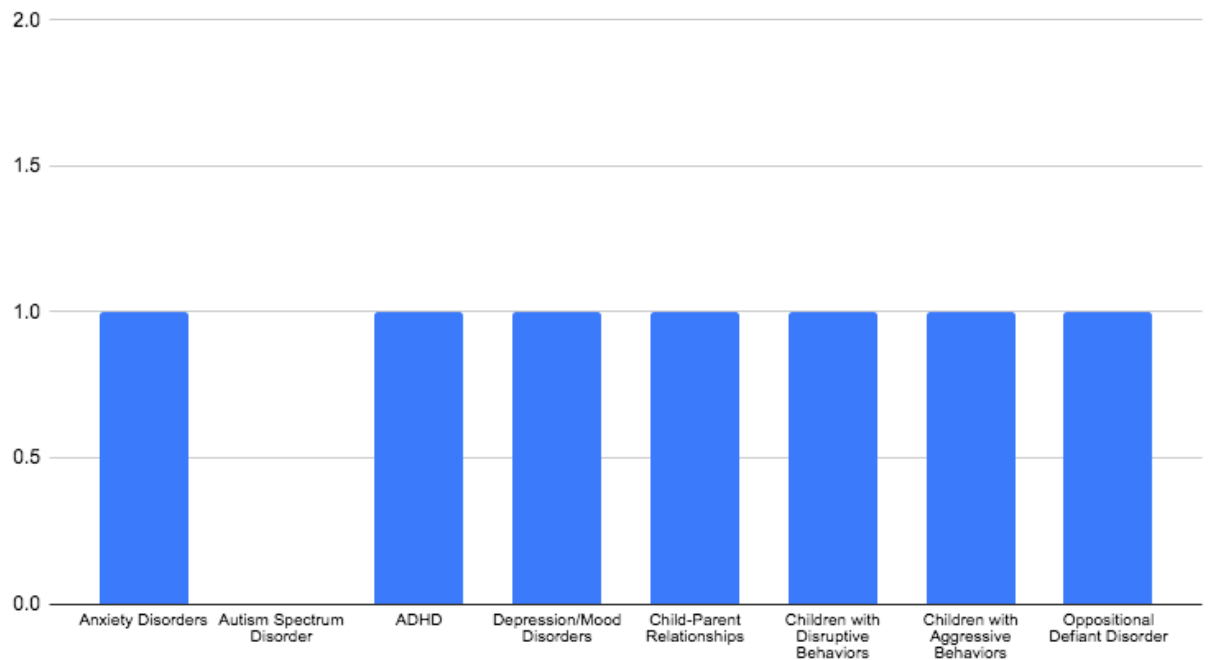
**Table 13**

Conditions for Which Long Term Play Therapy is Practiced



**Table 14**

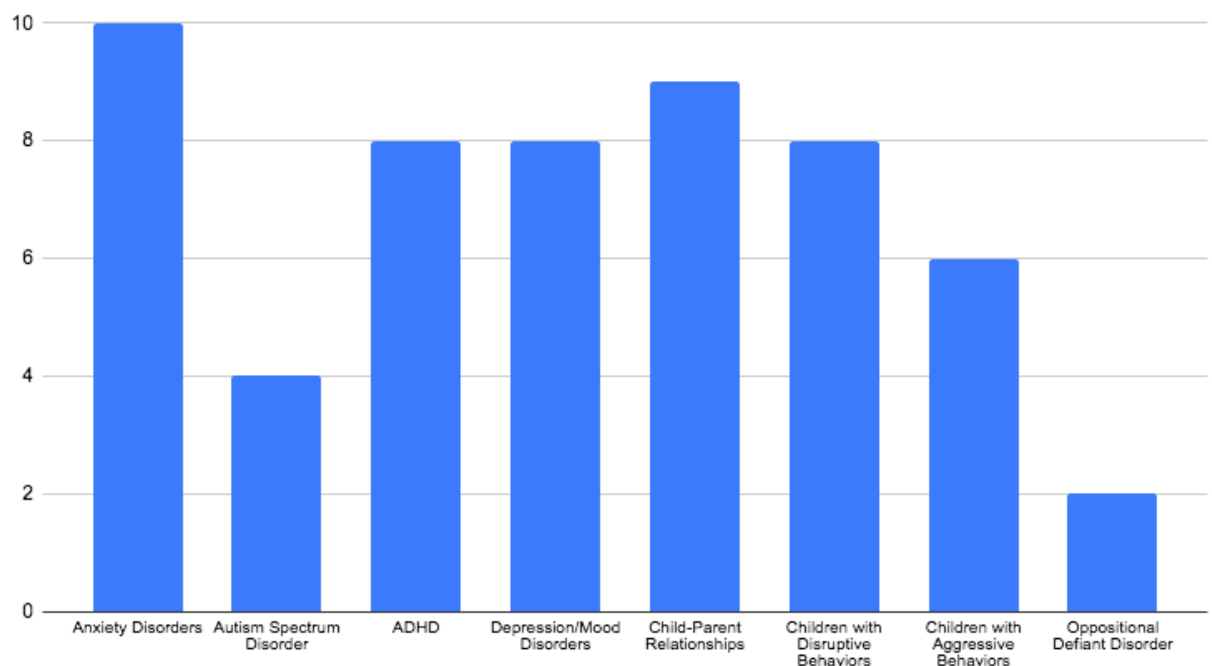
Conditions for Which Intensive Short Term Play Therapy is Practiced



