

NEXUS BETWEEN CHILD CENTERED PLAY THERAPY AND PSYCHOSOCIAL WELL-BEING: AN EXPLORATION AMONG 3-10 YEARS OF AGE CHILDREN

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Abstract

Child-Centered Play Therapy (CCPT) is an effective therapeutic approach that focuses on enhancing the psychosocial well-being of children through a non-directive, play-based process. Rooted in the principles of humanistic psychology, CCPT empowers children to express their thoughts, emotions, and experiences in a safe and nurturing environment. This abstract explores the nexus between CCPT and psychosocial well-being, highlighting the key mechanisms through which play therapy fosters emotional regulation, social skills, and psychological resilience in children. By engaging in play, children are able to externalize internal conflicts, explore their emotional worlds, and develop coping strategies in a supportive relationship with the therapist. The non-judgmental, child-led nature of CCPT promotes self-efficacy and a sense of autonomy, crucial elements in building psychosocial health. Research has demonstrated the effectiveness of CCPT in addressing a wide range of psychological and emotional issues, including trauma, anxiety, and behavioral disorders. This abstract discusses how the therapeutic relationship, play as a medium for communication, and the core principles of child-centered therapy together create a strong foundation for fostering holistic psychosocial development in children. 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: CCPT, Development, Cognition, Social and Psychological Well-being

INTRODUCTION

Psychologists and scholars studying creative development have paid increased attention to play and art because of their importance to kids. Children can be well-aided in overcoming social and cognitive inhibitions and developing their cognitive capacities by being involved in delightful, enjoyable and fun activities. Games and creative pursuits like painting, storytelling, theater and drama are a variety of entertaining, optional, kid-focused and motivated activities that need freedom in selecting and applying an item. The practice of mindfulness in education is becoming more and more popular. This therapy is a unique kind of quick, in-person care that inspires and encourages those who are in training or have recently started it. Developing awareness of one's thoughts, feelings and physical senses is the aim of mindfulness, which enables one to interact with them in new ways. They learn to naturally recognize the activation of their disordered cognitive processes via training in cognitive skills, mindfulness and breathing-focused sitting meditation activities (Salehi *et al.*, 2021).

Play therapy interventions are beneficial for many children because they let them communicate in their natural language of play, which is developmentally appropriate. In the playroom, children are allowed the autonomy and flexibility to solve challenges at their own speed. The tenet of reality therapy is that, in order to achieve the best possible outcomes for clients, it is crucial to investigate issues of control and freedom. Encouraging kids to consider what they want and can manage in their life helps them make decisions and consider them. Assessing their actions and making plans for the future can help kids live better lives and have more beneficial behavioral effects overall (Stutey and Wubbolding, 2018).

Schools have a special opportunity to support children's mental health and delay the onset of mental illnesses by offering evidence-based interventions that not only address presenting issues but also help kids develop socially and emotionally and become resilient. It is impossible to exaggerate the significance of early intervention in terms of both mitigating the effects of early risk factors, such as poverty and other societal issues, that have been demonstrated to adversely affect children's academic and personal-social success, as well as responding to early onset behavioral problems. Early school experiences shape children's conduct and social connections in the future. Early intervention can change the trajectory of increased behavioral issues, low self-esteem and academic failure by counteracting risk factors and boosting personal strengths, especially for children who have been recognized as at-risk. Child-Centered Play Therapy is an early mental health intervention that is developmentally appropriate and sensitive to cultural differences. Empirical research provides strong evidence for its use in educational settings with a range of presenting challenges and across socially, culturally and ethnically diverse groups. In order to assist children achieve optimal growth and mental health, CCPT distinguishes itself by building their internal resources for self-regulation, self-control, creativity and self-direction abilities they may continue to utilize to tackle life's problems (Ray and Bratton, 2015).

Play therapists must become competent in order to engage with transgender and gender-expansive (TGE) persons, since they will undoubtedly encounter these individuals in their practice. Considering the paucity of research on play therapists usage in supporting TGE kids and the fact that play therapists employed in school settings are well positioned to offer important advocacy and support (Byrd *et al.*, 2021).

