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THE EFFECTIVENESS OF PLAY THERAPY: RESPONDING TO THE CRITICS

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Abstract: *Play therapy has long been criticized for a lack of adequate research base to prove its efficacy. For 6 decades, while play therapists conducted small research studies, critics challenged the utility and efficacy of play therapy as a viable psychotherapy intervention. The purpose of this study was to conduct a meta-analysis of 94 research studies focusing on the efficacy of play therapy, filial therapy, and combined play therapy and filial therapy. Meta-analysis revealed a large positive effect on treatment outcomes with children. Play therapy appeared effective across modality, age, gender, clinical vs. nonclinical populations, setting, and theoretical schools of thought. Additionally, positive play therapy effects were found to be greatest when there was parent involvement in treatment and an optimal number of sessions provided.*

Proving the effectiveness of any therapeutic intervention is essential to the acceptance of that intervention as a potential treatment

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for mental health issues. The proponents of play therapy are responsible for scientifically proving the utility of play therapy if it is to be widely accepted. As early as the 1940s, Axline (1947) began the long history of play therapy research by attempting to quantify specific client histories that extended credibility to the intervention. Although, by current research standards, Axline's work cannot be considered reliable, her commitment to proving the effectiveness of play therapy to help broaden its acceptance is indisputable. This article presents a meta-analysis of the work accomplished by play therapist researchers over the past 6 decades in support of the work conducted by thousands of current practicing play therapists.

Many play therapists are called upon by the legal system to support their use of play therapy when intervening in children's problems. Often, those legal entities require a factual foundation upon which to validate using play therapy. In addition, play therapists are dependent on the backing of third-party payors for their livelihood. Third-party payors may require research data proving a treatment method's validity before they will agree to reimburse its use in treating consumers.

School administrators are another population who often determine whether a given treatment service (such as play therapy) can be utilized in the schools. If school counselors cannot document the effectiveness of play therapy as a cost-effective means of decreasing disruptive behaviors while improving academic performance, administrators are likely to block its use in their schools. Finally, play therapists must prove the effectiveness of play therapy to parents, who have the final say regarding the type of treatment services that can be provided to their children.

Play therapy, however, has a number of critics working to undermine the use of the intervention as an accepted medium for helping children. The critics work to show the ineffectiveness of play therapy as well as support the use of other interventions. This article addresses the concerns of these critics

Lebo (1953) was one of the first to criticize play therapy. He challenged that play therapy was backed by cheerful and often persuasive language but not by sound scientific research. Lebo's criticisms were written early in play therapy research, and many more

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were to follow. Levitt (1957, 1963, 1971) did not specifically address play therapy, but over several research studies claimed that evidence did not demonstrate the effectiveness of any psychotherapy approach with children.

As the years passed, the research base for play therapy grew, especially in the 1970s. In spite of increased research efforts, Phillips (1985) reviewed only a handful of research studies and concluded that there were more nonsignificant than significant effects for play therapy. Weisz, Weiss, Alicke, and Klotz (1987) and Weisz, Weiss, Han, Granger, and Morton (1995) offered the most accepted research to date on psychotherapy with children. From these two meta-analytic studies, which included only a few play therapy studies, Weisz and colleagues concluded the superiority of behavioral therapeutic interventions for children over nonbehavioral approaches. In addition, several smaller, less significant studies concluded that play therapy is ineffective. For example, Reade, Hunter, and McMillan (1999) reported that there was insufficient evidence to support the practice of play therapy with children who have experienced damaging close relationships.

Finally, there are those critics who operate from pure speculation and lack of any research base. In an attempt to discredit play therapy, an international website sponsored by Cambridge Center for Behavioral Studies (2001, Parenting section, ¶1) claimed, "Play therapy is both time consuming and ineffective," adding "It can have potentially disastrous consequences above and beyond the delay caused by years of ineffective treatment." The following meta-analysis speaks to these many critics and serves as a documentation of the effectiveness of play therapy as a mental health treatment modality with children.

META-ANALYSIS

Meta-analysis is an appropriate method to study the effectiveness of the modality. Meta-analysis allows the combination of many smaller studies to determine an overall effect. The benefits of meta-analysis follow:

1. Meta-analysis overcomes the limitations of small sample sizes and conflicting findings that may be attributable to small samples (LeBlanc & Ritchie, 1999).

2. Meta-analysis teaches us about generalized effects of classes of interventions, classes of patients, classes of settings, and classes of measures (Matt & Navarro, 1997).

