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## EFFECTS OF CHILD CENTERED PLAY THERAPY ON PSYCHOSOCIAL WELL-BEING OF CHILDREN AGE 3-10 YEARS

Momna Majid<sup>1</sup>, Adeela Manzoor<sup>2</sup>, Dr. Ayesha Riaz<sup>3</sup>, Ayesha Aziz<sup>4</sup>, Asima Rasool

<sup>1</sup>M. Sc. (Hons.) Scholar, Human Development and Family Studies, Institute of Home sciences,  
University of Agriculture Faisalabad [mominamajidkhan97@gmail.com](mailto:mominamajidkhan97@gmail.com)

<sup>2</sup>Lecturer, Institute of Home Sciences, University of Agriculture Faisalabad  
[adeela.manzoor@uaf.edu.pk](mailto:adeela.manzoor@uaf.edu.pk) (Corresponding Author)

<sup>3</sup>Associate Professor, Institute of Home Sciences, University of Agriculture Faisalabad  
[ayeshariaz@uaf.edu.pk](mailto:ayeshariaz@uaf.edu.pk)

<sup>4</sup>M.Sc. (Hons.) Scholar, Human Development and Family Studies, Institute of Home sciences,  
University of Agriculture Faisalabad [manobilli4861@gmail.com](mailto:manobilli4861@gmail.com)

<sup>5</sup>Visiting Lecturer, Department of Rural Sociology, University of Agriculture Faisalabad

### Abstract

Child Centered Play Therapy is a therapeutic approach that is developmentally appropriate and according to that children learn expressing themselves through play. Children with social and emotional development between the ages of 3-10 years can benefit from Child-Centered Play Therapy (CCPT) is a developmentally suitable play-based mental health intervention. The purpose of the study is to find the recognize experience, manage and emotion expression of children age 3-10 years and to create and sustain meaningful relationship of a child with other children and adults. The present research was conducted in district Faisalabad. Respondents were collected from Day Care Centre, UAF. The proposed research was quantitative in which experiment was applied. Sample size consisted of 30 children both boys and girls and it were collected through the random sampling technique. Results were interpreted after statistical analysis and paired t-test and Chi-square test were applied according to the objectives. These findings highlight the significant positive impact of Child Centered Play Therapy on the children as perceived by their parents, both in terms of satisfaction with the therapy itself and in their willingness to recommend it to other families. The data suggest that parents not only noticed substantial improvements in their children's behavior and emotional state but also felt that the benefits were important enough to share with other potential participants. This strong endorsement could further help to promote CCPT as an effective therapeutic option for children facing emotional and social challenges.

**Keywords:** Child Centered Play Therapy, Social, Emotional Development, Psychosocial Well-being

## INTRODUCTION

Emotion regulation is an important factor in childhood discomfort. Many therapeutic modalities tailored to school-aged children can help children overcome the difficulties they have in recognizing, processing and expressing challenging emotions. In order to enhance a child's capacity to control their emotions, four widely used therapies recognize the connection between conduct and emotion: Play therapy that is focused on the child, metallization-based therapy for kids, regulation-focused therapy for kids and dialectic behavior therapy for kids. Examine the approaches used by each therapy and the ways in which play is combined with reappraisal, a specific type of emotion regulation. Several therapeutic approaches that assist in regulating emotions in children include similar components, such as play, verbalization of emotions and explicit or implicit reappraisal (Hoffman *et al.*, 2023).

The utilization of background knowledge is a challenge for child-centered play therapists. While obtaining a psychosocial background is frequently advised, there isn't much talk on how to apply that knowledge in an essentially nondirective manner. Child-Centered Play Therapy (CCPT) does not have the therapist set the direction of the session or try to change the kid. In order to support the kid's inherent capacity for self-healing, creativity and constructive development, the therapist instead makes an effort to comprehend the child from his or her own point of view and to accept the child just as he or she is in the present. The goal of empathy, as proposed by phenomenologists, is to comprehend the child's past and current experiences through a fundamentally relational, emotive and cognitive approach (Goicoechea and Fitzpatrick, 2019).

