

**Exploring Play Therapy's Impact on Social Interaction and Engagement in Children with
Autism Spectrum Disorder**

By

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A capstone submitted in partial fulfillment of the requirements for the degree of

Master of Counselling

City University in Canada

Vancouver BC

April 2025

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Acknowledgment

This capstone took a village to write. It is a blessing to have supportive friends, family, and colleagues who helped encourage and motivate me through the process.

First and foremost, I would like to thank you my capstone advisor, Alicia, for her feedback and guidance throughout this process. Thank you to my second reader, Ron, for his thoughtful and valuable feedback.

I am thankful for my amazing boss, Diana, for her kindness, patience, and flexibility in my schedule and allowing me to meet my deadlines.

I am also deeply grateful for my friend Sara, you witnessed this whole process from the beginning to the end and that means a lot to me. Words can not describe how grateful I am to have you as one of my closest friends.

I would like to express my deepest gratitude for my parents and my sister for their endless support. I can never thank you enough for my fully stocked snack shelf and delicious treats that helped me grind through the darkest writer's blocks.

Lastly, I would like to give myself a big pat on my back! This took a lot of hard work, commitment, discipline, and dedication to complete! I can finally say, "I did it!"

Abstract

Autism spectrum disorder (ASD) is one of the fastest-growing neurodevelopmental disorders that impairs social relationships and communication. Children with ASD have challenges in initiating and maintaining interactions with their peers, which affects their experience in play. Play is essential to children's development as it allows children to learn and explore the world. Play also teaches children important skills that are essential to their growth. Playing and interacting with others helps children with social interactions, which can help them expand their social network. Restricted repetitive interests, behaviour, and patterns can limit the play ability in children with ASD. The purpose of this capstone is to explore play therapy's impact on children with ASD in supporting and improving their social interaction and engagement. Using play as a tool, play therapy provides an outlet for children to explore, communicate, and express themselves in a safe environment without judgment. Play therapy frameworks, such as child-centered play therapy, support children with ASD through acceptance and an open attitude toward the child, which helps them to discover their strengths. These factors are important as they can help children with ASD improve their social engagement, communication, extend their attention span, and reduce aggression. Ultimately, this capstone seeks to provide insights for counsellors, play therapists, and parents so that they are aware that alternative tools and interventions such as play therapy can support their children with ASD in developing and improving their skills.

Keywords: autism spectrum disorder, child-centered play therapy, play, play therapy, social engagement

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Chapter 1: Introduction

Overview

Autism Spectrum Disorder (ASD) is one of the fastest-growing neurodevelopmental disorders. The number of individuals diagnosed with ASD has grown significantly over recent years (Schottelkorb et al., 2020). According to the World Health Organization, it is estimated that 1:160 children and adolescents are diagnosed with ASD (Chester et al., 2019). Children diagnosed with ASD often face challenges with social engagement and building connections with others (Morrier & Ziegler, 2018). They do not grow and develop socially and emotionally at the same pace or within the same developmental stages as neurotypical children (Salter et al., 2016). ASD is a complex neurodevelopmental disorder that impairs social relationships and communication. It occurs from birth and symptoms can appear in children before the age of three (Brefort et al., 2022; Mastrangelo, 2009). Research by Robain et al. (2021) highlighted that difficulties with giving eye contact was reported as a core symptom noticed by parents with autistic children. ASD is a lifelong disorder that impairs social relationships and communication (Mastrangelo, 2009). Symptoms and behaviours such as communication, social interaction, repetitive behaviours and restricted interests are common in those who have ASD (Algahtani, 2018). It is important to note that individuals with ASD do not share the same symptoms and behaviours and exhibit a range of core autism symptoms including communication and language deficits, social impairment and restricted, repetitive behaviours, and sensory sensitivities (Chester et al., 2019; Schottelkorb et al., 2020). These symptoms have a huge impact on ASD children's social development and emotional well-being. As a result, children with ASD have challenges in initiating and maintaining interactions with their peers, which affects their experience in play (López-Nieto et al., 2022).

Playing with peers can help children build communication skills and use of language. It also helps them expand and explore the world around them. Children with ASD have been reported to have fewer friends and poorer social outcomes in schools compared to neurotypical children. Furthermore, several studies indicate that children with ASD are often isolated and unengaged on school playgrounds. It was reported that they tend to participate in solitary activities, and often do not initiate interactions with other children. A study by Locke et al. (2016) noted that children with ASD spent more time isolated or were unengaged in comparison with their neurotypical peers. The study reported that children with ASD had less success in initiating and responding with their peers. The researchers found that these behaviours prevented children with ASD from using or practicing their communication, social skills, and language skills to engage with others. They concluded that developmental growth and social interactions with others in the future could be hindered (Locke et al., 2016).

