Child-centered Play Therapy for Academic Achievement: Evolution and Application of Evidence-Based Practice

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Welcome!

- A majority of this presentation is based upon having the opportunity to conduct research examining the effects of play therapy on academic achievement.

- It is our opinion, and hopefully yours as well, that child often have difficulty performing to their full academic potential for a variety of reasons.

- Our hope is that the information discovered by this research can be applied for the benefit of future students, the importance of play and the field of play therapy.
The Definition of Play Therapy

“Play therapy is defined as a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through play, the child’s natural medium of communication, for optimal growth and development” (Landreth 2012, p.16).
The Definition of Child-Centered Play Therapy

• Child-centered play therapy is a developmentally appropriate, humanistic, nondirective approach for children that includes the use of toys and play-based materials to facilitate a broad range of verbal and nonverbal expression.

• With an emphasis on the therapists’ core conditions of empathy, unconditional positive regard, and genuineness within a therapeutic context.
  • (Blanco & Shelley-Moore 2012)
Why Child-centered play Therapy?

- Developmentally appropriate approach
  - Diverse child population
  - At-risk populations in schools
- A preventative approach
  - Considering that it is intended for younger children it can be provided optimally within the early grades of elementary school

(Ray, Armstrong, Balkin, & Jayne, 2015; Yih-Jiun, 2006; Bratton et al., 2013)

- Preventative Approach cont.
  - Successful in assisting obstacles to adequate learning
    - Poor interpersonal skills
    - Underachievement in academia
    - Anxiety
    - Aggression
    - Withdrawal
  - Maladaptive behaviors that can develop within the classrooms not dependent upon heavy parental environment
Research for this approach spans over 60 years.

Ray (2011) identifies 63 studies on the effectiveness for CCPT.

Research has found CCPT to be effective with a wide variety of children with a extensive assortment of presenting problems.

Evidence Based Child Therapy website
  - [http://evidencebasedchildtherapy.com/research/](http://evidencebasedchildtherapy.com/research/)
  - This website identifies 41 research studies in CCPT since 1998
**Brief intro to CCPT**

- Emphasizes the confidence in the child’s ability to grow and develop
- While additionally believing the child has the ability to heal through self direction
- Unrestricted & Independent
- Express their own private reality within a safe and conscientious therapeutic relationship characterized by:
  - Affinity
  - Authenticity
  - Acceptance

(Axline, 1947; Bratton et al., 2005; Guerney, 1983; Landreth, 2012)
Theoretical Underpinnings

- As play therapists, regardless of theory, we have fundamental beliefs of children and what is needed to help them grow.

- Empathic Understanding
- Unconditional Positive Regard
- Congruence
- Knowledge
  - Development/Medical
  - Understanding of approach
  - School/Family
  - Past Literature
- Skills
  - Responses
  - Organization
  - Conceptualization
    - Ray (2011)
Axline’s Eight Basic Principles (Axline 1969)

- The therapist is genuinely interested in the child and develops a warm, caring relationship.

- The therapist experiences unqualified acceptance of the child and does not wish that the child were different in some way.

- The therapist creates a feeling of safety and permissiveness in the relationship, so the child feels free to explore and express herself completely.

- The therapist is always sensitive to the child’s feelings and gently reflects those feelings in such a manner that the child develops self-understanding.
The Therapeutic Relationship
Axline’s Eight Basic Principles (Axline 1969)

• The therapist believes deeply in the child’s capacity to act responsibly, unwaveringly respects the child’s ability to solve personal problems, and allows the child to do so.

• The therapist trusts the child’s inner direction, allows the child to lead in all areas of the relationship, and resists any urge to direct the child’s play or conversation.

• The therapist appreciates the gradual nature of the therapeutic process and does not attempt to hurry the process.

• The therapist establishes only those therapeutic limits necessary to anchor the session to reality and which help the child accept personal and appropriate relationship responsibility.
Role of the Therapist

• Trust in the potential of the child.

• Believe in the self-directedness and uniqueness of the child.

• Enter free of specific goals.

• To help facilitate the process and provide the therapeutic conditions for growth.

(Landreth 2012)
**Play Therapy in the Schools**

- Play Therapy is the developmentally preferred modality for conducting counseling with elementary school-age children.
  - Schools typically employ mental health professionals for the sole purpose of helping children progress academically.
  - Play therapy appears to aid academic success and is explained by the facilitation of an environment in which a child will feel safer, able to build positive school relationships, and freer to learn with less internal distractions. (Ray, 2011)

- Upon reviewing 21 CCPT research studies conducted in school settings, Bratton (2010) concluded that play therapy is responsive to the developmental needs of children and has been successfully applied with diverse and at-risk populations in schools.
Play Therapy in the Schools (cont.)