3. As patterns are replicated across multiple meta-analytic samples, they may be accepted with increasing confidence (Weisz, et al., 1995).

4. Meta-analysis allows better evaluations of cumulative knowledge in psychology and the behavioral sciences. It allows more broad reaching scientific discovery and more generalized conclusions (Prout & Prout, 1998).

Prout and Prout (1998) describe meta-analysis as a combining of results of individual studies by determining the amount of change of individuals in a treated group versus those in a control group and then determining the average amount of change in a set of efficacy studies. The most common way of evaluating the literature through meta-analysis is to compute the effect size, often calculated as Cohen's d, which provides a common metric across investigations. The d score is the average amount of change in standard deviation (SD) units achieved by individuals in a treated group versus the change achieved by members of a control group for a particular study. For purposes of interpretation, Cohen (1977) suggested these guidelines: $d=.2$ is a small effect, $d=.5$ is a medium effect, and $d=.8$ is a large effect.

Method

Over a 3-year process, the authors retrieved efficacy studies on play therapy. The following resources were used: electronic databases (PsycLIT, PsycINFO, ERIC, FirstSearch, Dissertation Abstracts); World of Play Therapy Literature (Landreth, Homeyer, & Bratton, 1993); Play Therapy Interventions with Children's Problems (Landreth, Homeyer, Glover, & Sweeney, 1996); Center for Play Therapy; Internet searches; hand-search of journals (International Journal of Play Therapy, Journal of Counseling and Development, Journal of Individual Psychology, Professional School Counseling, The School Counselor, and Elementary School Guidance & Counseling), and previous child psychotherapy meta-analysis articles. Dated 1940 to 2000, 180 documents were retrieved.

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The authors set the following parameters for the inclusion of research in this analysis. The study must have included a play therapy intervention. Researchers of individual studies identified the intervention as a "play therapy" intervention, or if it was not identified as such, the authors applied the definition offered by the Association for Play Therapy (2001). "Play therapy is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (p.20). Secondly, the document was identified as an outcome study, defined as a study of the effectiveness of play therapy. The document used an experimental or quasi-experimental design. It must also have reported enough statistical data to allow it to be entered into the meta-analytic measure. All studies included in the final analysis utilized a control or comparison group design, as well as pre/post measures. Of the 180 research studies, 138 appeared to initially meet the criteria. After closer scrutiny of those 138, 94 met the criteria.

Each study was coded for the following characteristics: play therapy vs. filial therapy or both, published vs. nonpublished, number of subjects, age of participants, gender, ethnicity, random assignment, setting, population characteristics/presenting issues, clinical vs. analog, outcome measures, theoretical model (humanistic/nondirective vs. behavioral/directive), number and frequency of sessions, individual vs. group or filial, and training of play therapy provider.

A single $\underline{d}$ score was calculated for each study. Using a meta-analysis software package (Schwarzer, 1989), an effect size was calculated based on each $\underline{d}$ for play therapy, filial therapy, and combined play therapy/filial therapy (PT/FT). The effect size was calculated using a random effects model and a weighted integration model. Seventy studies were included as play therapy interventions, 27 as filial therapy interventions, and 94 in the combined PT/FT category. Three of the 94 studies included both a play therapy and filial therapy intervention. Across the 94 studies, there were 3,263 subjects, with a mean age of 7.1. Across the category of the 70 play therapy studies, there were 2,451 subjects with a mean age of 7.3 years. Across the category of the 28 filial studies, there were 768 subjects, with a mean age of 6.8 years. Ethnicity

was not reported in the majority of studies and thereby could not be coded as a separate category.

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Results

The most significant outcome of the meta-analysis is that play therapy and filial therapy both appear to be effective treatments for children's problems. Overall, in the combined PT/FT category, treatment groups performed at .80 standard deviations better than nontreatment groups. The effect size was in the large effect category, meaning that play therapy treatment had a large positive effect on treatment groups. For play therapy, treatment groups performed at .73 standard deviations better than nontreatment groups. For filial therapy, treatment groups performed at 1.06 standard deviations better than nontreatment groups.

These results were stronger than previous meta-analytic child psychotherapy studies. Casey and Berman (1985) reported an effect size of .71, and Weisz et al. (1995) also concluded an effect size of .71 in their meta-analyses on child psychotherapy. LeBlanc and Ritchie (1999) reported an effect size of .66 for 42 play therapy studies.

Predictors of Play Therapy Outcome

Once the overall effect size was calculated, individually coded categories were statistically measured for effect size to determine specific predictors affecting the outcomes of play therapy.