Teacher's social-emotional competence and wellness have a significant impact on their pupils and they are the driving force behind social and emotional learning (SEL) programs and practices in schools and classrooms. Warm ties between teachers and students foster profound learning as well as the development of student's social and emotional skills. However, students conduct and academic performance deteriorate when teachers are unable to adequately handle the social and emotional demands of the classroom. If we are not fully aware of the social-emotional health of instructors and how they affect children? There is little doubt that teachers are vulnerable to poor social and emotional health. According to research, one of the most stressful jobs is teaching. Stress

in the classroom is contagious stressed instructors tend to have anxious kids. The goal of a number of programs has been to enhance teachers stress management and social-emotional competency in the classroom (Schonert-Reichl, 2017).

A growing body of studies has been done on the effects of adverse childhood experiences. In order to minimize long-term impacts, it is imperative to employ comprehensive therapy options for children. Although the efficacy of Child-Centered Play Therapy in treating childhood trauma has been demonstrated, the polyvagal hypothesis proposed by the SECURE lens provides a possible neurobiologically informed explanation for CCPT's success. The aspects of polyvagal theory that are stressed by CCPT are safety, engagement, co-regulation, self-understanding, regulatory extension and exploration. This procedure broadens emotional control, which is very beneficial for traumatized youngsters. Clinicians may use the SECURE lens to gain a neurobiological understanding of how CCPT heals the wounds caused by ACEs (Conroy and Perryman, 2022).

A humanistic, evidence-based technique used with young children to address a range of mental health issues is called child-centered play therapy because parent consultation is frequently used as an add-on to CCPT (Schottelkorb *et al.*, 2015).

Play is an important part of childhood development and a learning experience since it helps children learn social skills and model behavior from others. Child play with toys, words, other children and they learn to move, think for themselves, speak and imagine. Formative assessment is a constant method of ensuring that the teaching and learning processes are balanced. Large portion of formative play experiences shape that children become as adults (Cohen, 2018).

Play therapy is used as it can be therapeutic play. Play therapy has a significant positive therapeutic impact on hospitalized unwell children, helping them heal both physically and mentally. In order to reduce the intensity of the unpleasant feelings that accompany a child's admission and hospital stay, it is helpful to examine issues related to the child's hospital visits. When it comes to pre-operative care and invasive therapies, play is a great tool for children who are hospitalized with cancer (Κουκουρίκος *et al.*, 2015).

Young children learn about and investigate their surroundings via the process of early social and emotional development. It also entails their capacity to develop secure, intimate bonds with adults and peers, as well as their capacity to feel, control and express emotions within the confines of their family, community and culture. For children to succeed in school, in other contexts and in later life stages, including adulthood, they must acquire social and emotional skills. Experts in child development from a variety of fields, including as education, health and child welfare, feel that a child's capacity for healthy emotional development is a key component of their overall well-being (Darling-Churchill and Lippman, 2016).

Play therapy impact on young autistic children's psychosocial well-being. Counseling for the emotional and behavioral issues that children may encounter in the classroom and at home. Two formal tools are used to monitor social and emotional growth before and after interventions: the Developmental Behavior Checklist and the Adaptive Behavior Assessment System. For young children with autism, CCPT is a successful intervention (Salter *et al.*, 2016).

CCPT is a treatment approach that is developmentally appropriate, founded on the knowledge that children learn expressing themselves through play and that the therapeutic relationship is the main source of healing. In the context of an unconditional, compassionate and harmonious relationship, a child's natural tendency toward good growth and healing can be understood as the fundamental principle of CCPT. From the perspective of the CCPT theory, children's externalized behaviors are an expression of their inner experiences and feelings that follow (Wilson and Ray, 2018).

Children that are thriving in the educational system can achieve their academic objectives with the aid of CCPT. The results suggest that when working with elementary/primary school counselors and children who need assistance with their academic or emotional development, long-term CCPT is a helpful intervention. The results pave the way for the use of play therapy by school counselors or other outside experts with students in the educational system as a means of supporting their academic progress and strengthening the area of play therapy in education (Blanco *et al.*, 2017).

Child Centered Play Therapy is a phenomenal approach that focuses on promoting emotional development in children. It allows them to express themselves through play

which can help them process and understand their emotions better. The efficiency of therapy, both in groups and individually, in enhancing social-emotional skills like empathy, social competence and self-regulation/responsibility (Blalock *et al.*, 2019).