Multiple studies demonstrated teaching tools and skills can help children with ASD minimize the limitations in their future as they have tools to support themselves, problem-solve, and overcome conflicts (López-Nieto et al., 2022). Some of the common intervention approaches are behavioural and developmental. Behavioural intervention focuses on reducing, correcting, or eliminating the child's behaviour and symptoms by using reinforcement strategies. Alternatively, the developmental approach focuses on the children's developmental growth, pro-social behaviour, and social emotions. Play therapy is a developmental approach that focuses on developmental growth, pro-social behaviour, and social and emotion skills (Schottelkorb et al., 2020). It is widely used to treat various emotional and behavioural challenges in children. It is an intervention that uses play to help children express their thoughts, emotions, and experiences through play, and this allows children to express themselves without using words (Bratton et al.,

2005; Muller & Donley, 2019). Over a decade of research studies indicated that play is essential to children's cognitive, social, and emotional development. Play creates opportunities for children to learn about the world and their surroundings and encourages children to problem solve, use imagination, self-discovery, and self-expression (Bipath et al., 2022). These components are crucial to children's developmental growth as they help prepare them for the future. However, children with ASD demonstrate delays in their developmental growth as their play behaviour and interests are often restricted. This limits their potential growth in their social engagement and interaction with other children, most often those who are neurotypical. Restricted interests and differences in social interaction prevent children with ASD from building connections with their peers (López-Nieto et al., 2022). Using therapeutic play interventions such as child-centered play therapy differs from normal child play (playing alone or with friends) as the therapist can provide care, guidance, and support for children with ASD (Muller & Donley, 2019). The therapist observes, assesses, and supports the child to achieve their goals (Koukourikos et al., 2021). They also help children with ASD to develop skills and play behaviour by modeling social behaviours that occur in their social interactions with others (Elbeltagi et al., 2023).

This capstone explores how play therapy can support children with ASD to improve their skills in their social interaction and engagement. ASD symptoms affect children in their social interaction and engagement which results in a delay in their developmental growth. As ASD is recognized as one of fastest-growing neurodevelopmental disorder, it is important for counsellors to have background knowledge and awareness that are related to ASD and its symptoms. Counsellors that expand their understanding of ASD symptoms and how it impacts children

developmentally, can increase their support for clients and build acceptance through acknowledgement for differences from a place of compassion, patience, and acceptance.

Purpose Statement

The purpose of this capstone is to explore the influence play therapy has on children with ASD and their social interaction and engagement. The goal is to provide insights for counsellors, play therapists, and parents so that they are aware of alternative tools and interventions such as how play therapy can support their children with ASD in developing and improving their skills. Some research questions the paper will explore are: 1) The impact ASD has on children's play behaviour and their social engagement. 2) Play therapy can help children with ASD improve their social engagement and communication skills. 3) Play therapy can help children with ASD initiate play with their peers. 4) Play therapy can help children with ASD to maintain play with their peers.

Theoretical/ Conceptual Framework

This capstone's theoretical focus is to explore research and literature that supports social engagement in children with ASD using play therapy. A developmental framework and child-centered approach will be used when reviewing the literature. Researchers have shown the relationship between play and child development and its impact on children's developmental growth. Therefore, to understand children, it is important to approach children from a developmental perspective. Furthermore, children's worlds and perspectives differ from adults. Instead of using words to communicate, their natural communication is through play. To understand children's expressions and thoughts, it is crucial to understand children from their world and their perspectives (Landreth, 2012). In play therapy, play is a tool that is used for

children to communicate. The components of play in children's development will be discussed as it provides critical components in selecting interventions for children.

To further explore the impact play therapy has on children with ASD, I will highlight Virginia Axline's (1947) child-centered approach to play therapy by providing its framework and its theoretical concepts from the Rogerian principles of unconditional positive regard, empathy, congruence, and self-actualization (Salter et al., 2016). By examining theories through a developmental framework and a child-centered approach, this capstone aims to contribute to deepening the understanding of the needs and challenges children with ASD experience in their social engagement.