Theoretical model. Of the 94 studies, 74 were coded as humanistic/nondirective play therapy, and 12 were coded as behavioral/directive play therapy, while 8 studies could not be coded due to lack of information regarding the specific play therapy approach utilized. The authors determined theoretical model according to the description of the approach in the original source. The humanistic/nondirective category demonstrated a large effect size of .93, whereas the behavioral/directive category recorded an effect size of .73. The difference was statistically significant at the .05 alpha level (p=.037). Although the behavioral/directive category demonstrated a significantly lower effect size than the nondirective category, this is probably influenced by the low number of studies in this category. Clearly, both models can be considered effective.

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Publication. Of the 70 play therapy studies, 35 were published (refereed journals) and 35 were nonpublished (dissertation, thesis, etc.). The 35 published demonstrated an effect size of .97, while the 35 nonpublished studies demonstrated an effect size of .65. This difference was significant at the .05 alpha level (p=.000). The finding appears to show that play therapy studies with the most effect are more likely to be published than those with less effect. In the combined PT/FT category, significance was also demonstrated at the .05 alpha level (p=.001). The 45 published in this category demonstrated an effect size of 1.05, while the 49 nonpublished demonstrated an effect size of .76. A comparison of published vs. nonpublished studies using filial therapy demonstrated no significance.

Number of sessions. The mean of sessions for the combined PT/FT category was 16.5, play therapy category was 16.6, and filial therapy was 14.9. The number of sessions was a statistically significant predictor of play therapy outcome. For number of sessions in the play therapy category, the effect size grew with the number of sessions, culminating in a peak effect at 35 to 45 sessions. A large effect size, however, was noted at fewer sessions as well. Authors concluded that although play therapy appears to be effective at just a few sessions, the positive effect of the intervention increases with the number sessions and then levels out. This finding was similar to LeBlanc and Ritchie's (1999) conclusions regarding increased effectiveness of play therapy up to 30 to 35 sessions.

Parental involvement. The authors coded the category of routine parental involvement versus no parental involvement. Routine parental involvement was defined as parental participation in each session, primarily filial interventions with a few studies that included another form of therapeutic parental involvement. Parental involvement was a significant predictor of play therapy outcome (p=.008). Specifically, parental involvement in treatment significantly affected the success of play therapy outcome.

Therapist training. Many studies did not report the training of the play therapists, which made it difficult to accurately assess the effect of training on outcome. However, in the combined PT/FT category, parents with play therapy training did show a significant effect size of 1.15. Again, this result highlights the impact of the filial therapy model.

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Setting. Across all studies, 36 were coded in school settings, 32 in clinic outpatient settings, 9 in clinic inpatient settings, 11 in critical incident settings (i.e., hospitals, prisons, shelters, and natural disasters), and 6 in other settings (i.e., church and camp). The authors are still in the process of studying the significance of setting on the effectiveness of play therapy.

Clinical/analog. The authors coded studies on whether they were conducted with a clinical population (identified as already seeking help for clinical services) or analog population (recruited volunteers for the study). Thirty-five studies were designated as clinical studies and 59 as analog. There was no significant difference between the two populations.

Individual vs. group. For the play therapy category, the authors coded individual play therapy and group play therapy. Group play therapy was defined as providing play therapy to more than one child at the same time. There were no significant differences between individual outcome and group outcome, demonstrating that both interventions are equally effective.

Age. The subjects ranged from 3 years to 16 years. Across all three categories of play therapy, filial therapy, and combined PT/FT, there was no significant difference of effect based on age. Play therapy appeared to work with all ages of children.

Gender. Approximately one third ($\underline{n}$=34) of the studies failed to report gender of subjects. Of the studies that did report gender, means were calculated for each of the three meta-analytic categories. For combined PT/FT, the mean number of males per study was reported at 22.7 and females at 15.8. For play therapy, the mean number of males was 25.3 and females was 18.1. For filial therapy, the mean number of males was 17.1 and females was 11.5. Analyses demonstrated no significant differences of effect based on gender. Play therapy was equally effective for both genders.

LIMITATIONS

Meta-analyses are only as strong as the individual studies that are included in the statistical procedures. The authors attempted to control for studies that did not follow accepted research methods. Of the 180 play therapy research studies originally retrieved, only 94 were included in the meta-analysis. Many studies were excluded due to lack of experimental methods, lack of reported statistics, or other shortfalls in research procedures. Even among the studies that were included, some reported their research methods inaccurately. Missing factors included details of training level of play therapists, age, gender, and/or ethnicity of participants, ill-defined presenting problems, incomplete protocol procedures, and other incomplete characteristics.