Metrics related to the social and emotional development of young children that may be used in comprehensive national surveys of children's well-being and evaluations of early childhood initiatives and therapies. To evaluate and organize crucial information on social and emotional development, four frequently used subdomains—behavior issues, emotional competence, social competence and self-regulation are applied (Halle and Darling-Churchill, 2016).

For adaptive functioning to occur, emotion control is necessary. It takes daily work for some people and in some situations to change their emotions in order to accomplish their goals, whether it is to hide their sadness, remain composed or get

excited. Age-related improvements in emotion regulation make it a basic developmental task with broad implications and repercussions for both intrapersonal and interpersonal functioning. Emotion regulation may also be studied at several levels, which makes it a useful construct to study how different levels integrate during development. This makes it of scientific interest (Stifter and Augustine, 2019).

Play is essential to a child's healthy development. Play benefits social, emotional, cognitive, and physical development in a number of ways. Kids and teens may practice their motor skills, investigate various (social) behavioral possibilities, construct alternative scenarios and talk about the numerous advantages and disadvantages of their actions in a safe and enjoyable atmosphere. Children with chronic or life-threatening illnesses may face obstacles that negatively impact play and play development in addition to their physical illness, thereby impeding developmental milestones. Currently, little is known about how play-related therapies and aberrant or suppressed play affect the development of kids with chronic diseases. Play behavior stimulation improves a child's ability to cope with stressful events and builds cognitive, social, emotional and psychomotor development, all of which form the groundwork for a child's future health (Nijhof *et al.*, 2018).

Targeting social-emotional competence is essential for universal preventive interventions carried out in schools because this construct is linked to academic, behavioural and social outcomes that are critical for a child's healthy development; it also predicts important adult life outcomes; it can be enhanced with workable and affordable interventions; and it is essential to the process of behavior modification (Domitrovich *et al.*, 2017).

Mental health and behavioral problems are one of the most significant and rapidly expanding categories of disease burden worldwide, with mental illness being the primary cause of impairment linked to health among children and young adults. 13.6% of kids in Australia between the ages of 4 and 11 fit the diagnostic criteria for one or more mental health disorders. In school settings, strategies like Social and Emotional Learning (SEL) may be very helpful in developing the social-emotional competencies that support future well-being and ward off chronic health issues like substance misuse, depression, anxiety, obesity and diabetes. Through clear instruction, modeling, practice and connection with other subject areas, SEL intervention helps teachers enhance children's social-emotional

development. It has been placed in schools within a public health framework, which acknowledges that integration across classrooms, schools, families and communities as well as universal programming and tiers of support, may be beneficial to public health. Research indicates that SEL programming in Early Childhood Education and Care can also significantly enhance children's mental health (Blewitt *et al.*, 2021).

A frequent neurodevelopmental disease called intellectual impairment lowers social activities, skill levels and quality of life. Play therapy may help individuals with intellectual disabilities become more socially adept. Play is a crucial tool for teaching social skills to kids with intellectual disabilities. Children who get group play therapy develop leadership and other social skills. For many years, children with intellectual disabilities have been treated with cognitive-behavioral play therapy as an intervention program to help them develop social skills and connections. A developmentally appropriate kind of cognitive-behavioral therapy is called cognitive-behavioral play therapy. Play is helpful in CBPT as a means of engaging children in conversation and providing them with indirect instruction on skills (Ashori and Yazdanipour, 2018).