Contribution to the Field

This capstone is beneficial for parents, educators, or any professionals who work with children with ASD. The number of individuals diagnosed with ASD has grown significantly over the recent years. Early interventions for children with ASD have shown significant improvement in their skills and development. Behavioural intervention such as Applied Behavioural Analysis (ABA) is one of the most common interventions parents would choose as they want to eliminate or fix the behaviour and symptoms of their children with ASD. Instead of fixing and eliminating behavioural symptom(s), child-centered play therapy highlights the importance of Rogerian principles and offers an approach for children to learn and accept their differences. This capstone brings awareness to the influences play therapy has on children with ASD in their social well-being. It shows that play therapy can help children with ASD in their communication, self-expressions, social engagement, and their social interaction with others. This information can be beneficial to parents who have children with ASD, educators, and caregivers who work with

children with ASD, and those who are unfamiliar with play therapy as an intervention option.

The material provides insight into how play may look different for children with ASD and brings awareness to those who interact with children with ASD. The literature provides thorough details on the effects and deficits in children with ASD. It may help parents, teachers, and caregivers to have a better understanding of why children with ASD behave in a certain way. Bringing awareness can encourage them to develop more patience, empathy, and tools to support these children. The literature may also inspire educators and caregivers to implement play activities in their teaching approach or curriculum in their setting to support students who have ASD.

Knowledge can motivate parents, teachers, and caregivers to pay closer attention to children with ASD in social settings. It may encourage them to guide and support these children to build trusting relationships with their peers. Overall, the topic provides another option for families to explore when looking for interventions to support their children with ASD.

Reflective and Positionality Statement

I am a cisgender middle-class female who is neurotypical. I am single and I do not have any children. I recognize that I may not fully understand the challenges families experience with their children with ASD as I do not have children of my own. I am fortunate that I was able to work with various children from different backgrounds. I am aware that my experiences with a child may be different than what their parents experience at home. Each intervention has its benefits and can support children differently. Therefore, it is important to meet children where they are at and to find an intervention that meets their needs.

This topic is important to me as I have been in the play-based childcare industry for twelve years. I work with school-aged children with diverse backgrounds, and I've encountered

children who possess different levels of abilities and diverse challenges. Through my work experience, I learned the importance of play in children's development and how it helped them grow physically and emotionally. Physically, the more children were exposed to playing on the playground, the more capable they became of using the monkey bars, climbing, and jumping off the playground. Emotionally, the more time children spend interacting with each other, the more they learn about expressing themselves and understanding each other. They also learn how to communicate, engage, connect, and problem-solve through their experiences playing and interacting with their peers.

In my work experience, I witnessed children expressing themselves and re-enacting a situation that happened in school, at home, or in a movie using toys or their imagination. They learned how to engage with each other by sharing toys and taking turns. I have also seen them connect and build relationships by playing games with their peers on the playground. Children also built new friendships by inviting others to join their games or initiating play with strangers on the playground. It creates opportunities for them to expand their imagination and their creativity. Playing with their peers also taught them how to problem-solve and reconnect with their peers after a conflict.

Working in childcare allowed me to connect and support children with ASD on several occasions. Working with children with ASD can be challenging when it comes to communication, routines, and encouraging them to engage with others. I often find children with ASD enjoy playing by themselves and have difficulties expressing their thoughts to others. I have also witnessed their struggles when communicating with their peers, expressing their thoughts and feelings, following game instructions, and understanding other's emotions. These

frustrations often lead them to shut down, express themselves by behaving a certain way, or use their body parts to express themselves (i.e. throwing toys, stomping, hitting, etc.). Moreover, encouraging children with ASD to share toys or initiate play with their peers can be challenging. I learned that being patient and accepting who they are can help to understand their world from their perspective. This helped me to understand their challenges and frustrations, which helped me to support them with different tools. These experiences prompted my interest in supporting children with ASD in their social engagement and interaction with their peers.

I am curious to learn tools and teach them skills to engage, self-express, and self-regulate so that they have tools to problem solve and support themselves later in life. I learned about play therapy from a few families from the childcare program. They often shared their positive experiences and their child's improvement. After attending some workshops and reading some articles on play therapy, I learned that play therapy uses play as a tool to communicate and express themselves. Reflecting on my experiences, there were times when children were upset and were unable to express themselves using words. There were also times when children appeared angry and flustered but they were lost in words. Learning that play therapy uses play to help children process their emotions and communicate their thoughts gave me a different perspective on supporting children. As a firm believer in the value of play in children and their development, I value that play therapy provides an opportunity for children to learn, explore, and express themselves verbally or non-verbally. These experiences are crucial to their development. After working with multiple children with ASD, I often hear parents refer their children to behaviour interventions to help their children to correct a behaviour that they see at home or school. Therefore, I was intrigued when I learned about play therapy as it can be an alternative

intervention for parents to choose from when deciding which intervention is more suitable for supporting their children to achieve their goals.

