Exploring Play Therapy and Child-Centered Play Therapy (CCPT) as an intervention in children with Autism Spectrum Disorder (ASD).

Abstract

The purpose of this study is to explore the effect play therapy, and Child-Centered Play Therapy (CCPT) has on children with Autism Spectrum Disorder (ASD). Autism is a developmental disability that impacts an individual's capacity to communicate and connect with other individuals and the world around them (National Autistic Society (2022). The method Virginia Axline simply referred to as Play Therapy is the foundation of Child-Centered Play Therapy (Axline, 1947). Children go through monotonous, ineffective cycles in CCPT with the help of the therapist's attentive tracking and empathic reactions in order to arrive at new understandings of their experiences. This process can be facilitated for a child by a child-centered play therapist without the child being forced to do a task that may not be developmentally possible (Cochran, Nordling and Cochran, 2022).

The intention in this portfolio is for the children's involvement and well-being to increase as a result of play therapy as an intervention. This article offers preliminary findings on the viability of non-directive play therapy for autistic children. Play therapy observations from two sessions with autistic children between the ages of five and eight were analysed qualitatively and quantitatively. The study concludes how play therapy affects the involvement and wellbeing of the children. Although CCPT and other interventions may work together to give autistic children a comprehensive treatment plan, more study is required. The portfolio influences the importance of ethical considerations when researching with young children.

Key words: Play Therapy, Child-Centered Play Therapy (CCPT), Intervention, Autism Spectrum Disorder (ASD), Repetitive, Play Therapist.

Literature Review

This literature review will explore the current research and studies conducted on play therapy in children with ASD. It will also clarify if Child Centred Play Therapy (CCPT) has been shown to be effective for young children with ASD.

Ribeiro, Barreto and Sousa-Gomes (2022) state ASD is recognised as a multi-factorial condition marked by repetitive participation in interests and behaviours that are particular to the individual as well as some degree of impairment in social behaviour, communication, and language. Children who receive psychosocial therapies may show improved joint attention, language, and social engagement, which may have a positive impact on their future development and lessen the severity of their disorder (Lord *et al.* 2020, p.5).

Furthermore, play exists purely for enjoyment. Players do not actively look for other reasons to play. Attempting to manipulate play for a purpose vitiates it and causes it to appear less like play. Play promotes enhanced physical and mental health, improves social and communication skills, and offers a crucial foundation for establishing and nurturing relationships with caregivers and peers (Eberle, 2014; Lifter *et al,* 2011). Play therapy, according to the Association for Play Therapy (2015), is the systematic application of a theoretical framework to create an interpersonal process in which play therapists employ the therapeutic benefits of play to support individuals in preventing or resolving psychosocial challenges and achieving their fullest potential for growth and development.

Movahedazarhouligh (2018) states children with ASD tend have poor play, both in terms of style and quality. They may engage in the same activity for hours or even months at a time, stereotypically manipulating playthings. Comparing neurotypical and neurodivergent children, children with ASD typically play less and exhibit less different play behaviours. Children with ASD generally lack the play-related spontaneity, flexibility, imagination, and social skills. It is unlikely that a child will spontaneously play with toys, engage in pretend or imaginative play, comprehend metaphor in play, or engage in successful group play (Kasari *et al*., 2013). Children with ASD often prefer sensory and physical play, which necessitates more guidance and modelling from peers or adults for them to be able to interact socially with their

peers and meaningfully participate in play activities (Barton 2015; Barton and Pavilanis, 2012; Kasari *et al*. 2013; Hateli, 2022).

Play therapy adopted a more humanistic, client-centred methodology thanks to Axline. Axline (1947) promoted the theory that sincerity, empathic understanding, and unconditional positive regard were essential elements of therapeutic development. She added that play is a more effective approach for children to express their ideas, sentiments, and desires than words are. Play therapy is an active mutual relationship between a child and a therapist who offers chosen play materials and encourages the development of a secure relationship for the child to fully express and explore self through play (Baggerly, Ray, and Bratton, 2010; Ray, 2011; Landreth, 2012).

