

AI Acknowledgement

I acknowledge the use of ChatGPT (<https://chatgpt.com/>) on 12th July 2026 to proofread my work. Using the prompt:

1. Please proofread this work, focussing on spelling and grammar accuracy as well as formal writing.

I confirm that I have not presented any AI generated text as my own work. I confirm that I have copies of my drafts, notes, and other resources I used before, and after the use of AI tools which I may be asked to provide in evidence.

Critically discuss the efficacy of therapeutic play

The importance of play for a child has been known for many years. Play has been described as an innate mode of self-expression for children, and a vessel to how they explore the world (Shrinivasa, 2018). In 2002 the Welsh Government was the first in the world to publish a play policy (Play Wales, n.d.), highlighting that all children have the right to play, describing play as a learning process which has developed, and also identifying its critical importance to all children's physical, mental, social and emotional skills (Welsh Assembly Government, 2002). The importance of play is also seen in the UN Convention on the rights of the child (United Nations, 1989) that states that all children have the right to rest and leisure and to engage in play activities. From this the importance of play can be seen across all areas of a child's development, with its primary purpose is to be enjoyed, however, Viñas & Pike (2025) also noted that play was vital for a society in which children grow into adulthood. This implies that play has much more benefit than just enjoyment to the child but also the child's wider environment. From this could it then be suggested that play is not just beneficial but in fact vital for children in the early years. With this idea in mind the ideas of using play in a therapeutic manner to support children could be seen as an advantage. It is also important to note the importance of play therapy, and the difference between play therapy therapeutic play and general play. Kaduson and Schaefer (2021) explain how play therapy is where specialist trained play therapist uses the therapeutic techniques and theories of play in order to support the child in preventing or overcoming psychosocial difficulties that they may have experienced and support them in achieving optimal growth and holistic development. This highlights how the role of a play therapist is a specially trained role that involves planned therapeutic technique and theory to

support the child. These sessions could take place in a specialist environment or in the community setting. Therapeutic play in contrast does not need a specialist trained therapist and can be led by a teacher, medical staff or families, with the aim being to help children manage challenging situations, for example medical procedures, and these sessions are often less structured than a play therapy session (British Association of Play Therapists, 2024).

When looking at the efficacy of therapeutic play, it would be first important to identify what is meant by the term therapeutic play and how it differs from everyday innate play in children. Kapkin et al (2020) describe therapeutic play as a technique used to support children to work through their feelings, reduce trauma and to develop positive coping mechanisms for the future whereas Lynn et al (2020) defined therapeutic play as a 'framework of activities taking the psychosocial and cognitive development of children into account, in order to facilitate their emotions and physical wellbeing'. From both of these definitions it is suggested that the role of therapeutic play is to support children and young people in understanding their feelings and emotions and support them in building resilience. The British Association of Play Therapists (2024) explain how therapeutic play sessions are designed to be comforting and engaging, helping the child to express their feelings in a safe space, develop understanding and to feel a sense of control in their situation, but how does this differ from general play? General play is child led activities and is primarily for enjoyment although it does have its role in supporting a child's development and in supporting them to reach developmental milestones.

One use of therapeutic play is in a medical setting, for example a hospital, where a doll may be used to demonstrate to children administering medication or in demonstrating a surgical procedure on the doll to try and alleviate the medical anxiety that the child and their families may be experiencing (He et al, 2015). An example of this is in a pilot study by La Banca (2021) on a group of children who were diagnosed type one diabetics. The aim of this study was to investigate the impact of the use of therapeutic play intervention in teaching the children to correctly perform insulin injection technique. For the study nurses went into the school with dolls, play equipment similar to what the child would see for their diabetes treatment and a scripted story to engage the children, the character in the story would alternate between male and female to coordinate with the gender of the child taking part to encourage bonding with the character and the doll. Prior to the study 80% of the participants know how to self-inject, however the technique scores were low. Following the study the technique scores greatly improved however following the 30 days trial, practices of self-injection did not change. This study shows how therapeutic play can be used in children and young people in the medical field to support them in self-administering medication and in alleviating the stress or anxiety that the child may be feeling by using a scripted story and toys, however the findings of this study alone are limited as there were limited participants of only 20 children, and of these children 80% (16 children) already know how to self-administer their medication, although their technique score was low. The study also only followed up with the participants for 30 days, a longer study could have shown clearer outcomes for the participants. This study does however highlight that the use of therapeutic play intervention for children, teaching them how to correctly administer their medication did improve on the technique score and through age-appropriate therapeutic play