Another limitation to this study is the broad range of presenting problems and outcome measures used across the 94 studies. Among the individual studies, presenting problems included vague labels, such as emotionally maladjusted or behaviorally disturbed, as well as more defined labels, such as anxiety or mental retardation. It became increasingly difficult to define and combine within this category. The authors are currently conducting further analysis on recent codings of presenting problems. Broad variation problems also occurred for outcome measures. Well over 100 different outcome instruments were used. Again, the authors are conducting further coding in this category. These limitations suggest that the field of play therapy would benefit from the development of a research design that could be duplicated for determining the effectiveness of play therapy.

The authors attempted to look at many different characteristics that affect play therapy outcome. This meta-analysis is still in the process of being scrutinized to look even further at presenting problems, outcome measures, and more details regarding number of sessions, therapist training, and others. The authors expect to report further findings based on this meta-analysis.

DISCUSSION

The findings of this meta-analysis reveal that play therapy is an effective intervention in child psychotherapy. Play therapy appears to

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work in various settings, across modalities, age and gender, clinical and nonclinical populations, and theoretical schools of thought. Not only did this research report the positive effect of play therapy, the overall effect size was in the large effect range. Play therapy appears to be quite effective with research participants suffering from various emotional difficulties.

Although play therapy has been proven to be effective, two main factors appear to increase the effectiveness of therapy: parent involvement and duration of sessions. Both of these characteristics were previously reported by LeBlanc and Ritchie (1999) as being significant predictors of play therapy effectiveness. This meta-analysis supports these findings. Parental involvement, especially the filial program for parents, significantly increased the effectiveness of play therapy. Without the inclusion of parents, play therapy can still be effective, yet not to the degree demonstrated by studies that involved the parents in therapy. The same is true of increasing the number of sessions. The effectiveness of play therapy continued to increase in relation to the number of sessions up to 35 to 45. At 45 sessions, effectiveness leveled and then declined. While it is true that this finding encourages play therapists to work with managed care companies to increase the number of allowed sessions, it is also true that play therapy is effective with fewer sessions, even as few as two sessions. Most play therapists would prefer to have parent involvement and a substantial number of sessions. However, in reality, many play therapists do not have control over either contributing characteristic. The meta-analysis demonstrates that play therapy can still be beneficial, even under less than optimal conditions.

Meta-analytic procedures have offered the field of play therapy a way to combine the findings of research conducted over the past 6 decades and evaluate the degree to which play therapy is an effective treatment strategy with children. This meta-analysis establishes that play therapy can be proven to be a scientifically viable intervention.

Future research on play therapy should consider several issues. Play therapy research continues to study a small number of subjects, limiting the ability to generalize many of the studies. In addition, because most play therapy research uses the design of play therapy versus absence of intervention, researchers are unable to declare play therapy as the most effective method of treatment. It is not compared

directly to other interventions, such as more traditional behavioral plans or cognitive techniques. Play therapy research has answered the critics by conducting additional experimental research with specific measures and clear definitions of treatment. A review of the literature suggests that studies that distinctly defined the play therapy procedures used offered more successful play therapy outcomes.

More research is needed on both the immediate and long-term effects of play therapy. Specifically, there is a need to compare its effectiveness with other child psychotherapeutic techniques. Studies are needed to investigate the most efficient and effective delivery method of play therapy services to children. Several unanswered questions follow: Are increased numbers of sessions over a shorter time span more effective than the traditional once per week session format? Is there an optimum number of sessions for children with specific presenting issues? Is play therapy more effective with certain presenting problems? What outcome measures appear to measure play therapy most accurately?

The variation of research design among play therapy studies limits the ability to duplicate effectiveness studies. The authors suggest the development of a specific protocol that can be used by play therapists across varied settings. A common protocol would allow play therapy studies to use similar procedures and instruments for research participants. The use of a common protocol would also encourage play therapists who are unfamiliar with research to conduct their own small studies. In addition to increasing the number of studies, the strength of meta-analysis would increase due to the similarities between studies.

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APPENDIX

Research Included in Meta-analysis

♥ = Filial Therapy Meta-Analysis
✐ = Play Therapy Meta-Analysis
* = Combined Filial & Play

✐*Amplo, J. (1980). Relative effects of group play therapy and Adlerian teacher training upon social maturity and school adjustment of primary grade students (Doctoral dissertation, University of Mississippi, 1980). Dissertation Abstracts International, 41, 3001.

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