Ware Balch and Ray (2015) examined the effects of CCPT on a child's degree of empathy, self-control, and social competence. The study focused on the emotional assets of children with ASD. To comprehend the changes in each child, information was gathered and examined separately for each individual. The results of their study showed that play therapy was an effective treatment for three patients, who experienced mean improvements on all three subscales measuring self-control/responsibility, social competence, and empathy. Mixed results were obtained from the other two participants' reactions to the intervention. Play therapy appeared to have the greatest positive impact on social competence, since all individuals showed progress during the session. The area of empathy saw the biggest improvements among the three participants for whom the intervention showed success.

Towle (2013) writes that the optimal age for ASD detection and diagnosis has fluctuated throughout time. The main objective of early ASD detection is to make it possible for the child and family to begin receiving intervention services. Not later, when learning-impairing habits are established, but rather as soon as behaviours start to emerge and have an impact on how the child interacts with other items and individuals. Furthermore, another argument is based on the understanding that a child’s brain is best able to absorb early language, social skills, and cognitive concepts at specific developmental stages. Rather than attempting to compensate for missed opportunities later in life, early intervention aims to act during these prime

learning times. The critical point of brain plasticity, the known ability of experiences throughout the period of early experience to modify neuronal connections and function, is related to this concept (Brodzeller *et al*, 2018).

Furthermore, there does not appear to be extensive research on the use of play therapy as an intervention for children with ASD or other additional learning needs in Wales, despite the fact that the foundation phase curricular framework for primary schools in Wales places a strong emphasis on learning through play.

Methodological Considerations

This section of the project will describe the process of conducting research and an evaluation on the methods used. This will include reason of the chosen research methods, including limitations. Cohen, Manion and Morrison (2017) state that any research area or topic chosen must be unique, significant, appropriate, and appealing to a wide audience, and able to better the field.

The purpose of this study is to determine whether play therapy increases children with ASD's level of involvement and well-being following a CCPT session. The efficiency of play therapy for children with ASD will be evaluated using observation research methods and the Leuven Scale, this will be used before and after the play therapy session. The study will take place in a primary school, where play therapy is used within an Autism Teaching Facility (ATF). Every two weeks, a play therapist visits the ATF unit to work with children with ASD. They work with two children a day individually, twice a week every fortnight (term-time only). For each child to be observed, two batches of sessions will be used for all observations. There are four children taking part in this sample, they are aged between five and eight. Although a greater group of children were invited to participate, just few parents declined.

A sample is defined as a selection of people, objects, or items used in study that is used for measurement out of a greater audience. The time, funding, and resources required to investigate a whole community to find an answer to a particular subject are typically too great. Therefore, sampling is the process of choosing a selection of people that are representative of a specific community, in this case it is studying children with ASD before, during, and after a play therapy session. The ideas behind choosing individuals to portray the general population are discussed. Later, a study

of sampling inaccuracies and related determining factors will be conducted. Moreover, the type of sampling that will be used in this research is purposive. Purposive sampling is an approach in which certain groups of individuals are purposefully chosen to gather critical data that cannot be learned from other approaches. A benefit of choosing a purposive sample is that it is the most practical; in addition, because of the lower sample size, it requires less time and is best for exploratory study design (Taherdoost, 2016).

The Social-Emotional Assets and Resilience Scales (SEARS), a strength-based assessment that evaluates the social-emotional abilities for children and adolescents, was utilised in Balch and Ray's (2015) study on CCPT. Nese *et al* (2012) explain that the SEARS system consists of four rating forms: SEARS-C (child self-report), SEARS-A (adolescent self-report), SEARS-P (parent report), and SEARS-T (teacher report). This research method was taken into consideration; however, it is more appropriate for a longitudinal study. In longitudinal research, the same individuals are examined over a period to identify any changes which may have taken place. Therefore, any differences in the result variable cannot be ascribed to personal differences. A longitudinal study would have been beneficial in this research in the sense of, however there are time constraints. Due to the fact smaller groups of individuals are studied, it is challenging to generalise the findings to a larger population. (Hoffman, 2015).