Intensive short term play therapy was evenly practiced among all disorders other than Autism Spectrum Disorder. It was not as commonly used as other types of play therapies in the survey. Only one out of 17 therapists per disorder chose this therapy to use with these disorders

**Table 15**

Conditions for Which Sand Play Therapy is Practiced

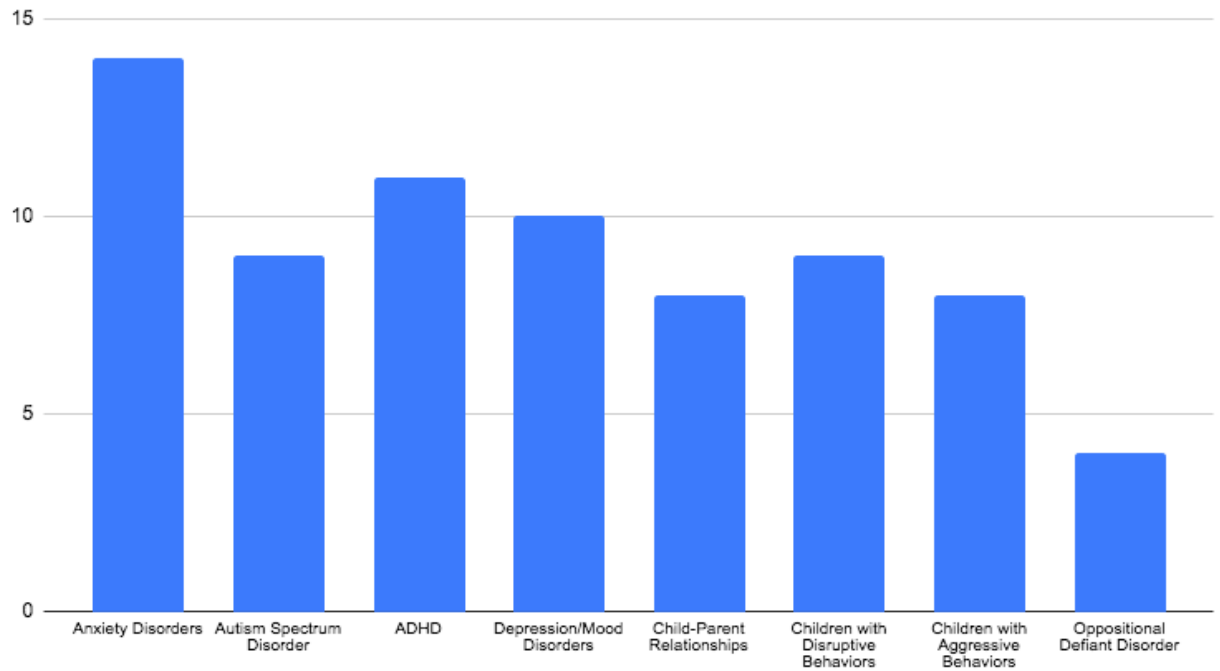


Sand play therapy was most popularly practiced with clients who had anxiety disorders and child-parent relationships. It was least popularly practiced with clients who had Oppositional Defiant Disorder (Table 15). Expressive arts therapy was most commonly practiced with clients with anxiety disorders and least commonly practiced with clients with oppositional defiant disorder (Table 16). Bibliotherapy was most commonly used with clients who had anxiety disorders and least commonly used with clients who had oppositional defiant disorder (Table 17).

Finally, Imaginary play therapy was most commonly practiced with children with anxiety disorders and not practiced at all with children with oppositional defiant disorder (Table 18).