• Ray et al. (2015) conducted a meta-analysis and systematic review that examined 23 studies evaluating the effectiveness of child centered play therapy (CCPT) conducted in elementary schools.

• Results revealed statistically significant effects for outcome constructs:
  • externalizing problems (d = 0.34),
  • internalizing problems (d = 0.21),
  • total problems (d = 0.34),
  • self-efficacy (d = 0.29),
  • academic (d = 0.36)

• Further, a systematic review was conducted on all studies compared with Outcome Research Coding Protocol criteria. Results indicated that CCPT studies provided quantitative support and qualitatively promising to strong evidence in support of its use in the schools.
Rational for Play Therapy in Schools

• The need to make the connection between the need for an emotional intervention and a child’s academic progress.
  • Past research serves as a foundation for at-risk elementary school students (Blanco, Ray, & Holliman 2012; Blanco & Ray 2011)

• The American School Counselor Association National Model (ASCA)
  • A part of this model describes Responsive Services as the component in which the school counseling program responds to students’ immediate needs or concerns, and commonly involves counseling.
    • Play therapy helps children in the school setting
      • Have stronger self-images, accept limits, be more responsible for self, be more independent, gain a sense of self control, and learn a variety of coping skills. (Ray, 2011, p. 206).
Evidence/Academic Support


- Found that academically at-risk students who attended individual play therapy had a statistically significant increase in their overall academic achievement when compared to a wait list control.


- Results indicated that across 26 sessions over 18 weeks, academically at-risk students participating in CCPT demonstrated continued growth in academic achievement.

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Blanco, P., Holliman, R., Farnam, J. (Under review). The effect of child-centered play therapy on academic achievement with normal functioning elementary school students.

- Found that on level academically students who had been play therapy had a statistically significant increase in their overall academic achievement when compared to a wait list control.

This study of normal functioning 2nd graders examined the effectiveness of child-centered play therapy (CCPT) on performance anxiety and academic achievement.

- The experimental group received biweekly, 30-minute play therapy sessions for 8 weeks.

- Findings indicated that these 2nd grade students participating \( n = 27 \) demonstrated a statistically significant increase on the Woodcock Johnson III Total Brief Achievement (Mather & Woocock, 2001) when compared with children in the waitlist control group \( n = 23 \).

- Results support the use of CCPT as an intervention for academic achievement.
Long term child-centered play therapy effects on academic achievement with normal functioning children. (under review)

This follow up study with twenty three normal functioning 1st graders examined the long-term effectiveness of Child-Centered Play Therapy (CCPT) on academic achievement. Through the use of a one-way repeated measures analysis of variance, researchers examined the use of CCPT from pre-intervention to mid-intervention (16 sessions) to post-intervention (26 sessions).

Results indicated that children who participated in 26 sessions of CCPT demonstrated statistically significant improvement on the Early Achievement Composite as measured on the Young Children’s Achievement Test (YCAT), along with increases in the Reading, Mathematics, and Spoken Language subscales. Participants showed statistically consistent improvement in academic scores of the full duration of the study.

Overall, the findings imply that CCPT as a long term method can support academic achievement in the school system with normal functioning 2nd grade students.
Exploring the Impact of Child-Centered Play Therapy on Academic Achievement of At-risk Kindergarten Students.

This study of at-risk kindergarten students explored the impact of child-centered play therapy (CCPT) on academic performance. The experimental group participated in biweekly, 30-minute play therapy sessions for six weeks. Results suggested that the students participating in this study (n = 18) demonstrated a statistically significant increase on the Early Achievement Composite of the Young Children’s Achievement Test (Hresko, Peak, Herron, & Bridges, 2000) when compared with children in the waitlist control group (n = 18).

Findings indicated CCPT was effective in improving the children’s emotional, social, and academic functioning.

An ecological treatment approach requires team building which in turn requires flexibility, consultation, and two-way communication between therapists and others.


This article presents a brief overview of play therapy as a component of a comprehensive developmental school counseling program.

The authors present a case study outlining how child-centered play therapy as a theoretical approach to play therapy can be used to effectively work with a child experiencing emotional and academic issues in the school setting.
How to develop a Play Therapy Program

• The first step is really about developing a relationship with a potential school

• Start small with a portable kit.
  • Being seeing the kids that the school is struggling with.