Objectives

- To explore the effects of Child centered play therapy on the psychosocial well-being of children.
- To find out nexus in the child centered play therapy and the well-being of children

REVIEW OF LITERATURE

Taylor and Ray (2021) explained the impact of Child-Centered Play Therapy (CCPT) on the social-emotional abilities of African American children as assessed by a randomized controlled trial using reports from parents and teachers on the Social Emotional Assets and Resilience Scale-Play. Comparing the children in the waitlist control group to the parents of participants in the CCPT, the results of the Factorial ANOVA showed that there was a statistically and practically significant rise in the total social-emotional competence of the participant's children. Regarding the students in the CCPT group against the control group, teachers noted a practically substantial improvement. According to a follow-up examination, children's empathy and responsibility as rated by parents and teachers have improved statistically significantly.

Iswinarti and Khairunnisa (2021) studied that regular bullying takes place in school settings and the victims are severely impacted. Relentless mistreatment of children can lead to psychological issues such as poor self-esteem, which makes them retreat from their social surroundings. A pre-test, post-test, control group design was used in the investigation. The research involved twenty children, aged between nine and eleven, who had been the victims of bullying. Rosenberg Self Esteem (RSE) was the tool utilized in this study. The findings demonstrated that child-centered play therapy (CCPT) helped raise the self-esteem of children who had been bullied.

Mastorakos and Scott (2019) explored that they see domestic violence, teenagers and kids go to school and are more likely to notice gloomy and scary indicators around them. A rise in psychopathology symptoms is predicted by this attentional bias, it has been shown. As of yet, studies using eye tracking technology have not looked at attention

biases in preschool-aged children exposed to domestic violence. This research examined whether preschool-aged children who witness domestic violence are more aware of sad and angry faces than happy ones, as well as a target non-face stimulus, than children who do not, and if this awareness is connected to the child's social-emotional growth. The results show that children who were exposed to domestic violence had a much greater attention bias away from neutral and gloomy faces than children who were not and this bias is associated with social-emotional problems in children. The present study adds to the increasing body of data indicating that negative attention biases in early children impact their functioning and have significant repercussions for their overall development and well-being.

Hillman (2018) studied a thorough literature review on play therapy, with a focus on the benefits of Child-Centered Play Therapy for individuals with autism spectrum disorder (ASD). Although child-centered play therapy has been demonstrated to be an evidence-based, successful intervention for kids, a comprehensive study of the treatment's effectiveness as an intervention for people with ASD has not yet been carried out. If child-centered play therapy is an effective intervention for children with autism spectrum disorder, more research is required, even though the results of the literature review indicate that it is promising in increasing the social and emotional behaviors of children with ASD.

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. 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. 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:

RESULTS AND DISCUSSION

Table 1: Has your child made new friends since starting CCPT?

	Frequency	Percent
No new friends	3	10.0
One or two new friends	18	60.0
Several new friends	9	30.0
Total	30	100.0

Table 1 examines the social impact of Child Centered Play Therapy (CCPT) by assessing whether children have made new friends since beginning the therapy. This is an important metric, as forming new friendships is a key indicator of social development and integration.

The data indicates that a large majority of the children in the study have successfully made new friends during their time in CCPT. Specifically, 60% of the children have made one or two new friends and an additional 30% have made several new friends. Together, these results suggest that 90% of the participants experienced positive social outcomes as a result of the therapy, demonstrating its effectiveness in enhancing social skills and helping children engage more effectively with their peers.

On the other hand, 10% of the children did not make any new friends. This small percentage highlights that while CCPT is beneficial for most children, there are still some who may struggle with social connections despite the therapy. This could be due to a variety of factors, including individual differences in temperament, the severity of initial social challenges, or the specific social dynamics within the therapy setting.

Overall, the data from Table 4.9 underscores the success of CCPT in fostering new social connections among children, which is vital for their emotional and psychological health. However, the presence of a minority who did not experience the same benefits calls for additional investigation to tailor the therapy more closely to individual needs, ensuring that all children have the opportunity to improve their social interactions.

Has your child made new friends since starting CCPT?