Children's play is an essential part of their growth and expression and play therapy is seen as an essential technique for both preventing and addressing difficulties in children. Play therapy is intended for preschoolers and school-age children as a preventive and therapeutic strategy. It's designed for children who are going through a transitional period in their life (such after a divorce or a death of their parents), who cannot manage their emotions, who find it difficult to blend in with their classmates, or who behave badly. Additionally, children who have witnessed domestic violence endured any form of abuse, have a major surgery scheduled, or have communication problems are the target audience. Children with autism and attention deficit/hyperactivity disorder, among other developmental issues, can use it. Play therapy is an alternative kind of assistance for serious issues pertaining to children. Its value and use are well acknowledged and they are only increasing. The sole prerequisites for its implementation are the professional's appropriate theoretical training and precise diagnosis (Koukourikos *et al.*, 2021).

The counseling profession uses ideas like Child-Centered Play Therapy and Synergetic Play Therapy to help kid clients heal. SPT, which is relatively new to the field compared to CCPT, draws concepts from a variety of sources, including attachment

theory, interpersonal neurobiology, Gestalt play therapy, experiential play therapy and CCPT. Examine and contrast the aims and philosophies of the two models, as well as the ways in which procedures pertaining to toys, limit-setting, therapy progression and therapeutic statements overlap and diverge (Townsend *et al.*, 2021).

Child-centered play therapy integrated with a focus on the natural world is known as nature-based CCT. Studies demonstrating the advantages of CCPT and time spent in nature for kids, elements of the concept, such as the choice of a natural area and the creation of a natural playground with an assortment of natural materials. NBCCP related factors to take into account, including as privacy, establishing boundaries and security issues (Swank and Shin, 2022).

For diverse elementary students who are "at risk" but have not yet shown signs of trouble, intervention services are desperately needed. These services can help students succeed in the classroom by attending to their emotional needs as well as those of their peers who consistently disrupt the classroom, receive failing grades, or have severe attendance issues assessed in relation to behavior control, social skills with peers, task attention, and assertiveness. Significant gains were made in the academic domains of reading, arithmetic and language use; pupils made somewhat more progress in math and language usage than their classmates did over the course of the school year (Perryman *et al.*, 2020).

Play therapists must become competent in order to interact with transgender and gender-expansive (TGE) clients, since they will certainly encounter them in their practice. Given the dearth of research on the subject and the fact that play therapists working in school settings are in a unique position to provide much-needed advocacy and support, this provides guidance on how to utilize Child-Centered Play Therapy to work with TGE children in an effective manner (Byrd *et al.*, 2021).

Group therapy with at-risk teenage girls uses phenomenological approach, grounded theory, expressive arts and child-centered play therapy approaches to provide findings that align with research. This includes experiencing a period of early insecurity, exploring one's own and one's family's traits, expressing feelings more openly, feeling proud of oneself and having accomplished something, relieving stress, being more self-conscious, strengthening group dynamics and becoming aware of behavioral shifts

outside of the group. Teens exhibit indications of knowing how to adapt group skills to encounters that take place outside of the group (Perryman *et al.*, 2015).

Play is a fun mental or physical exercise that fosters children's ability to share, negotiate, solve problems, be physically dexterous and collaborate with others. Play affects every area, structure and function of the brain. Children with autism spectrum disorders struggle with adaptive behavior, social contact and adaptive response. Children on the autism spectrum usually have significant difficulties when playing. Supporting children in appreciating their own mental capacity and developmental phases is the main objective of play therapy. The main objectives of play therapy are to prevent or treat psychological problems and to support children's optimal growth and development. With engaging and self-selected play activities, play therapy allows autistic children to express themselves in the most comfortable way imaginable. They go from destructive to more positive forms of self-expression through their usage of toys or favorite pastimes. Play therapy gives the kids the opportunity to try out various methods of engagement. Every child with autism is unique and responds differently. Play therapy is one type of intervention that may be helpful given the variances in children with autism. A comprehensive evaluation of the kid is necessary in order to ascertain which kind is most appropriate for them (Elbeltagi *et al.*, 2023).