intervention it is possible to encourage children to participate in self-care for their diabetic treatment.

Of a similar field, a study by Snobar, Kouchaji and Al-Shiekh (2026) looked at therapeutic play in the area of dentistry and the impact that it would have on the anxiety of children undergoing dental procedures. In this study the researchers used a larger participant group of one hundred children. The participants were then split into four equal groups. Group one was told what was going to happen, shown the materials that would be used and demonstrated the pain level on their hand and then the procedure went ahead. For group two, visual distraction of a light was used to distract the child while the procedure took place. The participants in group three were given a pop-it toy to distract them from the procedure and were encouraged to use it, following a short explanation of the play activity and group four were a mixture of the three previous participant groups, using showing and telling the child, visual distraction using a light and therapeutic play using a pop it. The results were then recorded using the child's pulse and facial image scale to gage the impact that the intervention had on the child. The findings of this study showed that there were no statistically significant differences between the results of the groups, combining the distraction techniques using the lights, therapeutic play using the pop-its and show and tell method did reduce the anxiety of the participants. This study could suggest that by using the therapeutic play as a form of distraction my help the child in the short term with issues related to anxiety and pain, however the use of visual distractions were equally as effective, and only by merging the three interventions together were significand differences found in the outcomes for the children. This could suggest that the therapeutic play was possibly not as successful as the distraction techniques used, and that any form of distraction may

work. This study however, although they do state the use of therapeutic play by the way of using pop its with the participants could be seen as an untrue interpretation of what therapeutic play is and how it could be used more effectively to support the children. An example of this would be in a study by Celik & Canbulat Sahiner (2024) that looked at the effects of preoperative therapeutic play on anxiety and fear levels in children. They did this by first building a trust with the children through an informal play setting, then introducing the doll, stating that the doll had the same condition as the child. Play medical equipment was then introduced with the child using the equipment on the doll. At the end of the session the child was told that the doll made a full recovery, suggesting that the child going into surgery would have the same result. From this study it was concluded that therapeutic play opportunities reduce a child's anxiety and fear about having a surgical procedure. This study again had a small sample group of thirty-seven children, ranging from 3 to 6 years of age suggesting that a much larger study would need to be completed with a wider age of participants in order for the conclusion to be made that therapeutic play is recommended.

Overall, these three studies suggest that therapeutic play can have a positive impact on reducing children's anxiety and helping them engage more confidently with medical procedures. However, it is difficult to conclude that therapeutic play alone is responsible for these outcomes. While both La Banca (2021) and Celik and Canbulat Sahiner (2024) found positive effects, both studies involved relatively small sample sizes, limiting how far the findings can be generalised. In comparison, Snobar et al. (2026) found that therapeutic play was no more effective than other distraction techniques when used on its own, raising the question of whether it was the therapeutic play itself that reduced anxiety or simply the act of distracting the child. It could therefor

be argued that the success of therapeutic play may depend less on the play activity itself and more on factors such as how the intervention is delivered, the relationship between the practitioner and the child, and the individual needs of the child. Although the current evidence is encouraging, further research involving larger participant groups and longer follow up periods would provide a clearer understanding of how effective therapeutic play really is.