Definitions of Terms

Applied Behavioural Analysis (ABA)

A behavioural intervention that is based on the science of learning and behaviour (Autismspeaks, n.d.).

Autism Spectrum Disorder (ASD)

A neurodevelopmental disorder that causes deficits in an individual's communication and interaction with others. It also impacts their learning abilities and behaviour (Mastrangelo, 2009).

Child-Centered Play Therapy/Non-Directive Play Therapy

A comprehensive and relationship-based approach to play therapy intervention. The therapist enters the child's world and uses the built relationship to intervene rather than train the child (Elbeltagi et al., 2023; Schottelkorb et al., 2020).

Cognitive Capacity

Allows individuals to explore and express themselves verbally using words and language (Bratton et al., 2005).

Neurotypical Children

Children who learn, grow, develop skills, and behave according to their age/developmental stage.

Play

An activity that brings children joy, enjoyment, and pleasure (Chen et al., 2019).

Play Behaviour

A reaction and action demonstrated by the individual while playing. Play behaviour includes parallel-functional play, adult interactions, and solitary functional play (Holmes & Willoughby, 2005).

Play Therapy

A form of psychotherapeutic approach to children and it is considered a psycho-diagnostic tool. It is an intervention that contains therapeutic and developmental properties of play to help children achieve optimal growth and development. It can also help children prevent or resolve psychosocial difficulties (Koukourikos et al., 2021).

Social Competence

Refers to an individual's behaviour, social, emotional, and cognitive skills that allow them to connect and interact with others (Chester et al., 2019).

Social Engagement

This is individuals participate in social activities and interact with others. For children, social engagement may include but is not limited to playing in a group, communicating with their peers, or playing with their peers, caregivers, or parents (Chester et al., 2019).

Social Skills

Skills and abilities that allow individuals to connect and interact with others. For children, this may include but is not limited to sharing toys, eye contact, initiating play, and taking turns (Chester et al., 2019).

Outline of the Capstone Chapters

In chapter two, an in-depth review of play therapy and its impact on children with ASD will be expanded on. The first part of the chapter will be dedicated to defining what play is and why it is important to children's development. Next, a conceptualization of play, its components, and its influences on children's growth and development will be reviewed. In the following section, ASD will be introduced and its impact on children's development and social engagement will be looked at. The literature surrounding the play behaviour of both neurotypical children and children with ASD will be reviewed. Finally, an introduction to interventions that support children with ASD will be discussed. Furthermore, an overview of play therapy's origins, components, and benefits will be explored. The end of chapter two will provide more insight into how play therapy uses its tools to support children with ASD and their challenges.

The last chapter of this capstone will provide practical recommendations and resources for mental health professionals, educators, and caregivers. A psychoeducation workshop will be presented in a community space where practitioners, educators, and caregivers can share their

experiences and opinions through group discussions. This workshop aims to hold space to inspire and encourage others to seek out alternative tools that may be beneficial in supporting children with ASD. Participants can also reflect, review, and apply strategies and interventions to support children with ASD.

Chapter 2: Literature review

Play can be complex, and the definition often varies. Simply put, play is an activity that brings children joy, enjoyment, and pleasure (Chen et al., 2019). This section of the paper will incorporate a literature review addressing various topics related to the original research question expanded on in chapter one. First, a section on exploring the origins of play and its components and why it is essential to children's development will be expanded on. Next, literature reviewing how ASD can impact children's play, behaviour, and their overall social engagement will be addressed. After, the clinical framework and principles of play therapy will be introduced, highlighting the suitability of play as an intervention for children with and without ASD. Lastly, studies that incorporate child-centered play therapy techniques and interventions for children with ASD will be reviewed to evaluate its overall efficacy and as an alternative approach in improving social and engagement skills.

The Role of Play for Children

According to the United Nations High Commission for Human Rights, play is a right for every child as it promotes healthy cognitive, physical, social and emotional development (Cooper et al., 2023). Play is both an external performance and an internal experience. It can be observed externally through a performance such as: pretend play, play activities, play materials, and toys. The internal experiences represent the quality of play and can relate to the child's state of mind or their characteristics (Burriss & Tsao, 2002). Play is essential in children's developmental stages as it can impact a child's development physically, mentally, emotionally and socially. It allows children to learn about the world, their surroundings, self-discovery and self-expression (Bipath et al., 2022; Muller & Donely, 2019). Children use play as their language to communicate their thoughts and feelings. Play requires a child to process

information from thoughts, imagination and mental pictures, so that they can relate it to their life experiences (Salter et. al., 2016). Therefore, play is a fundamental daily activity that teaches children skills that involves motivation, active engagement, negotiation abilities, problem-solving, decision making, sharing, emotional intelligence, teamwork, and improving their motor skills (Elbeltagi et al., 2023; Mastrangelo, 2009).