Children use play as a natural way to express themselves and learn about the world. It has significant effects on a child's entire development physical, psychological and emotional. Play therapy takes use of these therapeutic properties of play or its altering processes and thinks strategically about how to utilize it alongside professionals who have received training to support particular therapeutic goals in therapeutic settings. The use of play as a therapeutic tool for transformation the various ways that play expresses processes, the therapeutic potential of play and the main theories behind play therapy (Shrinivasa *et al.*, 2018).

It has been shown that play therapy is an effective method for treating mental health disorders and behavioral problems in children receiving psychotherapy. By playing together with the child, the therapist gives the child the opportunity to communicate concepts and feelings that they would find difficult to convey in other contexts. In order to foster the development of the therapeutic relationship, the therapist sets up an environment where kids may practice pretend play (Senko and Harper, 2019).

Many therapeutic modalities tailored to school-aged children can help children overcome the difficulties they have in recognizing, processing and expressing challenging emotions. The relationship between behavior and emotion and the need to support a child's emotional regulation skills are acknowledged by four widely used therapies these days: Child Centered Play Therapy, Metallization Based Therapy for Children and Regulation Focused Therapy for Children and Dialectic Behavior Therapy for Children. Examine the approaches used by each therapy and the ways in which play is combined with reappraisal, a specific type of emotion regulation. Play, voicing emotions verbally and explicit or implicit reappraisal are common components of many child psychotherapy treatments that promote emotion control (Hoffman *et al.*, 2023).

The human nature and growth of children endows therapeutic opportunities, particularly in the child-centered approach and enable the assistance of children in overcoming challenges that appear insurmountable. These motivating factors in child development include the need to learn about and master one's surroundings; to build relationships; to be recognized and shared; to have autonomy and self-responsibility; and when given the chance, the desire and readiness in every child to discover his or her own "voice" or best ways to express themselves for self-improvement (Cochran *et al.*, 2022).

Congruence was often defined by play therapists as self-awareness about their own unfavorable ideas, feelings or behaviors during play sessions. It involves being weary or physically uncomfortable during a session, feeling nervous about a kid's doll play, getting upset by a child's demands on the therapist and verbally responding to a child incorrectly. The ability of play therapists to be open and accepting of their own thoughts, feelings, behaviors and experiences during play sessions is facilitated by their own openness and acceptance of these aspects of themselves. The therapists increased experience of congruence and UPSR corresponds with their increased empathy and demonstration of UPR for the youngster. In play therapy, for instance, a therapist has reported that she is better able to tolerate a child's demanding behavior, dictatorial manner and perfectionism because she is able to accept her own need for order and control in her surroundings (Jayne and Ray, 2015).

The increasing need for effective interventions and preventative measures to meet kids emotional, social, behavioral, developmental and academic needs in school environments is well known. The long and rich history of Child-Centered Play Therapy

research and practice in educational settings offers considerable insights for researchers and school counselors. There are also encouraging opportunities for the advancement of a child-centered approach to school counseling, which includes more comprehensive, preventative and systemic interventions within the school context in addition to the counselor-student interaction (Jayne and Ray, 2016).

Child-Centered Play Therapy parent consultation to supplement Ray's CCPT guidebook in training and research. This covers several elements that are critical to carrying out CCPT parent consultations successfully. The aims of parent consultations, the theoretical justification for them and the counselor's involvement in them. Parents can undertake consultations with their children using the framework that the theory of change provides (Stulmaker and Jayne, 2017).

In order to help children with intellectual disabilities strengthen their adaptive skills and improve their social bonds, play therapy has been recommended for many years. Play therapy for IDs has been used historically in four different ways: child-centered play therapy, creative play therapy, organized and unstructured play therapy and both. Children diagnosed with intellectual impairments (IDs) face difficulties in developing adaptive behaviors and cognitive limits that impact their social and emotional growth (Astramovich *et al.*, 2015).