• Getting Connected:
  • Principals
  • Teachers
  • School Counselors
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<thead>
<tr>
<th></th>
<th>Implementations</th>
<th>School</th>
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<tbody>
<tr>
<td>1.</td>
<td>Decide the school research topic</td>
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<td>2.</td>
<td>Find school connection (school counselor/principle)</td>
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<td>3.</td>
<td>Discuss possibility of conducting school research</td>
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<td>4.</td>
<td>Get approval from school district (be aware this process might take several weeks)</td>
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<td>5.</td>
<td>Develop research team (trainees/therapist)</td>
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<td>6.</td>
<td>Have research team members fill out the volunteer background application</td>
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<td>7.</td>
<td>Create the research design</td>
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<td>8.</td>
<td>Have research team members complete the Human Participant Protections Education online course</td>
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<td>9.</td>
<td>Develop informed consent forms (students/parents/teachers)</td>
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<td>10.</td>
<td>Complete and obtain approval from the Institutional Review Board (IRB)</td>
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<td>11.</td>
<td>Identify possible participants (create sample)</td>
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<td>12.</td>
<td>Distribute consent forms to participants</td>
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<td>13.</td>
<td>Give out pre-test assessments to participant who have given consent</td>
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<td>14.</td>
<td>Score pre-testing</td>
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<td>15.</td>
<td>Coordinate team member’s availability and develop schedule for sessions.</td>
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<td>16.</td>
<td>Screen out participants, and assign randomly to groups (This varies upon research design)</td>
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<td>17.</td>
<td>Inform school contact of who needs to be scheduled for play sessions vs. those who are identified to receive services later.</td>
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<td>18.</td>
<td>Have members of the research team offer assistance to the school contact in scheduling sessions.</td>
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<td>19.</td>
<td>Set up the counseling room</td>
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<td>20.</td>
<td>Offer training to research team. This includes orienting the therapists to the school, the research contact, and school procedures.</td>
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<td>21.</td>
<td>Have school contact inform teachers that the project is ready to begin</td>
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<td>22.</td>
<td>Begin treatment</td>
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<td>23.</td>
<td>Conduct a weekly meeting with research team to discuss concerns</td>
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<tr>
<td>24.</td>
<td>Check in with school contact weekly to discuss concerns.</td>
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<td>25.</td>
<td>Have research team become responsible for maintaining playroom and preserving therapeutic environment.</td>
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<tr>
<td>26.</td>
<td>Complete counseling sessions</td>
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<td>27.</td>
<td>Have therapist create recommendations of participant.</td>
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<tr>
<td>28.</td>
<td>Begin post-testing</td>
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<td>29.</td>
<td>Score post testing, analyze data and interpret results.</td>
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<td>30.</td>
<td>Meet with principal and school contact and discuss results.</td>
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<tr>
<td>31.</td>
<td>Discuss future projects with school contact</td>
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Figure 1. School Research Project Checklist
Initiating a play therapy program in a school begins with the first contact with the lead school administrator.

- Ensure that you emphasize play therapy a type of counseling that is appropriate for most children.

Another way to gain support is to provide administrators with resources supporting the use of play therapy. This include previous research, evaluation plans, evaluation data.

- Previous Research
  - Refer to [http://evidencebasedchildtherapy.com/research/](http://evidencebasedchildtherapy.com/research/) for most up to date information about past research

- Evaluation Plans
  - Have a method to measure progress. Examples include teacher report, grades, standardized testing, and discipline referrals.

- Evaluation Data
  - Any documentation that can demonstrate less time used dealing with discipline or academic problems.
  - Using psychological testing to measure decreases in behavioral problems or improvement in negative emotional symptoms that might be interfering with learning.
Working with Teachers

• Teachers are a key connection point for children in schools.
  • They are usually the first to notice problems in children.
  • Important to develop positive relationships with teachers.

• Important to meet with the school teachers as a group to describe what you are doing and the process of sending you referrals.
  • Describe the typical process of treatment and how you handle working with children in your school.
  • Describe confidentiality, length of class time missed. Make sure that you discuss with teachers times that are convenient for the child and the teacher.

• It is also important to show teachers that you are evaluating children that you see for accountability purposes.
  • It is also helpful to create a report demonstrating your findings.
Tips for School Counselors

• Find university connection
• Get approval from school district
• Find space
• Obtain of necessary playroom materials
• Contact parent-teacher association to begin toy drive
• Identify students who are in-need of services
• Coordinate play therapists with students and create a schedule
• Begin treatment

(Stickley, Muro, & Blanco 2013)
How to create a play therapy room

- Finding a location in the school
- Creating natural dividers
- Suggested toys
  - Big items
    - Sandbox
    - Easel
    - Puppet theater
    - Kitchen set
    - Shelves
- Categories of toys
  - Real-Life Toys
  - Aggressive-Release Toys
  - Toys for Creativity and Emotional Release
Rationale for selecting toys & materials

- General guidelines
  - Durable
  - Communicate a message of “Be yourself in playing”

- Toys should be
  - Age-appropriate
  - Noncomplex
  - Nonmechanical — children can manipulate by themselves

- Noncompetitive board games can be facilitative with older children.
Toys and Materials For Play Therapy
Fully Equipped Playroom as recommended by the
University of North Texas Center for Play Therapy