Although the benefits of play are widely recognised, Howes (2012) identified that play is not always a positive experience, and highlights that for children with difficulties with emotional regulation, play can lead to aggressive emotional interactions with their peers, which could in turn cause distress to the other children. With this, Deynoot et al (2006) emphasise the importance of a child ability to regulate their emotions and engage well with their peers, especially in situations where supervisory adults may not be present. These thoughts are challenged by Smith and StGeorge (2023) who believe that rough and tumble play and showing aggression in play as a child is not a negative, in fact it can help the child in their adult life to understand boundaries and therefore should not be viewed in a negative way. This is also seen in a study by Colliver et al (2022) who's research suggested that the use of play in early childhood supported the child in later life with emotional and self-regulation, however this study is looking at free play opportunities for the child, not the use of therapeutic play. It could be argued from this study that any play opportunity could be of benefit to children and their development of social development and emotional regulation, without play interventions being put in place, for example therapeutic play to support them, however from what has been suggested so far in the literature, it has been suggested that for examples such as these the use of therapeutic play may be of benefit for the child. For

example, if a child is having difficulties with emotional regulation and so play leads to what could be observed as aggressive play, an example of this being a child with Autistic Spectrum Disorder (ASD) may benefit from therapeutic play intervention to help to improve social and play skills for children. A study by Çuvadar Baş, Karaca & Ecevit (2026) looked at the benefits of therapeutic play interventions on children with ASD to support them in their social and play skills. Their research found that play intervention were of benefit to children with ASD in building their play and social skills, however they did note that the finding showed that the results were much more prominent in those who had play therapy, rather than those who had experience of therapeutic play, noting that the experience of working with a trained therapist who specialised in the field of play produced much better outcomes for the participants. This could suggest that although therapeutic play does hold some benefits, interventions put in place by trained play therapists yield more positive outcomes. This though is also supported by Hawkes (2017) who found through their research that playworkers felt unprepared for the therapeutic aspect of play work as they had not had any relevant training in this, especially when the child's play is what could be perceived as challenging behaviour. It could be possible to imply from this that for instances where the child is exploring through play in what could be perceived as challenging or aggressive behaviour, that it is beyond the scope for therapeutic play and that play therapy intervention may be more beneficial for the child. When looking at this we must also consider the impact on the playworkers themselves who may not have had adequate training on how to best support children who are exploring their feelings through therapeutic play and so may find the situation distressing for themselves. In these cases, the wellbeing of the play worker also needs to be taken into account.

A study by Wilkes-Gillian et al (2024) in therapeutic play has also been investigated as an intervention to support children with ADHD in developing their social and emotional skills. The study examined an eight week play based intervention involving children with ADHD, a 'typical' developing peer, an occupational therapist, and the child's parents. During the sessions, the children took part in a child led play session while the therapist observed their interactions, modelled appropriate play behaviours, and later reviewed video recordings with both the child and their parents. Parents were then encouraged to continue practicing these strategies at home and arrange regular play opportunities between the children. The parents reported a number of positive outcomes following the intervention, including improvements in turn taking, sharing, emotional regulation, confidence, and the ability to form friendships. They also described having a better understanding of their child's behaviour and felt more confident supporting their child's social development at home. These findings suggest that therapeutic play may be an effective way of improving social participation in children with ADHD by allowing them to practice social skills in a safe and supportive environment. However, it is difficult to conclude that therapeutic play alone was responsible for these results. The intervention combined several components, including therapist coaching, peer modelling, parental involvement, video feedback, and home-based practice, making it difficult to identify which aspect of the programme had the greatest influence on the child's development. It could then be argued that the success of the intervention may have been due to the collaborative nature of the programme rather than the therapeutic play in isolation. However, the study highlights that therapeutic play may be most effective when delivered as part of a wider, relationship-based intervention that involves therapists, parents, and peers. One limitation of this study is that it explores the parents'

perceptions of the intervention, rather than directly measuring the independent effectiveness of therapeutic play. This should show a bias result as parents may naturally show favour towards the improvements to the intervention, particularly after investing eight weeks of time and effort into the study with the hope of seeing improvements for the child. This study does highlight the question of whether it is the intervention that is successful or if it is the impact of the relationships built during this time that is showing a positive result for the child and the family.