Conceptualizing Play

The interest in play and its role in human development derived from the 19th and early 20th centuries. Many theorists were drawn to the concept of play and believed there was a deeper meaning behind play for children. Erik Erikson, Jean Piaget and Lev Vygotsky emphasized the importance of play for children's development. Sigmund Freud also believed play helps children understand and discover ways to resolve traumatic experiences (Burriss & Tsao, 2002).

Erik Erikson, a psychoanalytic theorist explained why play is crucial to children during early childhood development. According to Erikson, play allows children to practice their sensory and motor skills to explore their bodies and surroundings. It also helps children build their self-esteem and provide a sense of empowerment (Burriss & Tsao, 2002). Furthermore, encouraging children to play can help increase their creativity and strengthen their social and emotional capacities. Through his observation of children playing, he noticed boys and girls play differently with blocks which suggests these biological differences may reflect social conditioning (Cohen, 1993).

Jean Piaget, a Swiss psychologist developed the theory of cognitive development in the 1920's. He was also one of the few psychologists that noted on the development of imitation and play in children. According to Piaget, play is one of the primary contexts in which cognitive development occurs. It provides opportunities for children to interact with materials in their

environment that allow them to obtain knowledge about the world, their daily lives and problems (Cohen, 1993; Golinkoff et al., 2006). Piaget focused on children using objects in their play as a representation of their experiences and exploration. He argued that there are four definite stages in children's intelligence development: sensori-motor, pre-operational stage, concrete operational stage, and formal operational stage. Each developmental stage refers to skills that children will learn according to their age group. He claimed children use toys to play out the repercussions of experiences that happened from their daily life. The ability for children to play and act out scenarios in their daily life can help them cope with reality (Cohen, 1993). These skills are necessary to help children develop mentally, physically, emotionally and socially (Albarbi & Alzahrani, 2020).

Lev Vygotsky, a Russian psychologist and theorist of cognitive development emphasized that play serves as the primary content for children's cognitive development. He states that play allows children to learn and understand that an object can be used as a symbol or a representation of another object that is physically absent in the moment (i.e. if a telephone is not in the room, children can use a banana as a representation of a telephone when they are playing). They can also separate the physical object from its meaning (i.e. the banana is not a fruit at the moment, but a telephone). This demonstrates that play allows children to use their imagination and develop representational abilities (Golinkoff et al., 2006). Furthermore, play teaches children skills in self-regulation through imaginary play and rules (i.e. social rules, game rules). While imaginary play does not have specific rules, it contains rules of behaviour and social rules. For example, if a child's role is to be a mother in the game, they will behave responsibly by obeying social roles of a mother. Therefore, Vygotsky believed play is a social and symbolic activity that allows children to expand their world through play (Vygotsky, 2016).

Lastly, Sigmund Freud believed that play allows children who experienced traumatic events to release negative emotions. Through his practice with his clients, he noticed many symptoms and conflicts within his clients were related to their childhood. He gained an interest in learning more about childhood experiences and observed how children play. Through his observation, he noticed play allows children to create their own world. Play allows children to repeat overwhelming, unpleasant and traumatic experiences. To overcome the unpleasant events and experiences, repetitive patterns of play allows children to gain a sense of control by understanding their experience and discover ways to heal by replacing them with positive experiences (Burriss & Tsao, 2002; O'Connor et al., 2015).

The Impact of Play in Children's Development

Throughout childhood development, play impacts the brain's structure and functions (Elbeltagi et al., 2023). It helps children develop physically, psychologically, cognitively and socially (Chen et al., 2019). Children often have challenges expressing their inner thoughts and emotions. Play offers a platform that allows children to explore their feelings by acting out these experiences with their peers or through physical mediums such as tools i.e. toys (Kenny et al., 2015). These play experiences allow children to express themselves, communicate and interact with those who are around them (Mastrangelo, 2009). Therefore, play is crucial to children's development as it allows children to learn fundamental skills (i.e. social skills, motor skills, linguistics, emotional skills), enhance their imagination and build self-confidence. These skills and growth are necessary as it can impact their well-being later in life (Cooper et al., 2023).

