

Play Therapy and Academic Achievement: Evolution and Application of Researched Practice

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ABSTRACT

The purpose of this research practice presentation is to present recent research on play therapy and academic achievement in both populations of at-risk and normal functioning students. These studies include both long-term play therapy (4,7) and short-term play therapy methods (1,2, 6, 3, 5).

Using a population of elementary school students, short-term play therapy studies demonstrate the variety of impact that in-school play therapy can have for students. This includes the impact of short-term play therapy on child academic achievement, and self-regulation with academically at-risk students (1). Other studies have also demonstrated the impact of bi-weekly short-term play therapy on improvement of academic performance in at-risk students (2, 6), as well as bi-weekly short term play therapy on the improvement of academic performance in normal functioning students (3). Additionally, short-term play therapy with normal functioning students demonstrated improvement in both performance anxiety and academic achievement (5).

Studies which focus on long-term play therapy methods include improvement in overall academic performance for normal-functioning students (4) and consistent improvement in academic achievement scores for academically at-risk students (7).

PROCEDURE

Informed consent was initially obtained for all studies. The Young Children's Achievement Test (YCAT) was the sole academic achievement measure administered to all children for studies except #3 & #5. The Woodcock Johnson II Total Brief Achievement Test (WJIIAch) was used solely study #3, and then combined with the YCAT for study #5.

For studies where short term play therapy was used (#1-3, & 5-6), children were randomly assigned to participate in either six or eight weeks of play therapy or a waitlist control group. At the end of the intervention stage, all participants were individually administered the same academic achievement instrument/s as a post measure. For studies #4 & #7, these children continued treatment for 10 additional sessions after initially receiving the six – eight weeks of play therapy.

Play Therapy Group. The students were assigned to the PT group which consisted of 12 or 16 sessions of Child-Centered Play Therapy scheduled over the course of six or eight weeks. Children in the PT group participated in two 30-minute play sessions per week. All play therapy sessions provided were administered in accordance to a CCPT treatment manual (Ray, 2009) and were facilitated by graduate-level students who possessed training in play therapy. The procedures facilitated by the student therapists included both nonverbal and verbal skills outlined by Ray (2009).

Wait Control group. These children did not receive play therapy during the course of the study. Following post-administration of instruments, each WC group child was provided the opportunity to begin attending CCPT.

At-Risk Studies

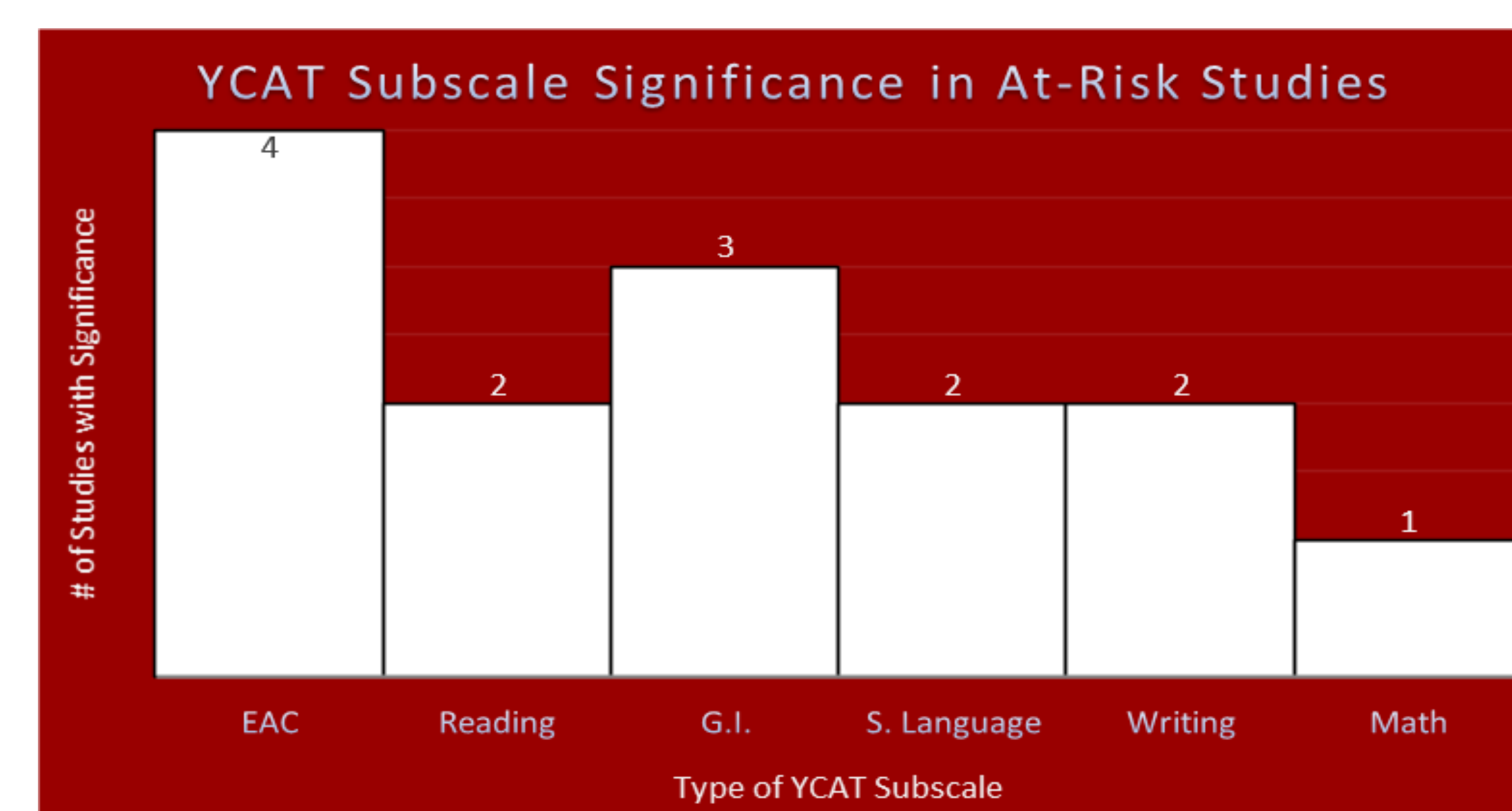
Four of the seven studies were conducted with academically at-risk elementary school children (#1,2,6, & 7). At-risk students for studies #1, 6, & 7 were all first graders, study #2 at-risk participants were all Kindergarten students.