The importance of relationship in any therapeutic relationship is vital, however when working with children and young people, the relationship that is built between the child and the facilitator, in this case the therapeutic play worker, could be argued at being the most vital part of the therapeutic process (Robinson, 2011). This therefore raises an important question when considering the efficacy of therapeutic play, is it the play session itself that produces the positive outcomes for the children or is it the relationship that has been built through the process of the therapeutic play session between the child and the therapeutic play worker that allows the intervention to be effective and show positive results. If the therapeutic relationship itself is the main factor in driving the positive change, then it could be argued that therapeutic play is simply the medium through which that relationship is established rather than the intervention that is responsible for the outcomes. This idea is seen in the study by Wilkes-Gillian et al (2024) where the parents repeated that the therapist's empathy, understanding and ability to engage with their child as being a large contributing factor to the success of the intervention. Rather than seeing the improvements solely to do with the play activities, parents described how the occupational therapists non-judgemental approach helped both them and their child feel understood and

supported. It was also noted that the therapist coached the parents, modelled appropriate interactions, and facilitated opportunities for children to practice social skills with peers, suggesting that the therapeutic relationship extended beyond the child to include the whole family. This then makes it difficult to see if the improvements in confidence, emotional regulation and social interaction resulted from the therapeutic play itself or from the relationships that were built through the intervention. This could suggest that the efficacy of therapeutic play cannot be separated from the relationship that is built while the intervention takes place. Without a trusting therapeutic relationship, the play activities themselves may have little therapeutic value, whereas through a strong relationship they become a tool for communication, emotional expression, and learning.

The research that has been looked at through this research suggests that therapeutic play has the potential to make a meaningful difference to children's emotional wellbeing, social development, and experiences of health care. Across a range of settings, therapeutic play was linked with reduced anxiety, improved confidence, clearer communication, and the development of social skills. These findings show that therapeutic play can be an effective intervention for children, especially when children are given the opportunities to express themselves through play in a safe and supportive environment. However, despite these positive findings the research does not provide a definitive answer about the efficacy of therapeutic play itself.

A consistent theme identified throughout the research is that therapeutic play rarely occurs as an isolated intervention. Many of the studies looked at reviewed combined therapeutic play with additional techniques such as parental involvement, therapist

coaching, peer interaction and support and home-based activities. Whilst this reflects the reality of practice, it also makes it difficult to determine whether the positive outcomes can be linked to the therapeutic play alone or if they result from the whole intervention of support provided to the child and the family. Also, although results showed lower levels of anxiety when therapeutic play was used in health care settings, some of the research showed that therapeutic play was no more effective than alternative child distraction techniques.

The research also highlighted the importance of the therapeutic relationship, rather than viewing play as a separate part, the studies showed that play may act as a facilitator through which trusting relationships are formed. The research looking at children with ADHD demonstrated that improvements in confidence, emotional regulation and social interactions were seen in the interventions where therapists, parents and peers all played an active role in the intervention. This raises the question of whether it is the play itself that guides the change or if the relationships developed through the play process provides the links for the therapeutic outcomes. It could be suggested that therapeutic play and therapeutic relationships come hand in hand with one supporting the other through the intervention to achieve the best possible outcomes for the child.

Despite the findings looking positive in favour of therapeutic play several limitations within the evidence does reduce the overall conclusion. Small sample sizes, reliance on parental perceptions, variation in how therapeutic play is defined and delivered, and the lack of long term follow up all make it difficult to compare findings across the research, also there seems to be limited evidence comparing therapeutic play with other forms of

interventions which could highlight the need for more research that shows the specific contribution of therapeutic play.

Overall, the research suggests that therapeutic play is an effective and valuable intervention, but its success appears to depend on far more than the play activities themselves, the training and skills of the play worker, the quality of the therapeutic relationship, family involvement and the context in which the intervention is delivered all appear to affect the outcomes. Therapeutic play should be viewed as a part of a holistic, relationship-based approach to support children.

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