Throughout the literature several studies have demonstrated the impact of play on children's development and its benefits for their physical health, emotional and social well-being. "Play is an important vehicle for children's social, emotional and cognitive development as well

as a reflection of their development” (Golinkoff et al., 2006, p. 30). When play is fun and joyful, the brain releases dopamine which is connected to cognitive function. These cognitive functions include memory, attention, mental shifting, creativity and motivation, which are important skills for children later in life. Moreover, when play is meaningful, it teaches children how to connect between familiar and unfamiliar stimuli. This is crucial as it creates opportunities for children to improve their analogical thinking, memory skills and metacognition. It also enhances their memory and retrieval process, which can help improve their short-term memory and their attention span. In addition, play involves language and repetition which allows children to learn and improve their skills. Furthermore, play encourages social interaction with others. Social interactions in children are important as they learn social skills in building and maintaining relationships with others. It also teaches children skills in their emotional regulation. These characteristics in play experiences are important and are beneficial to children’s development (Bipath et al., 2022). In the study by Bipath et al. (2022), participants noticed that play helped their children develop their social, cognitive, creative, emotional and physical skills. One of the participants noticed playing and learning helped her child achieve milestones such as understanding and recognizing shapes. Another participant noticed an improvement in his child’s self-expression and physical movement when he included more free play time in his child’s routine. He noticed his child had more free movement when he played and expressed himself more often using words.

The Role of Play for Developing Social Skills in Childhood

When children play together, it teaches them social skills to communicate and interact with each other (Chen et. al., 2019). Children learn skills to resolve problems physically, symbolically and/or through conversation during play (Muller & Donley, 2019). They learn to

understand the relationship they have with their peers and the importance of reciprocity when they interact with each other. Moreover, children tend to include their daily routines and interactions with others in their play by acting out or using their imagination. It helps them better understand the world around them and practice necessary skills for daily life. Acting and pretending play can help children to understand other's intentions and their relationships with them. Playing with their peers encourages children to use their imagination, builds relationships/connections and helps them to interpret real situations in play scenarios. It creates opportunities for children to explore social roles (i.e. problem solve, negotiate and compromise in taking turns) and rules within their games (i.e. following/creating rules to find meaning). It also allows children to become aware of others' thoughts/emotions. As a result, these social interactions in play helps prepare children to socialize in peer culture later in life such as school settings, social events etc (Hesse, 2006).

In another study by Cooper et al. (2023), the authors suggested that play partners can bring different play experiences and social interactions which can help children in their development. It can help children build emotional and social skills with others. The study demonstrated that play provides learning opportunities and developmental benefits. Children can learn from their parents through their teaching and modeling during play. Children also engage differently due to the hierarchical relationship with their parents. The parent's presence can help increase the child's engagement and exploration in their surroundings. It also helps encourage positive emotional experiences such as happiness, contentment and a smile. The study also shows that when children play with their peers, they experience higher positive emotional experiences. Peer interaction provides more opportunities for connection, exploration, complex reciprocal social play and shared experiences. Children were more engaged and focused on

maintaining connections with their peers compared to their siblings. The authors suggested that the difference in social connection with their siblings was due to differences in age, energy and interests. Social and emotional experiences are important, and play can teach these skills. These skills are important to their development because they teach children how to connect and interact with others. It also teaches children about their emotions and how to express themselves (Cooper et al., 2023).

Children with Autism Spectrum Disorder

It is estimated globally that one in one hundred children are diagnosed with Autism Spectrum Disorder (ASD) (Adochiei et al., 2024). Children diagnosed with ASD often struggle in social interactions with their peers. Autism Spectrum Disorder is a neurodevelopmental disorder (Mastrangelo, 2009). Individuals with ASD often experience challenges with attention span, emotional regulation, social skills, and cognitive abilities. ASD has a wide range of symptoms, and the symptoms are diverse. These symptoms include delayed speech, limited eye contact, repetitive behaviours, restricted interests, difficulties in communication and social interaction (Adochiei et al., 2024; Algahtani, 2018). Since the symptoms and the severity of the symptoms varies, individuals with ASD may experience different challenges (Mastrangelo, 2009).

The attribution of the cause of ASD is complex as it involves genetic and environmental factors. Factors such as prenatal stress, birth complications and maternal health conditions can contribute to abnormal neurological development which can cause ASD. Genetic studies also found an association in ASD with susceptibility genes and heritable components. In 2023, Yale University conducted a case study suggesting that gene mutations can lead to different

neurodevelopmental outcomes. This study raised awareness of the complexity of ASD and suggests more research to understand the underpinnings of genetic development is necessary (Adochiei et al., 2024).