For studies #1, 6, & 7 the academically at-risk criteria was set by the school district which included:(a) the student did not previously advance from one grade level to the next, (b) the student did not perform satisfactorily on an assessment instrument or did not perform satisfactorily on a readiness test, or (c) the student is in custody or care of the state department of protective services. Furthermore, the *at-risk* label was an indication of students in danger of not progressing academically and was designated as a way of identifying students who are falling behind.

For study #2 the academically at-risk criteria was set by the development of a questionnaire that measured the indication or lack of indication of protective factors established based upon the work of McWayne, Hampton, Fautuzzo, Cohen, and Sekino (2004). This was created due to Kindergarten's not having a school record indicating at-risk status. The protective factors included: Primary language spoken in home different than language taught at school, number of caregivers, highest education level of mother, income level, daycare attendance, and the amount of caregiver reads to child. Evidence of the protective factors demonstrated a higher probability of academic success.

RESULTS

In each of the seven articles statistical significance was found indicated the CCPT is an effective approach in increasing the academic achievement level for elementary school students.



These results above are based off of the four at-risk studies measuring the effects of child centered play therapy on academic achievement.

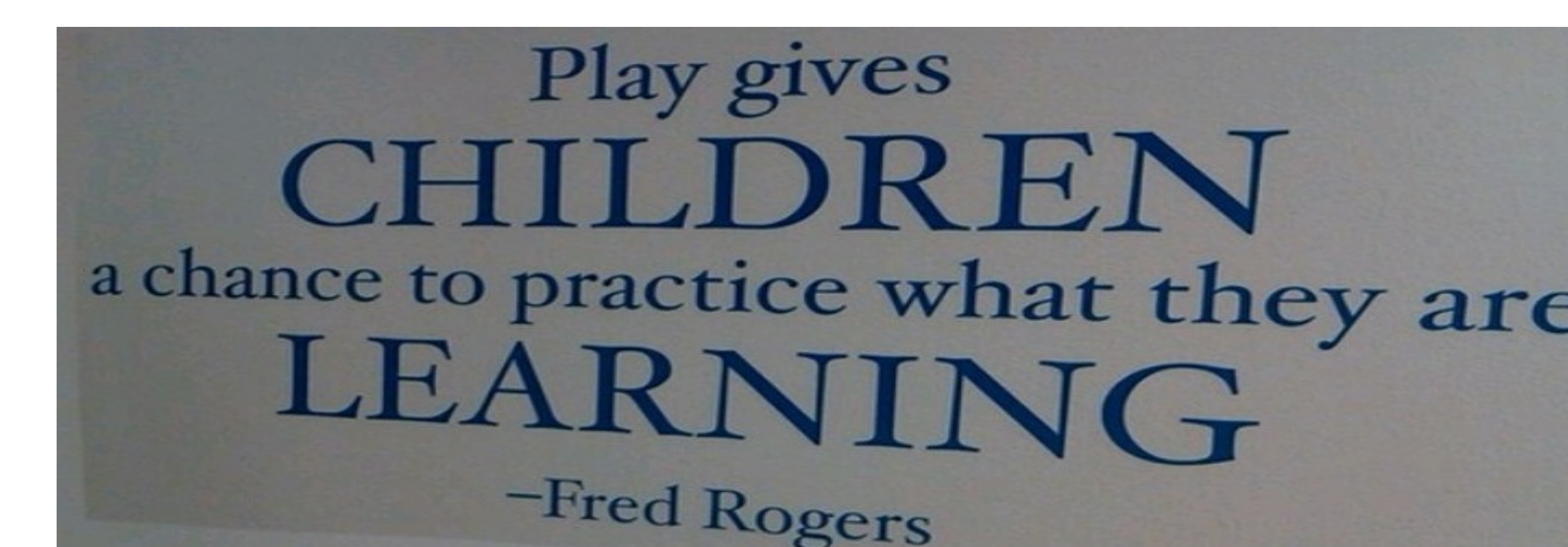


Normal Functioning Studies

Three of the seven studies were conducted with normal functioning children (#3,4 & 5). The normal functioning students for studies #4 & 5 were all first graders, study #3 participants were all second grade students.

School counselors of the schools in the study sent out written informed consents to all the parents or guardians of children in selected classrooms providing mainstream education. Classrooms were selected by being identified as a mainstream education classroom and by the teacher's willingness to have students pulled out for services.

All students in the selected classrooms were able to be participants in the study as the researchers wanted a sample of typical students, rather than identifying students at-risk for school failure