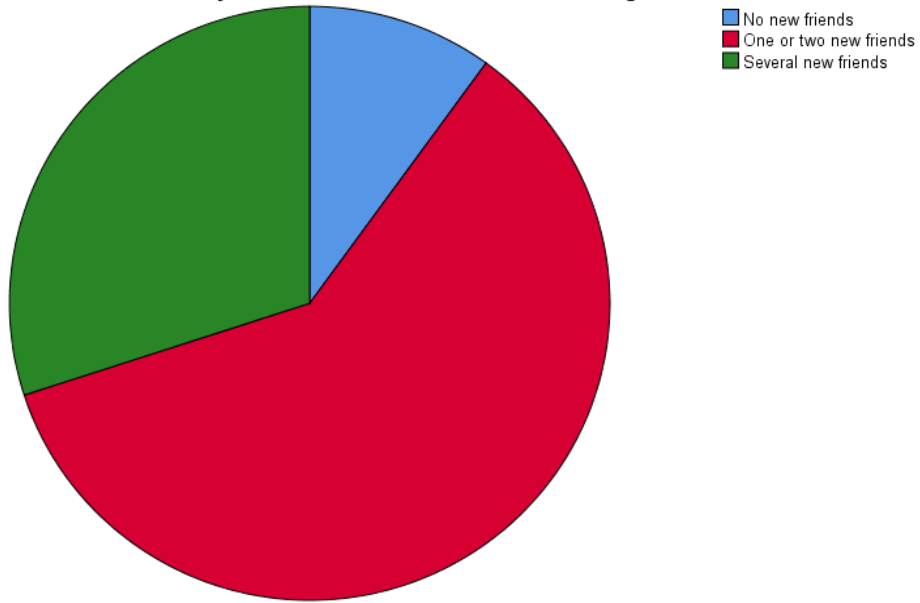


Table 2: How well does your child share toys or collaborate in group activities now?

Collaborate in Group activities	Frequency	Percent
Not well at all	7	23.3
Slightly well	6	20.0
Moderately well	4	13.3
Very well	8	26.7
Extremely well	5	16.7
Total	30	100.0

Table 2 evaluates the progress in how children share toys and collaborate in group activities after undergoing Child Centered Play Therapy (CCPT). This measure reflects their ability in social cooperation and empathy, essential for robust social interactions and community involvement.

The distribution of collaborative skills among the children is varied:

- 23.3% of the children still face significant challenges, as they do not collaborate well at all.
- 20.0% manage only slightly well, showing a marginal improvement but still performing below average in terms of social cooperation.
- 13.3% display moderate improvement, performing reasonably in sharing and collaboration.
- 26.7% have progressed to collaborating very well, indicating a substantial enhancement in social skills.
- 16.7% excel in this area, demonstrating extremely proficient collaboration and sharing skills.

This range of outcomes indicates that while CCPT has been beneficial for a significant portion of the participants (43.4% are performing very well or extremely well), a substantial fraction (43.3%) continues to struggle with social interactions. The 13.3% who show moderate improvement may potentially develop further with continued therapy.

Overall, the data from Table 4.10 underlines the complex impact of CCPT on developing social cooperation skills among children. While many exhibit good to excellent

improvements, a considerable number still find it difficult to engage cooperatively in social settings. This variance might suggest a need for refining therapy techniques to more effectively meet the diverse needs of all children, especially those who find aspects of social cooperation particularly challenging.