When providing counseling to children, play therapy is frequently employed. Play therapists provide developmentally appropriate care to children with a range of behavioral and mental health issues. Many counseling techniques, including play therapy, are typically used in office settings. It is our suggestion that play therapists and other mental health practitioners who work with children incorporate natural environments and nature into their practice. It has been demonstrated that using nature to assist individuals deal with physical and mental health issues is beneficial (Peterson and Boswell, 2015).

One therapeutic approach for treating children's behavioral issues is play therapy. It's interesting to see how a child's play connects their inner and outward worlds. Additionally, via games, kids may express their negative emotions and thoughts as well as gain control over external factors. Play therapy may be approached from a variety of angles, depending on the needs of the kids, the therapists theoretical stance and the situation in which the intervention is being conducted. A method that combines behavioral and cognitive therapies within the play therapy paradigm is called cognitive-



behavioral play therapy. This technique of play therapy identifies and modifies inconsistent thinking linked to children's behavioral issues. Similar adjustments are made to children's cognitive processes to replace them with more flexible ideas and actions. Numerous research have shown how well cognitive-behavioral play therapy works for externalizing issues in children, including aggressiveness, oppositional defiance and social maladjustment (Ghodousi *et al.*, 2017).

As a threshold concept, the therapeutic powers of play are significant to the fields of play therapy and child psychotherapy because they clarify the mechanisms behind transformation. The TPoP is used to inform therapeutic rationale for particular referrals and may enhance or assist positive transformation. Play may help kids learn to solve problems, let go of tension, let hope come back and help them become more adept at controlling their emotions. A quick synopsis of the TPoP taxonomy's four main categories are as follows: improves social interactions, strengthens personal qualities, encourages emotional well-being and facilitates communication (Parson, 2021).

### **Objectives of the**

- To recognize experience, manage and emotion expression of children age 3-10 years.
- To create and sustain meaningful relationships of a child with other children and adults.
- To find out the play and toys effect on personal growth and positive relationship of a child with others.

## **METHODOLOGY**

The methodology of this study was meticulously designed to evaluate the effectiveness of Child Centered Play Therapy (CCPT) in enhancing the emotional and social behaviors of children aged 3-10 years. The study utilized a quantitative approach with a pre-test-post-test control group design to ensure the collection of objective data on the therapeutic impact of CCPT.

### **Participants**

The sample included 30 children who were enrolled at a day care center associated with the University of Agriculture, Faisalabad. The participants were equally

divided by gender (15 males and 15 females) to prevent gender bias in the outcomes. The age distribution ensured a representative sample across three developmental stages: early childhood (3-5 years), middle childhood (6-7 years) and late childhood (8-10 years). Participants were randomly selected using stratified sampling techniques to ensure each age group was adequately represented.

### **Data Collection Instruments**

The primary tool for data collection was a structured questionnaire developed specifically for this study. It included both Likert-scale and yes-no questions aimed at assessing various dimensions of emotional and social development:

1. **Emotional Expression:** Questions related to how often children openly expressed their emotions.
2. **Anger Management:** Items that asked how the child's ability to manage anger had changed since beginning CCPT.
3. **Social Interaction:** Queries about how often children initiated play with others and their interactions with adults.
4. **Resilience:** Questions to determine how children reacted to minor setbacks or frustrations.
5. **Emotional Overwhelm:** An assessment of how frequently children felt overwhelmed by emotions.

Each item was scored and the changes in scores from pre-assessment to post-assessment were used to evaluate the impact of CCPT.

### **Statistical Analysis**

Data were analyzed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics provided an initial overview of the data, including means and standard deviations for each variable. Inferential statistics were then applied to test the hypotheses:

- **Paired t-tests** were conducted to compare the pre- and post-assessment means for continuous variables such as emotional expression and social interaction skills.
- **Chi-square tests** were used to analyze changes in categorical variables, including the ability to make new friends and willingness to share toys.

A significance level of  $p < 0.05$  was set for all statistical tests to determine the presence of statistically significant differences and associations.