The use of observation will be conducted in this portfolio. At the centre of observation is the ability to perceive regular activities in an early childhood environment in a unique way. Similarly, critical observations made in this research need to view typical behaviour seem unfamiliar, therefore it is important to set aside preconceptions and biases (Roberts-Holmes, 2018). Observations will be carried out with notetaking. Although the use of body cams and video filming a session would be beneficial, children may focus on the devices and not engage in the session itself, it is also difficult to supply the devise due to funding. One consideration with this approach is to conduct participant observation, which entails getting to know the individuals they are observing. This could prevent the participants from behaving differently and attempting to satisfy, yet it is time consuming. The Hawthorne effect theory is relevant here. The Hawthorne effect is concerned with study participation,

the subsequent knowledge that one is being examined, and include potential behavioural effects (McCambridge, Witton and Elbourne, 2014).

Observation is a qualitative research method. Qualitative research emphasises trying to gain a firm understanding of a topic by using a small sample or case and by employing techniques, intended to discover people's views and ideas (Johnson and Christensen, 2012). Moreover, many researchers contend that a qualitative research approach fully comprehends the human experience in particular contexts. An in-depth account of the children’s thoughts, feelings, and experiences will be produced observation, which also analyses the intentions behind individuals’ behaviour (Braun and Clarke, 2013; Cohen, Manion and Morrison, 2011).

However, whilst there are several strengths to employing own perspectives in qualitative research, during observation, there are also limitations to this approach. For example, there is a possibility for a subjective element to be employed to the information collected. Individuals can often hold the opinion that some details are more significant to their conclusions than others. Additionally, analysing and interpreting the amount of data takes time and visually describing findings can be complex (Anderson, 2010; Rahman, 2016). The possibility that a child participating in this study might not be feeling well could be a limitation in the observation, just as being suspicious of the observation itself may have an effect.

A well-known framework for highlighting the levels of children's involvement in early education settings is the Leuven Scale. This observational scale, which ranges from one to five, will be employed to measure how often a child with ASD participates in a self-selected activity during the play therapy session. Levels on the scale are described with level five signifying the greatest engagement and level one the least. The scale is founded on the idea that greater involvement levels can be utilised as indicators of higher-quality services (MacRae and Jones, 2020). According to Laevers, while using the scale through the act of observing, judgments should be based on an act of empathy, in which the observer must view the children's experience, and in a sense to become the child (Laevers, 2015). His advice also proposes basing observational conclusions on a two-minute snapshot of time; however, two minutes is not enough time to observe a play therapy session, therefore observation will take place for 20 minutes on each child. This is due to the

likelihood that it will take the children longer than two minutes to become interested in the activity. Mimicry and posture are suggested as potential indicators that a child is engaged in a high-intensity activity, together with the attributes of focus, fulfilment, absorption, curiosity, motivation, and interest that go along with the activity (Laevers, 2005). These are all characteristics that, if maintained during the observation, will point to the two highest levels of engagement. This may be shown through repetitive play or shown through body language. On the other hand, a child may exhibit inactivity, stereotypical and repetitive behaviour, and a lack of curiosity towards the lower end of the scale.

One methodology for gathering data that can produce rich data relatively quickly and readily is the questionnaire. Questionnaires are a quantitative research method, and typically, are defined as a set of written questions that are used to gather data from individuals (Humble, 2020). Questionnaires will not be utilised in this study to evaluate whether teachers and caregivers notice an improvement in a child's behaviour and involvement following a session of play therapy. Whilst questionnaires can be beneficial to identify trends and generalize findings to larger groups, it may be difficult to interpret what was observed into a number scale. For this study in particular, quantitative research may not be the most appropriate method, considering children's emotions and thoughts cannot be captured by numerical data. For example, based on numerical results where CCPT may prove effective for the most in this study, it is not to say it would be beneficial for every autistic child. Quantitative research generally requires a larger sample size, and at present time, this is not achievable (Bell and Waters, 2018; Bailey and Baker, 2020).