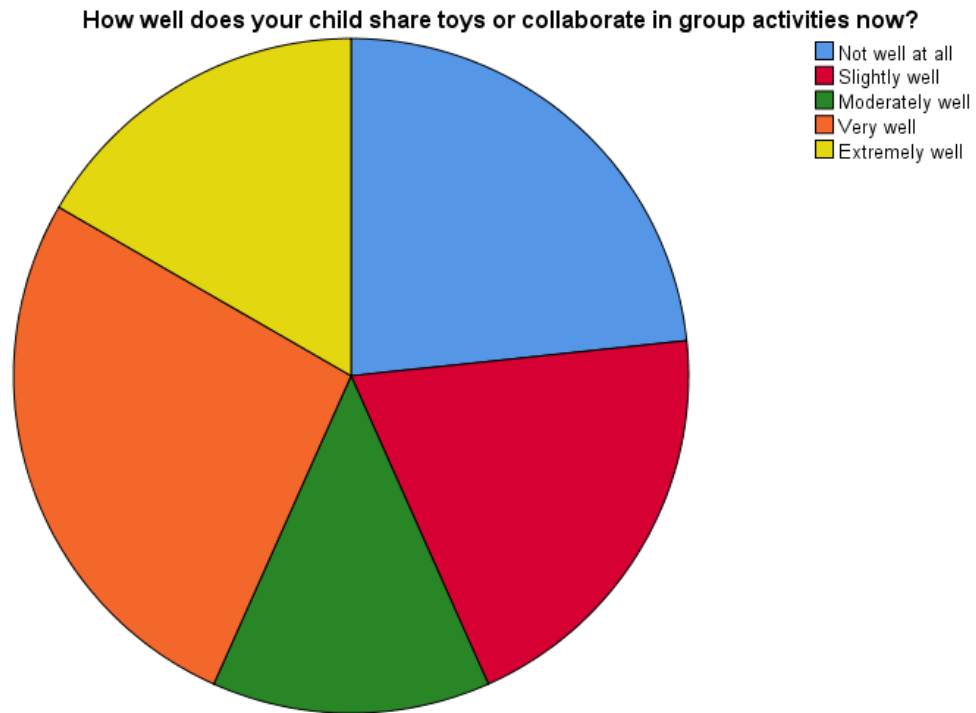


Table 3: Overall, how satisfied are you with the progress your child has made through CCPT?

Progress through CCPT	Frequency	Percent
Not satisfied	6	20.0
Slightly satisfied	1	3.3
Moderately satisfied	4	13.3
Very satisfied	12	40.0
Extremely satisfied	7	23.3
Total	30	100.0

Table 3 shows the levels of satisfaction among parents and guardians regarding the progress their children have made through Child Centered Play Therapy (CCPT). This

assessment is vital for understanding how the therapy is perceived in terms of its effectiveness from the caregiver's perspectives.

The results point to a generally positive response with 40.0% of the respondents expressing that they are very satisfied and an additional 23.3% indicating they are extremely satisfied with their child's progress. This demonstrates that a significant majority, totaling 63.3%, view CCPT as highly beneficial for their children.

Conversely, 13.3% of the caregivers are moderately satisfied, suggesting a favorable yet reserved acknowledgment of the therapy's impact. However, not all feedback is positive; 20.0% of respondents are not satisfied and 3.3% are only slightly satisfied, reflecting a considerable segment of caregivers who perceive the therapy as less effective or failing to meet their expectations.

These varied levels of satisfaction offer essential feedback for the therapy program, indicating where CCPT might need improvement to more effectively meet the diverse needs of all participating children. While the overall high rates of satisfaction (63.3%) affirm the therapy's success and positive influence on children's development, the presence of a significant minority of less satisfied responses (23.3%) emphasizes the importance of continuous evaluation and potential adjustments to the therapy approach to enhance its effectiveness and accessibility.