## RESULTS AND DISCUSSION

**H1: There will be good relationship of a child with other individuals.**

**Table 1: Pre/Post-Assessment Correlation between Effects of Negative Emotions on CCPT**

	N	Correlation	Sig.
<b>Pair 1: Pre-assessment and Post-assessment</b>	60	0.978	<0.001

### Interpretation:

Table 1 reports the correlation between pre-assessment and post-assessment scores concerning the effects of negative emotions on children undergoing Child Centered Play Therapy (CCPT). The high correlation coefficient of 0.978 signifies a strong and consistent relationship between the scores before and after the therapy. This correlation indicates that changes in negative emotions due to CCPT are consistent across the sample, showing a uniform therapeutic effect. The significance level of less than 0.001 confirms that this correlation is statistically significant; meaning the relationship observed is highly unlikely to be due to random chance.

**Table 2: Pre/Post-Assessment Difference between Effects of Negative Emotions on CCPT**

	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference	t	df	Sig. (2-tailed)
<b>Pair 1: Pre-assessment - Post-assessment</b>	2.56667	1.11030	0.14334	Lower: 2.27985, Upper: 2.85349	17.906	59	<0.001

Table 2 explores the differences in negative emotions between pre-assessment and post-assessment in the CCPT program. The mean difference of 2.56667 suggests a noticeable reduction in negative emotions following the therapy. The relatively low standard deviation of 1.11030 and the small standard error mean of 0.14334 indicate that these findings are not only statistically significant but also consistent across the sample. The confidence interval, ranging from 2.27985 to 2.85349, solidifies this interpretation, demonstrating that the decrease in negative emotions is robust and stable. The extremely high t-value of 17.906 with a significance level of less than 0.001 further confirms the substantial effect of CCPT in reducing negative emotional responses among the participants.

**Table 3: Mean Differences between Pre/Post Difference Effects of Negative Emotions on CCPT**

	Mean	N	Std. Deviation	Std. Error Mean
<b>Pre-assessment</b>	19.1667	60	5.32715	0.68773
<b>Post-assessment</b>	16.6000	60	5.14600	0.66435

Table 3 shows the mean differences between the pre and post assessments of negative emotions in children participating in CCPT. The decrease in the mean score from 19.1667 pre-assessment to 16.6000 post-assessment highlights the therapy's effectiveness in lowering negative emotional experiences. This decrease is supported by a reasonably consistent standard deviation, which slightly decreased from pre-assessment to post-assessment (5.32715 to 5.14600), suggesting a stabilizing effect of CCPT on the children's emotional responses. The standard error means are also fairly low, indicating precise estimates of the mean values, reinforcing the reliability of the results.

Together, these tables provide strong evidence supporting the hypothesis that CCPT effectively enhances the relationships of children with others by significantly reducing negative emotions, as demonstrated through statistical analysis of pre and post-therapy assessments. The consistent and significant results across these tables underline the effectiveness of CCPT in fostering better emotional management and healthier interpersonal interactions among children.

Hypothesis 3 (H3): Children who undergo Child Centered Play Therapy will demonstrate significant improvements in emotional expression compared to their baseline

assessments. This hypothesis predicts that CCPT facilitates a better understanding and management of emotions, resulting in children being more expressive and less inhibited in sharing their feelings.

#### Statistical Test: Paired t-test

**Table 4: Paired t-Test for Emotional Expression in CCPT**

	Pre-assessment Mean	Post-assessment Mean	Mean Difference	Std. Deviation	Std. Error Mean	t-value	df	Sig. (2-tailed)
Emotional Expression	12.5	15.7	3.2	2.5	0.32	10.00	59	<0.001

Table 4 displays the results from a paired t-test examining changes in emotional expression among children participating in Child Centered Play Therapy (CCPT). The analysis is designed to test Hypothesis 3, which posits that CCPT facilitates improved emotional expression in children.