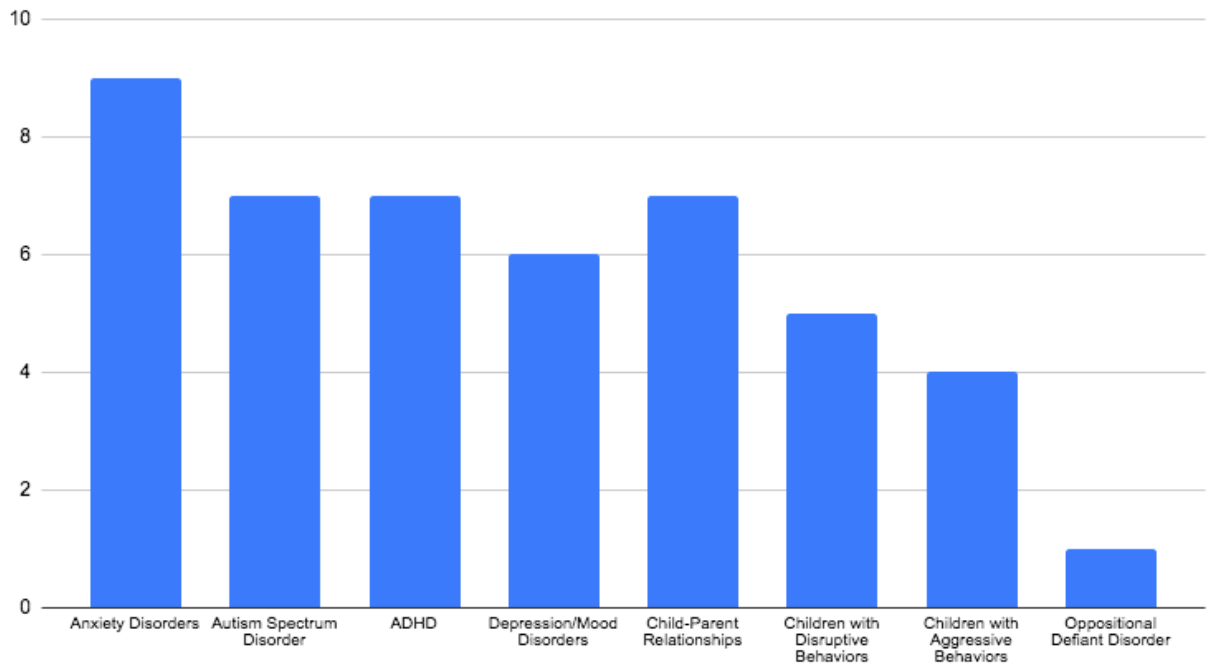
**Table 16**

Conditions for Which Expressive Arts Therapy is Practiced