- Doll furniture (sturdy wood)
- Gumby (bendable nondescript figure)
- Doll bed, clothes, etc.
  *Bendable doll family
  *Dolls
- Pacifier
- Nursing bottle (plastic)

- Chalkboard, chalk
  - Refrigerator (wood)
  - Dishes (plastic or tin)
  - Pitcher
  - *Plastic food
  - Egg cartons
  - Broom, dustpan
  - *Empty fruit and vegetable cans, etc.
Toys and Materials For Play Therapy
Fully Equipped Playroom as recommended by the University of North Texas Center for Play Therapy (continued)

*Crayons, pencils, paper
• Toy watch
• Paints, easel, newsprint, brushes
• Lone Ranger type mask
• Tongue depressors, popsicle sticks
• *Truck, car, airplane, tractor, boat
• Pounding bench and hammer
• *Cymbals

• Toy soldiers and army equipment
• Sandbox, large spoon, funnel, sieve, pail
• Rubber snake, alligator
• *Multicolored chalk, eraser
• Stove (wood)
• *Pans, silverware
• Dishpan
Toys and Materials For Play Therapy
Fully Equipped Playroom as recommended by the University of Texas Center for Play Therapy (continued)

- Band-aids
- Sponge, towel
- Soap, brush, comb
- Transparent tape
- Building blocks (diff. shapes and sizes)
- Play-Doh or clay
- Pipe cleaners

- ATV (multi-wheel vehicle for riding on)
- School bus (Fisher Price type)
- *Xylophone
- *Drum
- *Fireman's hat, other hats
- Zoo animals, farm animals
- Bop bag (Bobo)
Playroom in the School
Playroom in the School
No Playroom (no problem)

- Being Creative
- Travel Kits
  - Setting up a play kit in the corner of a large room
  - Using the one end of your office
  - Creating boundaries and shelves for toys with chairs or tables
  - Using a bookcase with curtains over it
Potential Problems in providing play therapy in schools

• **Time**
  - Session times in school are necessarily different from a clinic setting.
  - Typical time is 20-30 minutes for a session
  - Counselor should identify how many sessions they can *realistically* conduct in a week.

• **Space**
  - CCPT can be conducted anywhere from a full-sized room to a broom closet.
  - Age of children you see will have some bearing on space requirements.
  - Sharing a room with another part-time district program or professional may be helpful.
Potential Problems in providing play therapy in schools

- **Funds or Supplies**
  - Look for potential donation from businesses in the area.
  - Many toys in the playroom need not be expensive or fancy.
  - Many individual toys are fairly cheap and may be obtained at discount stores.

- **Administrative Support**
  - One of the concerns that many therapists listed about starting play therapy in their school was support of the administration.
  - We encourage the following discussions with administrators to develop a successful play therapy program:
    - Evidence for play therapy impacting academics
    - Conducting a pilot program to begin
    - Resources needed
    - Outcome measures
Potential Problems in providing play therapy in schools

Potential Administrator Concerns

- **Use of Specific Toys**
  - The use of culturally adaptive toys (Garza & Bratton, 2005).
  - Use of a wide range of types of toys.
  - Concerns about certain types of toys
    - Guns in schools
    - Toys which may be disruptive during standardized testing

- **Pull out Services**
  - “How much class will this student miss?”
  - Possible stigma from pull-out services
  - Impact on the classroom while picking the child up and returning the child to the classroom.

- **Issues with confidentiality**
  - Are notes part of the educational record?
  - What to discuss with teachers/parents/principals
  - How to communicate what is needed while still maintaining a sense of privacy for the child.
Implications for the field of Play Therapy

- Because of the importance for counselors in the school setting to promote academics as well as emotional support to students, these studies contributes empirical data that supports the use of play therapy within the school system.

- As practitioners continue to work in the schools as mental health professionals it is vital that scholarly research be conducted to further strength their role in this setting.

- This further, enhances the need for mental health professionals working with this population be trained in play therapy.

- As children feel free to accept themselves, they will hypothetically be open to accept others, including knowledge from others, such as teachers.
Case Study

- Billy
  - Date of Assessment
  - Beginning of Play Therapy
    - Solemn
    - Lack of Effort
  - Middle of Treatment
    - Soothing Play
    - Car Story (catalyst)
  - Ending of Treatment
    - Shift to Uninhibited play
    - Mastery
  - Termination
    - Academic shift


Blanco, Holliman, & Farnam (submitted) Exploring the impact of Child-Centered play therapy on academic achievement of at-risk kindergarten students.

Blanco, Holliman, & Farnam (submitted) Effect of Child-Centered play therapy on academic achievement with normal functioning school children.

Blanco, Holliman, Muro, Toland, & Farnam (Under review) Long term Child-Centered play therapy effects on academic achievement with normal functioning children.


References (cont.)