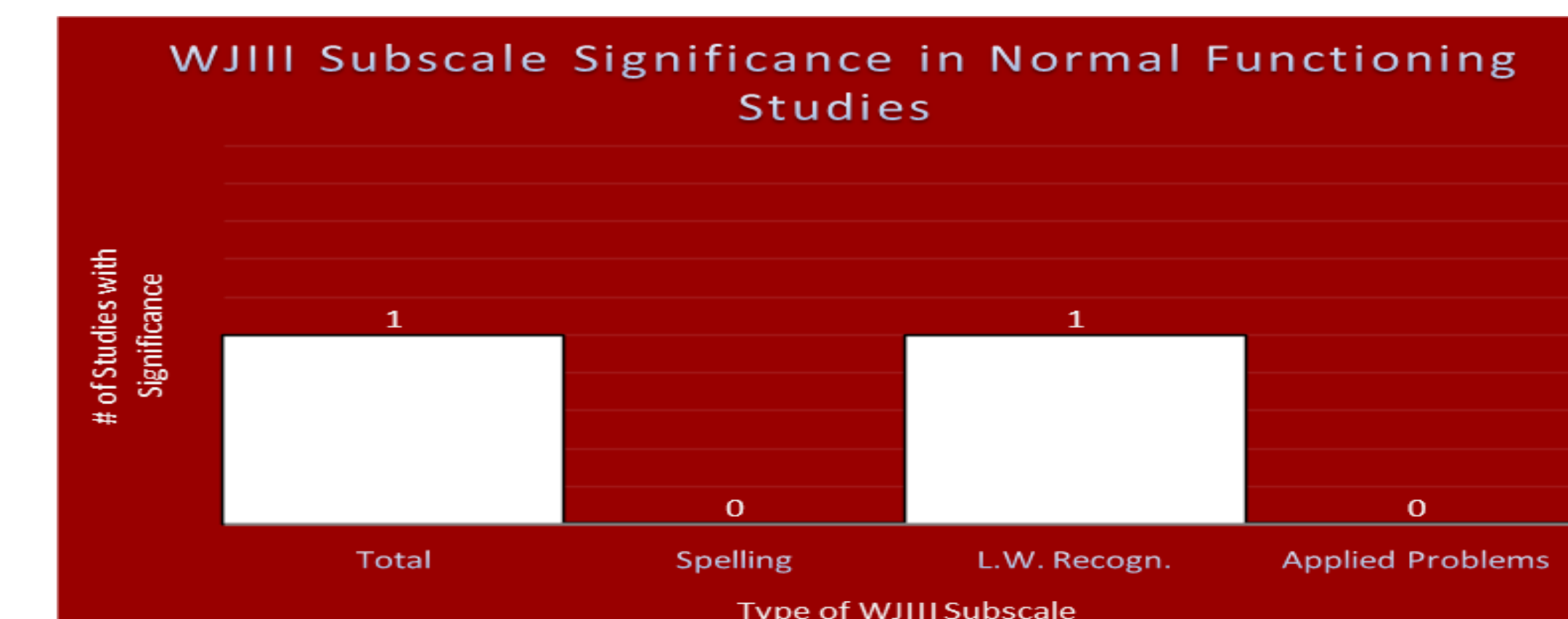


METHODS

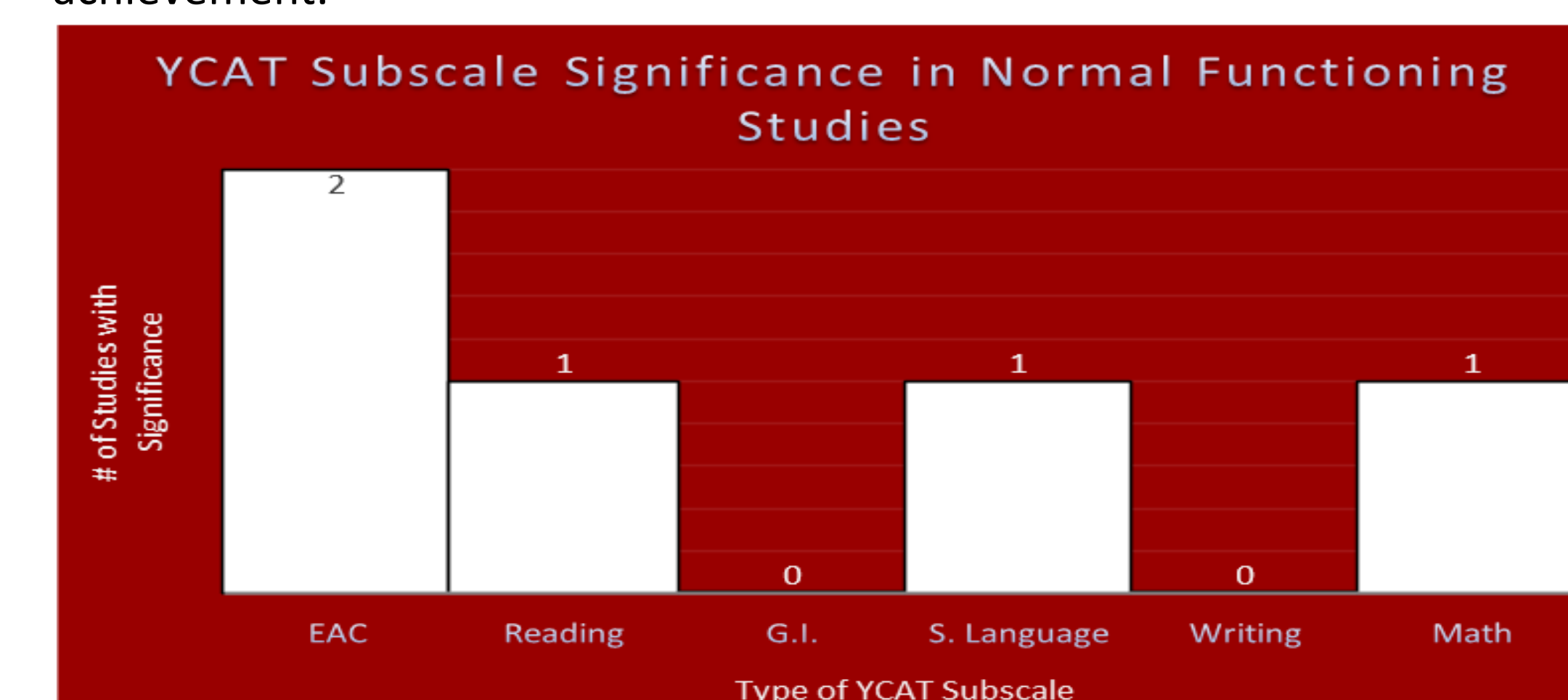
For the short term academic achievement play therapy studies (#1,2,3,5 & 6) a mixed design ANOVA was conducted on the dependent variables (YCAT subscales, or WJIIAch subscales) to determine differences between groups and across time.

For long term academic achievement play therapy studies (#4 & 7) a one way repeated measures analysis of variance (ANOVA) was performed on the dependent variables (YCAT subscales to determine differences over times of measurement.

RESULTS



The results above are based off of the two studies of normal functioning children with the Woodcock Johnson III as the measurement of academic achievement.



These results above are based off the two studies of normal functioning children with the YCAT as the measurement of academic achievement.

IMPLICATIONS

The results of these seven studies are important for mental health professionals working in school settings and whose primary responsibility is to provide preventative services and interventions to help students achieve optimal socio-emotional and academic achievement. Providing effective interventions at an early age could mitigate the development of long-lasting mental health problems that interfere with academic success (Bratton et al., 2013). The results of these studies are particularly noteworthy because they support that CCPT can enhance academic development for all children (identified at-risk of academic failure & normal functioning). These findings can be helpful for school mental health professionals who want to advocate for play therapy services in schools.



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