The purpose of this study is to gain a more thorough and comprehensive understanding as to how Child Centered Play Therapy affects young children with ASD. This can be achieved through the use of mixed methods research. This is an effective approach that includes both qualitative and quantitative methodologies and approaches. In this instance, integrating a questionnaire with a thorough, in-depth observation would improve the research gathered as it brings together the advantages of both methodologies. The various techniques and methods are frequently switched back and forth in mixed methods research (Roberts-Holmes, 2018).

The triangulation of various kinds of qualitative and quantitative data is a specific strength of mixed methods research. Triangulation is the process of analysing and combining evidence from different sources. Research is given validity by triangulation, and the conclusions are stronger as a result. It entails gathering a variety of evidence through a range of research methods and provides the chance to examine evidence from a variety of sources. It is crucial to attempt to gain other viewpoints (Roberts-Holmes, 2014). The Leuven scale and the observations will be used to implement triangulation in this portfolio.

Ethical Considerations

The moral standards that will guide how observers do their research are known as ethics. These principles cover the creation of research regulations that have been approved by organisations including university governing bodies, local communities, or governments. In order to safeguard the welfare, rights, and dignity of research participants, it is crucial to uphold ethical standards. (Coe *et al*, 2017). Moreover, by contacting the head of the school and an ATF unit, the process of obtaining the initial consent for the month-long study had begun. The basic objectives and scope of the study were discussed during this meeting, as well as the criteria for choosing the case study children, all of whom had previously started receiving play therapy sessions and should not be older than eight years old.

Ellis and Beauchamp (2012) explain the same rights and obligations between the participant and the researcher should apply as they would to any other research project involving children, even though working with young children who have cognitive, physical, communicative, or emotional difficulties can make the research process more difficult. The research procedure should consequently involve each participant actively, willingly, and enthusiastically. When conducting research with young children with ASD, the key concerns are on how capably the child comprehends what is being said, how well they process it, and to what degree they are able to articulate their own opinions. How effectively the researcher can decipher the child's communication is another complicating element. With reference to child consent, Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) expresses children’s rights to voice their opinions on any issues that concern them. Therefore, it is crucial to recognise each child's communication

aptitude and to establish the necessary frameworks for efficient communication to reduce the risk that the child's attempts to communicate being misread or unacknowledged (Hammersley, 2015). Moreover, it may be challenging for some children to express their agreement; as a result, suitable methods of doing so should be considered. Speech, sign language, Braille, and/or the use of visual imagery are all possible ways to communicate this. (Palaiologou, 2012; MacDuffie *et al*, 2021).

Furthermore, assent, or consent, is given by the children's primary caregiver as they are under the age of 18. To confirm that participants are giving direct consent, all information letters must be returned with a signature. BAPT (2020) explains the desires and best interests of the child must always at the forefront of the research. Similarly, Alderson and Morrow (2020) suggest that the fundamental ethical act is consent. Valid consent is given after being fully informed and willingly given, without the use of coercion, threats, or influence. Respect for consent and refusal helps to stop abuse, including feelings of being misled, taken advantage of, shamed, or otherwise wronged by the study. Effort will be made to ensure all children and parents are informed of the reasons behind the necessity of their participation, the purpose of the observer and any tasks they may be required to complete. The retention, sharing, and any potential secondary usage of the study data would also be disclosed to them (BERA, 2018).

