



The Efficacy of Play Therapy and Filial Therapy with Children: Summary of the Meta-Analytic Findings

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Child therapists are ethically-bound and accountable to their clients to provide treatments that are most effective; however they have received little help from the scientific community to guide their efforts. Historically, the efficacy of psychological interventions for children has been a basis for controversy and debate among mental health professionals. Not until recently has this issue received national attention, with the U. S. Public Health Service (2000) emphasizing the critical need for early intervention and empirically-validated treatments that are designed specifically to meet children's unique needs.

Play therapy is a developmentally responsive modality uniquely suited for children to help prevent or resolve psychosocial difficulties and achieve optimal growth and development. Developmentally, children lack the cognitive ability to meaningfully communicate their thoughts, feelings, and experiences through the abstract means of verbal language. The concrete objects (toys, art, etc.) and other play-based experiences provided in play therapy afford children an age-appropriate and emotionally safe means to express their difficult experiences. For these reasons, play therapy is currently practiced by thousands of clinicians to treat their young clients; however the scientific community has been less enamored, criticizing this modality's lack of an adequate research base to support its practice. Proving the effectiveness of play therapy to third party payors, the legal community, mental health professionals, school administrators, parents, and critics of play therapy is necessary for the acceptance of play therapy as a viable intervention for the growing number of children experiencing social-emotional and/or behavioral difficulties that need responsive services.

Meta-analytic methodology allows the researcher to analyze the effects of a treatment, in this case play therapy, by combining the results of individual studies, thus overcoming the limitations of small sample sizes often found in outcome research in the mental health field. The authors conducted a meta-analysis of 93 controlled outcome studies, published 1953 to 2000, to assess the overall efficacy of play therapy and to determine factors that might impact its effectiveness. The overall mean treatment effect was 0.80 standard deviations, considered a large treatment effect. Further analysis revealed that effects were more positive for humanistic than for non-humanistic treatments, and that utilizing parents in their child's play therapy produced larger overall treatment effects than play therapy conducted by a professional. Play therapy appeared equally effective across age, gender, presenting issue, and clinical vs. psychotherapy, and further suggest that doubts about the efficacy of play therapy can be laid to rest.

Definitions

Play Therapy: a developmentally sensitive therapeutic modality in which a trained play therapist uses the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development (Association for Play Therapy, 2003)

Filial Therapy: a therapeutic intervention that can help children by teaching parents (and other paraprofessionals such as teachers) basic child-centered play therapy principles and methods to use with their children (Guernsey, B., Guernsey, L., & Adronico, 1966; Landreth, 1991/2002; Landreth & Bratton, 2006). Parents learn to become a constructive force for change in their children's behaviors and attitudes by utilizing basic play therapy skills in once-a-week 30-minute play sessions with their children. Throughout the process, parents receive on-going training and direct supervision from a trained play therapist.

Meta-Analysis: combines the results of individual studies by determining the amount of change of individuals in the treatment group versus those in the control or comparison group and then determining the average

amount of change in a set of efficacy studies (Prout & Prout, 1998). Meta-analysis overcomes the limitations of small sample sizes and conflicting findings that may be attributed to small samples and allows broader reaching scientific discovery and more generalized conclusions. An effect size is calculated and reported in a d score which is essentially the average amount of change in standard deviation units achieved by individuals in a treated group versus the change achieved by members of a control/comparison group for a particular study. An effect size of $d + 1.0$ represents 1 standard deviation.

Descriptive Data

Total Studies	93
Total Subjects	3263
Mean # of Sessions	16
Mean Age	7.0
Gender of Subjects	2/3 male, 1/3 female

Results

EFFECT SIZE FOR THE TOTAL (93 STUDIES)	ES=.80 P<.001
* Effect Size for Play Therapy by Professional (n=67)	ES=.72 p<.05
* Effect Size for Play Therapy by Paraprofessionals (n=26)	ES=1.05 p<.05
* (Filial therapy studies conducted by parents, teachers, mentors – mostly parents)	
* Effect Size for the <u>Parent only</u> Filial Therapy (n=22)	ES=1.15 p<.05

Interpretation of Effect Size

According to Cohen (1977), $d = .2$ represents a small effect size; $d = .5$ represents a medium effect size; and $d = .8$ represents a large effect size; therefore, the results of the meta-analysis of play therapy outcome research studies (n=94) reveal a large treatment effect for children receiving play therapy intervention when compared to children receiving no treatment or a non-play therapy intervention.

Implications for Practice and Further Research

- Play therapy is an effective intervention for a broad range of children's problems – across both behavioral and humanistic schools of thought, in various settings, across modalities, across age and gender. However, better designed studies are needed that examine the questions of, is play therapy more or less effective with regard to gender, age, and presenting issue? In addition, an investigation of different theoretical and technical approaches to play therapy and effect on children's outcome related to the above factors would better address the age-old question, which treatment is most effective with which clients, under what circumstances?
- These results strongly point to a greater utilization of Filial Therapy over Play Therapy: Training parents and involving them in their child's play therapy is highly effective, and also has the potential benefit of preventing more severe and costly problems across the lifespan. However, is filial therapy the treatment of choice for all children presenting for play therapy? Studies comparing filial therapy to play therapy by a professional with the same populations are needed to determine if the factors of presenting issue and child's age influence outcome.
- The identified crises in children's mental health services, including the need for more developmentally-responsive interventions that involve the family, provides a sense of urgency for play therapists to utilize these research findings to educate other mental health professionals, third party payors, the legal community, school administrators/teachers and parents to ensure that more children and families receive the help they need.

Note: This information provides a brief summary of the following publication:

Bratton, S., Ray, D., Rhine, T., & Jones, L. (2005). The efficacy of play therapy with children: A Meta-analytic review of the outcome research. *Professional Psychology: Research and Practice*, 36(4), 376-390.

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