Play and Children with ASD

Play is an activity that comes naturally amongst children. It allows children to learn skills that are essential for their development. It also teaches them skills that are necessary to their daily life activities (López-Nieto et al., 2022). Children with ASD face challenges with their social skills, emotional regulation, attention control and cognitive abilities (Adochiei et al., 2024). These challenges hinder their developmental growth in the various stages of play (Mastrangelo, 2009) causing impairments in their social communication and interaction with others. Social communication and interaction in play are important as they can teach children skills to connect and interact with others later in life. Children with ASD experience challenges initiating and/or sustaining play with their peers (Morrier & Ziegler, 2018), sharing experiences with others, understanding other people's thoughts and feelings, and/or taking turns during play activities. These components are important skills for children to learn in building relationships, social connections, and friendships with others (Elbeltagi et al., 2023).

Behaviours Exhibited in Play by ASD Children

Several studies and literature have reported that children with ASD show less involvement in symbolic play and limited spontaneous imaginative activity in pretend play (Marwick et al., 2022). The play behaviour of children with ASD is often referred as limited play skills, as this includes a shorter play time and less inclination for symbolic play using toys or with their peers. Their playing style is repetitive and literal. They rarely include spontaneous

language or gestures (Mastrangelo, 2009). Their restricted interests, behaviour and patterns can also contribute to their difficulties in communicating and interacting with their peers (Morrier & Ziegler, 2018). The restricted behaviour and patterns in children with ASD can cause them to be fixated on objects, behaviours, routines, repetitions, and patterns. As a result, their resistance to change can be difficult when playing or engaging with others. Engagement in restricted and repetitive behaviour can prevent children with ASD from developing adaptive skills, interacting socially with others, and engaging in daily activities (Song et al., 2022). In Song and colleagues' study (2022), they explored different patterns of restricted and repetitive behaviours in children with ASD through Autism Diagnostic Interview-Revised, Autism Diagnostic Observation Schedule assessments and Vineland Adaptive Behavior Scale questionnaires for caregivers. They discovered that young children with ASD exhibited sensory-related restricted and repetitive behaviours more often. Moreover, they were resistant to change, and they were restricted in their interests and objects. These restricted behaviours can often delay their development in learning important skills to support their growth (Song et al., 2022).

The restricted repetitive and stereotyped patterns of behaviour in children with ASD impact pretend and symbolic play. Several studies reported that children with ASD show a deficit of complexity and diversity in play. This suggests that they have less playfulness in their play (Chen et al., 2019). Neurotypical children can use their imagination in their play to expand their opportunities in play (Mastrangelo, 2009). Pretend play is a representation of the external performance of play, and it is essential in children's development (Chen et al., 2019). It requires imagining, acting out events, activities, and feelings (Marwick et al., 2022). It creates opportunities for children to release their emotions and internal experiences through acting in play. Pretend play also embraces symbolic play, which allows children to use objects as a

representation of objects, actions, existence, and emotions (Marwick et al., 2022). Through pretend play, children can learn social skills and other important skills such as communication, problem-solving, empathy and language (Chen et al., 2019). Neurotypical children can understand the differences between reality and make believe in both pretend and symbolic play. Their ability to differentiate reality and pretend allows them to use objects or their imagination as a substitution in their play or re-enact situations/routines from their life. This helps them to process and understand situations better. Children with ASD have challenges in understanding the differences between reality and pretend play as they have less awareness. For example, in a play session, if children with ASD encounter a toy cup, they will expect a beverage inside it instead of it being empty. Whereas neurotypical children will know that there is no beverage inside the empty cup and play as if there is a drink inside. These challenges make it difficult for children with ASD in pretend play and they need to improve their play abilities (Chen et al., 2019). Recent studies have reported that pretend play in children with ASD is possible. With adequate support in play activities, children with ASD can achieve positive outcomes in their pretend-play abilities and engagement with others. They can also improve their language, cognitive abilities, and friendships. Therefore, they need to be supported by trained professionals, parents, and playmates so that they can learn and improve their play abilities (Marwick et al., 2022).

In Chen and colleagues' study (2019), they examined the relationship between pretend play and playfulness in children with ASD by collecting data from the participants who enter play sessions. The results indicated the association between pretend play and playfulness. Children with ASD experienced higher internal feelings of playfulness when they were more engaged in pretend play and symbolic play. It is suggested that they are more likely to engage

when there is a sense of enjoyment in their play. The study also indicated that when children with ASD feel in control of their actions and copy others' actions less, they are more inclined to engage with others or invite their peers to join in play. This positive experience motivated them to play with others which can encourage them to use their imagination in their play (Chen et al., 2019).