The headteacher, teachers in the ATF unit, and the parents/guardians of the children were each handed an information sheet at the start of the process. In a manner that was understandable to all audiences, the information sheet provided a precise description of the research project's objectives and goals while explaining the whole study process in detail. It also described what participation means in this context; including how long the process takes, where it will occur, and what it entails. Additionally, the information sheet stated the study's inclusion and exclusion criteria, eligibility criteria stated that children were to be under the age of ten years old and already receiving play therapy sessions in the ATF unit. Involvement in the research was optional, and participants taking part in the study may leave at any time, as stated on the information sheet (University College London, n.d). Participants and the children's parents will receive copies of the research reports that have been published. The setting staff, parents, and children will be invited to a review to

discuss the findings, ask any questions they may have, and learn additional information once the research is finished.

In relation to the UNCRC Article 16, children have the right to privacy. To prevent their identification in publications, children and the play therapist will be given pseudonyms. The school will not be identified by name in any outputs or in any explanations and as a result information on the school and participants will therefore be confidential (ERIC 2022).

Due to the potential for disruption brought on by the researcher's presence, both children and professionals may experience emotional distress. The researcher will be an additional person who is not often present in the environment; as a result, children and practitioners may feel uneasy or find it difficult to interact as effectively as usual. To avoid this, the researcher will decide on the least invasive observation times and durations in collaboration with the setting staff and children. The observations will stop if children exhibit signs of wanting to withdraw, such as sobbing or distancing. Children and practitioners alike can express that they want to stop or withdraw, and this will be respected. The researcher will employ a non-intrusive approach, pleasant body language, and understanding of best practises in the early years to avoid interfering with the play therapy session (Groundwater-Smith, Dockett and Bottrell, 2014).

Researchers may observe behaviour that is inappropriate or violates childcare guidelines; this will be upsetting and may have an impact on the study. The information sheet will mention that confidentiality must be compromised if standards that fail to meet the National Minimum Standards (NMS) set by Care Inspectorate Wales (2016) are observed, as well as violation in safeguarding and legislation. In order to receive advice from The University of Wales Trinity Saint David (UWTSD), the researcher will also be able to speak with their tutor as well as follow complaint procedures if they witness improper treatment or behaviour (UWTSD 2022).

Furthermore, the researcher might unintentionally violate one of the school's well-defined guidelines about wellbeing and safety, which could put them at risk of being accused of wrongdoing. If the researcher disregards the rules or conducts themselves in an unsuitable or unprofessional manner, negative reputation on the

university may result. To prevent this, the researcher would assure they were knowledgeable of best practises and policy-setting and have a full disclosure DBS. Ahead of beginning the research, the researcher will take the opportunity to work alongside with the setting leader about the policies and procedures to make sure they are working in compliance with them (UWTSD 2022a).

Written notes from the observations and completed Leuven scale forms will serve as the primary sources of data for this study. Considering these could get misplaced or circulated outside of the study team, this data will be safely held in a locked cabinet and lockable room to ensure that it is kept secure in accordance with the Data Protection Act (2018). Electronic notes will be kept for the university exclusively on an encrypted memory stick. In the same way that researchers must safeguard participant privacy, they must also uphold their right to confidentiality and refrain from interfering in their private lives. According to university policy, research data produced through funded projects and any related records should be kept for as long as they are useful to the researcher and the larger research community and as long as necessary to meet the needs of the research funder, patent law, legislative requirements, and other regulations (Flewitt, 2005; UWTSD, 2022).

Moreover, The Data Protection Act 2018 in the UK provides official guidelines on matters of confidentiality and clearly states that data about individuals may only be used for agreed-upon, specified purposes. It is also the UK's implementation of the General Data Protection Regulation (GDPR) (2018), which states data must be relevant, adequate, and not excessive for the purpose for which it was obtained. In essence, children have a right to know how and why their personal information is being held, as well as what purposes it may be used for and who may have access to it. The GDPR (2018) does not specify a time limit for data retention. It does however specify that the amount of time that personal data is stored be kept for no longer than is required to complete the task. In this instance physical data will be discarded after publication and will be destroyed to ensure that any details are undetectable. Participants of the study will be notified once this occurs.