The results show a clear and significant improvement in emotional expression from the pre-assessment to the post-assessment phase. The mean score for emotional expression increased from 12.5 to 15.7, with a mean difference of 3.2. This positive change indicates that children were more expressive and less inhibited in sharing their feelings after undergoing CCPT. The standard deviation of the differences is relatively low at 2.5, which suggests a consistent effect across the sample. The standard error means, even lower at 0.32, points to high precision in the estimate of the mean difference.

The t-value of 10.00, with 59 degrees of freedom, and a highly significant two-tailed p-value of less than 0.001, robustly supports the hypothesis. This statistical significance confirms that the observed improvements in emotional expression are likely due to the intervention provided by CCPT and not just chance variations.

Overall, the findings from Table 4.18 provide strong empirical support for Hypothesis 3, illustrating that CCPT is effective in enhancing the emotional expressiveness of children. This improvement is crucial for their overall emotional development and well-being,

emphasizing the value of CCPT in therapeutic settings aimed at fostering emotional growth in young children.

## Categorical Analysis

**Table 5: Chi-Square Test for New Friends and Sharing Toys**

Questionnaire Item	Chi-Square Value	df	Sig. (2-tailed)
New friends since starting CCPT	26.75	4	<0.001
Sharing toys/collaborating in group activities	22.58	4	<0.001

Table 5 details the results of chi-square tests performed on categorical data assessing the social impacts of Child Centered Play Therapy (CCPT), specifically looking at the children's ability to make new friends and their willingness to share toys or collaborate in group activities.

- New Friends since Starting CCPT:** The chi-square value of 26.75 with 4 degrees of freedom and a significance level of less than 0.001 indicates a significant association between participation in CCPT and the ability of children to make new friends. This substantial chi-square value suggests that CCPT has a strong effect on enhancing social connections among children, promoting new friendships as a result of improved social skills and confidence.
- Sharing Toys/Collaborating in Group Activities:** Similarly, the chi-square value of 22.58 with 4 degrees of freedom and a significance of less than 0.001 demonstrates a significant improvement in children's ability to share toys and collaborate effectively in group activities. This result confirms that CCPT not only helps children develop better interpersonal skills but also enhances their cooperative behaviors, which are essential for successful group interactions and teamwork.

Both results underline the effectiveness of Child Centered Play Therapy in fostering not only individual emotional growth but also significant improvements in social behaviors. These enhancements are critical for children's overall development, helping them form and maintain healthier relationships and engage more positively in social settings.

## **Conclusion**

The goal of child-centered play therapy is to empower children to express themselves via play by focusing on their inner experiences and emotions. In this type of treatment, the therapist creates a welcoming and comfortable setting while the kid directs the play. In addition to reflecting the kid's emotions and helping them become more self-aware and adept at addressing problems, the therapist watches the youngster play. Children may explore and express their ideas and feelings, enhance their communication skills, develop coping mechanisms and boost their self-esteem via child-centered play therapy. This method works particularly well with kids who may have dealt with trauma, anxiety, or other emotional difficulties. For kids, Child-Centered Play Therapy (CCPT) has a number of advantages. Children can safely express their feelings via play, painting and other creative endeavors at CCPT. It teaches children how to control their emotions and handle stress. Children can express their ideas, anxieties and experiences via play. Through encouraging both verbal and nonverbal communication, CCPT helps people express themselves more effectively. Children may explore many settings and make decisions while playing with CCPT. This improves their capacity for problem-solving and promotes independence. A child's confidence and sense of self-worth are increased via effective play experiences and positive interactions with the therapist. Trauma can be effectively addressed with CCPT. It fosters resilience in kids by assisting them in processing challenging situations. A child-therapist relationship is essential to CCPT. Strong bonds foster trust, which opens the door to recovery and development. To sum up, child-centered play therapy is an effective therapeutic strategy that enables kids to grow and heal via self-expression and discovery in a safe, accepting environment.

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