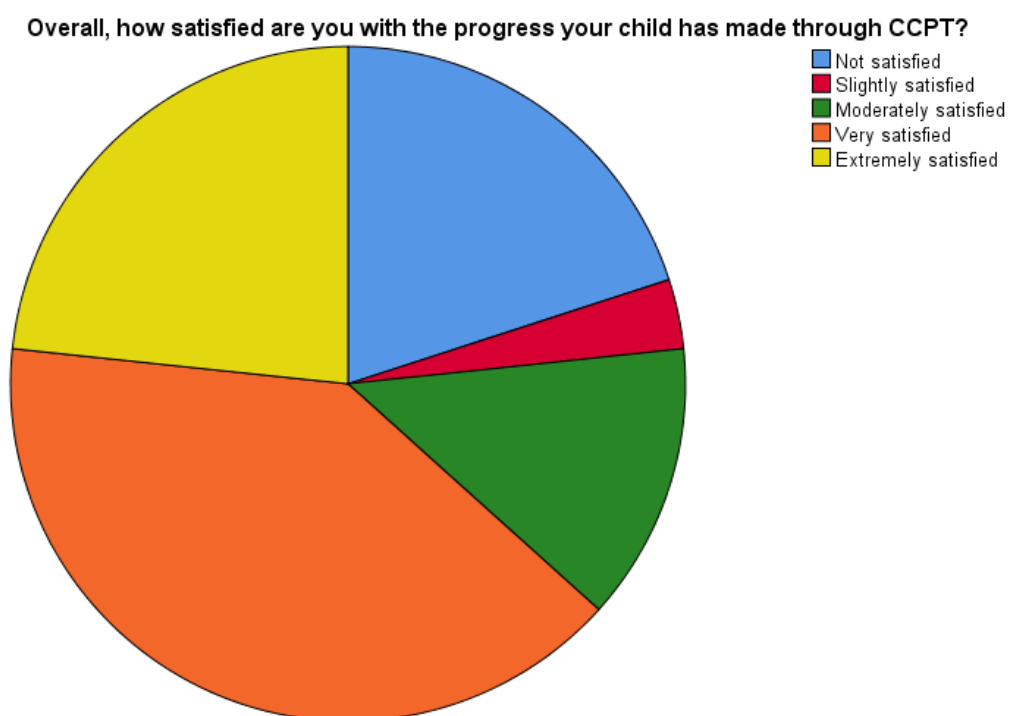


Table 4: Pre/Post-Assessment Differences between Effects of Positive Emotions on CCPT

	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference	t	df	Sig. (2-tailed)
Pair 1: Pre-assessment - Post-assessment	1.51667	2.63928	0.34073	Lower: -2.19847, Upper: -0.83487	-4.451	59	0.000

Table 4 presents the pre/post-assessment differences in the effects of positive emotions on children undergoing Child Centered Play Therapy (CCPT). The data shows a mean difference of 1.51667 between the pre-assessment and post-assessment scores, indicating an improvement in the positive emotional responses of the children as a result of CCPT. The standard deviation of these differences is 2.63928, with a standard error mean of 0.34073, which provides insight into the variability and precision of the measurements taken.

The 95% confidence interval for the mean difference ranges from -2.19847 to -0.83487, illustrating that the increase in positive emotions is both statistically significant and consistent across the sample. The negative signs in the confidence interval values indicate that the post-assessment scores were higher than the pre-assessment scores, as expected in the context of improvements in positive emotional expressions. The t-value of -4.451 and a degrees of freedom (df) of 59 further confirm the statistical significance of these results, with a p-value (Sig. 2-tailed) of 0.000, which is less than 0.05, indicating that the observed changes are highly likely to be a result of the therapy rather than due to chance.

Table 5: Mean Differences between Pre/Post Difference Effects of Positive Emotions on CCPT

	Mean	N	Std. Deviation	Std. Error Mean
Pre-assessment	18.9167	60	6.02056	0.77725

Post-assessment	20.4333	60	5.31186	0.68576
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Table 5 details the mean differences between the pre- and post-assessment scores regarding the impact of CCPT on positive emotions. The mean scores indicate an increase from 18.9167 in the pre-assessment to 20.4333 in the post-assessment, further reinforcing the positive impact of CCPT on the children's emotional states. The number of participants (N) in both assessments was 60, ensuring a robust sample size for reliable results.

The standard deviations of 6.02056 pre-assessment and 5.31186 post-assessment highlight a decrease in variability post-therapy, suggesting that the children's responses became more uniform as a result of the therapy. The standard error means of 0.77725 pre-assessment and 0.68576 post-assessment shows a slight reduction post-therapy, indicating increased precision in the measurement of the children's emotional responses after undergoing CCPT.

Together, these tables underscore the effectiveness of Child Centered Play Therapy in enhancing positive emotional outcomes among children, as evidenced by both the significant statistical test results and the observed changes in mean scores from before to after the therapy.

Conclusión

The nexus between Child-Centered Play Therapy (CCPT) and psychosocial well-being is grounded in the therapeutic benefits that arise from play as a natural form of expression for children. CCPT fosters emotional growth, resilience, and social competence by allowing children to explore their internal worlds in a safe and supportive environment. Through the non-directive, child-led approach, children gain autonomy, self-awareness, and improved emotional regulation, all of which contribute to better psychosocial functioning. The therapeutic relationship established in CCPT serves as a vital component for healing, providing children with a sense of trust, security, and acceptance. Studies have shown the effectiveness of CCPT in addressing a wide range of psychological challenges, demonstrating its value in promoting mental health and well-being. Overall, the interplay between play therapy and psychosocial development highlights the transformative potential of CCPT in supporting children's holistic growth and mental health.

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