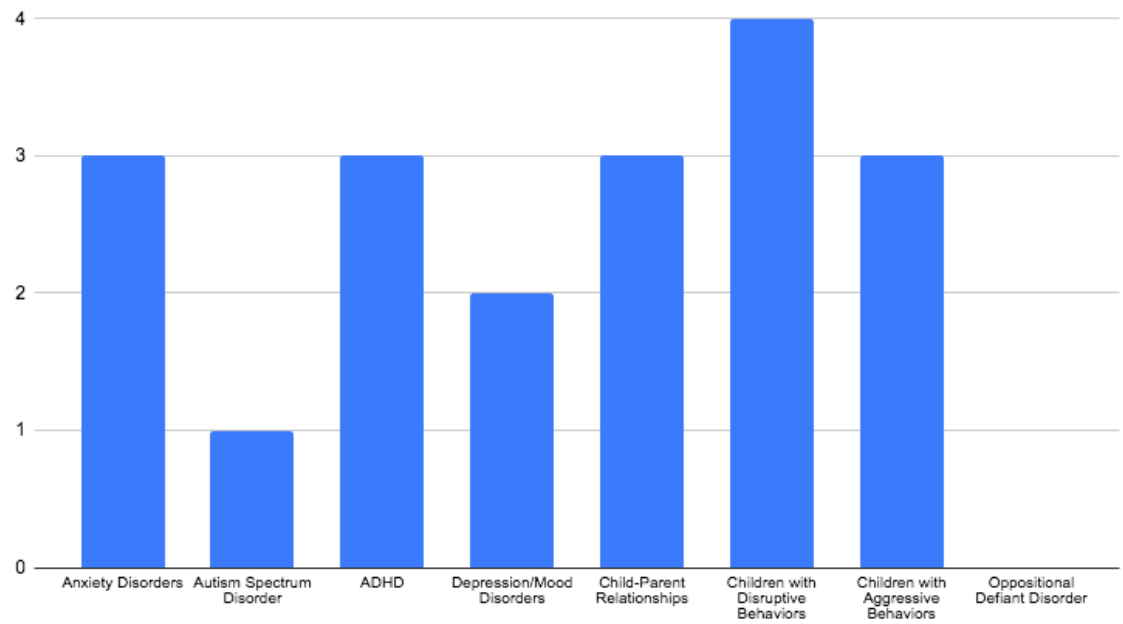
**Table 17**

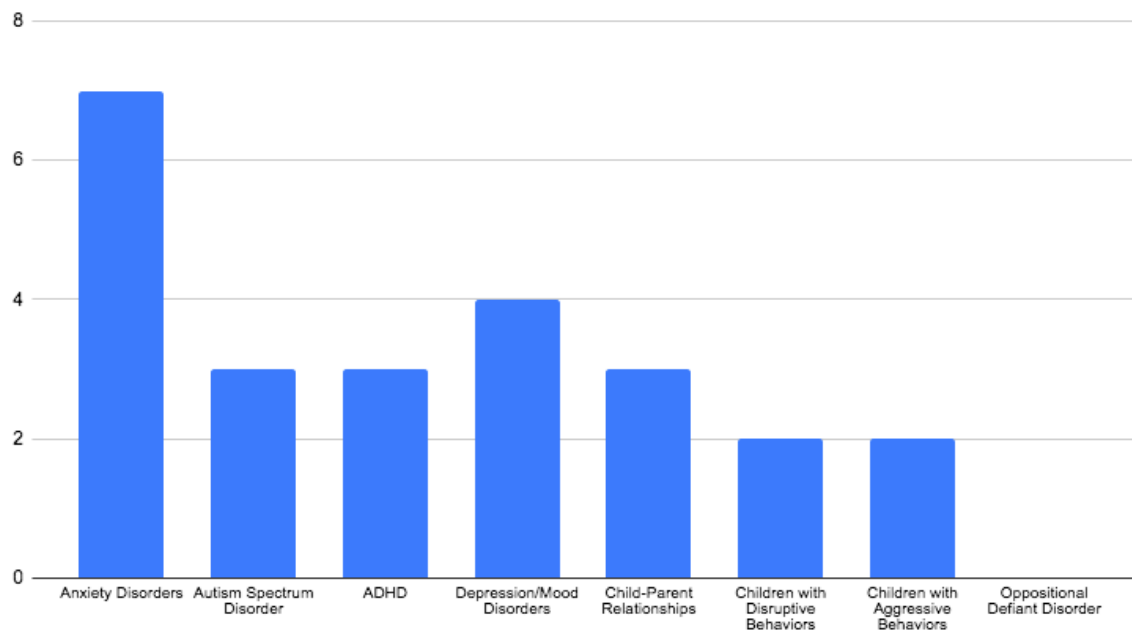
Conditions for Which Bibliotherapy is Practiced



**Table 18**

Conditions for Which Filial Therapy is Practiced



**Table 19****Conditions for Which Imaginary Play Therapy is Practiced**

### Discussion

The results of this research demonstrate the popularity of play therapy for children clients across a spectrum of behaviors and disorders. One hundred percent of the therapists in the sample reported that they used play therapy with their clients. Eighty-eight percent of the therapists believe that play therapy is effective in helping children with their problems and challenges. These results are consistent with Bratton et. al. (2000) meta-analysis of play therapy effectiveness.

I hypothesized that therapist preferences would not be uniformly in favor of one type of play therapy, but rather different types of play therapies for different emotional or developmental issues. Indeed, eighty-two percent of the therapists in my survey believed that the type of play therapy they use is influenced by the client's individual disorders and behaviors. For example,

looking at the data, one can see that every type of play therapy is used for clients with Anxiety Disorders. Anxiety Disorders were the highest ranking condition to be practiced with Child-Centered Play Therapy, Group Play Therapy, Symbolic Play Therapy, Non-Directive Play Therapy, Sand Play Therapy, Expressive Arts Therapy, Bibliotherapy, and Imaginary Play.

There are two interpretations to these results. The first is that practitioners believe Play Therapy is beneficial to children with anxiety disorders, as one of the many tools they employ. The second interpretation is that play therapy works better in helping children with their anxiety than other types of therapeutic interventions.

The types of play therapy in which Anxiety Disorders *were not a leading condition* were Long-Term Play Therapy, Intensive Short Term Play Therapy, and Filial Therapy. One can draw from these results that therapists prefer not to use these types of play therapy with clients with Anxiety Disorders because they believe they are not as effective as the other methods listed above.

Another pattern that emerges from the data is that play therapy is not widely used for children with Oppositional Defiant Disorder. It was the lowest ranking condition in CCPT, Group Play Therapy, Non-Directive Play Therapy, Sand Play Therapy, Expressive Arts Therapy, and Bibliotherapy. It was not present at all in Symbolic Play Therapy, Long-Term Play Therapy, Filial Therapy, and Imaginary Play Therapy. The data suggests that therapists appear to prefer not to use Play Therapy with clients who have Oppositional Defiant Disorder.

Connecting back to the meta-analysis done for this thesis, one can see that there are a few emerging patterns that coincide with the result of the original survey. The most apparent similarity between the meta-analysis and survey results was the age ranges that play therapy was most commonly used with. According to the results of the survey, therapists use play therapy

most commonly with preschool aged children, elementary school aged children, and middle school aged children (See Table 5). The age range of the studies from the meta-analysis ranged from preschool aged subjects to middle school aged subjects (See Table 1). This data shows that play therapy is most common with this age group and believed to be most effective with this age group.

Another pattern one can see from the comparison between the meta-analysis and the survey results is the popularity of non-directive (child-centered) play therapy against directive play therapy. Eight out of the eleven studies from the meta-analysis were non-directive/child-centered styles of play therapy (See Table 1). According to the survey results, 100% of the therapists surveyed have practiced non-directive play therapy with their clients while only 70% of them have practiced directive play therapy with their clients (See Table 7). This shows that non-directive play therapy is considered more effective in helping a child with their struggles. This may be due to the fact that non-directive play therapy lets the child direct the session of play how they want to. This allows for easier and fuller connections with the play therapist and may help them open up more.

Overall, the research has suggested play therapy is very effective in helping children with their emotional and mental struggles. However, this thesis raises the new question of which play therapy methods are most effective for specific diagnoses. In the future, there needs to be systematic clinical research in order to develop guidelines for practitioners who use play therapy with children. For example, is directive play therapy or non-directive play therapy better suited to help children with different diagnoses to open up to therapists? Future research should also investigate whether play therapy more generally is successful on its own or only as part of a treatment package, or are there specific methods of play therapy that are best combined for

optimal outcomes? This type of research could be used to help therapists in training develop effective toolkits of treatment.

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**Appendix**  
**Survey Instrument**