Recent studies also reported that play-based interventions can support children with ASD to have playful engaged interactions with others. A study by Marwick and colleagues (2022) used a play-based intervention to assess active interpersonal engagement, interpersonal communication, and shared imaginative representation in children with ASD when paired with an adult interactive partner. The study also involved a Symbolic play test and Pretend play test to assess different types of pretend play such as substituting an object for another object/person, assigning a person/object using an imagined object and an association to the absence of an object, person, or substance. The test involved the adult partner modeling the action or providing instructions for the child to act. Participants were assessed pre-intervention and post-intervention. The results indicate there was an increase in the score assessment between pre-intervention and post-intervention in pretend play for all participants. The study argued that the lack of pretend play in children with ASD had minimal connection with their imaginative process. However, their motivation in engaging in pretend interactions and their opportunity to create ideas for pretend play demonstrated the difference in whether they would participate or not. The results of the study suggested that play based interventions that facilitated joint play can help motivate and support children with ASD to learn, engage and share the experience in creation of pretend play with others. It can also help enhance play abilities and social interaction (Marwick et al., 2022).

Social Engagement Through Play Exhibited by ASD Children

Children with ASD often experience challenges to understand others' thoughts, feelings, or intentions. Therefore, the ability to initiate or participate in social play can be an obstacle for children with ASD due to their deficits in social skills. The lack of social skills can make it difficult for them to remain engaged with their peers as it requires them to respond or initiate play with their peers (Chester et al., 2019). This can also lead to social withdrawal leading them to avoid social contact or eye contact. Therefore, many children with ASD tend to play alone, engage in repetitive play (i.e. lining up or stacking up toys), move objects around space, or play with the same toys repeatedly (Elbeltagi et al., 2023).

Playing and interacting with others helps children build social interaction which can help them expand their social network. Children's social engagement ability is connected to their behaviours, experiences, language, and social competencies (Chester et al., 2019). Children with ASD experience difficulties socially, emotionally, and cognitively which affects their growth in their home, school, social environment and play experience (Mastrangelo, 2009). Their challenges in social skills, communicating with others, and expressing themselves prevent them from being able to relate to and understand others. Social skills are important as they allow individuals to interact and communicate with others through verbal and non-verbal behaviours such as eye contact, facial expressions, and body gestures. They allow individuals to observe and understand their social situations so that they can behave accordingly. These skills are necessary for individuals to achieve social competence. Understanding emotional cues and facial expressions is important in social interactions, as it allows individuals to relate and connect (Chester et al., 2019). Therefore, a lack of social skills can prevent children with ASD from creating friendships and social interactions with their peers. Previous studies demonstrated that

children with ASD have difficulties in initiating play, joining social play or sustaining play during unstructured play sessions such as recess and lunch. In a study by Schriebman (1988 as cited in Chester et al., 2019), it was concluded that children with ASD experience challenges in social play during free play (i.e. recess, lunchtime). He stated that children with ASD find play challenging as they lose their motivation to play with others after experiencing multiple failures when playing with others. As a result, they are less likely to be involved in group play or social play with their peers due to their frustration with playing with others. However, he concluded that when an adult provides guidance and directions, many children with ASD are more inclined to attempt to play with others during structured playtime. He suggested there is a connection between play skills and social functioning as play contains social quality. Therefore, play skills can affect social ability and those who have play deficits can suffer from key social components such as companionship and emotional support as play creates opportunities for children to learn and practice new social skills with each other. Therefore, under guidance and direction, children with ASD can benefit from learning and practicing play skills so that they can engage with others (Chester et al., 2019).

In Locke and colleagues' study (2015), they observed peer engagement on the playground during recess in both children with ASD and neurotypical children by using a timed interval behaviour coding system. The findings indicate that children with ASD spent more time (29.63%) in solitary/unengaged in comparison with their neurotypical peers (8.89%). For children who were engaged with their peers, children with ASD spent 42.17% of peer engagement/interaction and neurotypical children spent 71.69% on peer engagement/interaction on the playground. The study also reported that children with ASD had less success in initiating and responding with their peers as they are less likely to initiate interactions with other children

compared to neurotypical children. These results suggest that children with ASD face challenges in social engagement with their peers in play. The results of the study suggest that interventions are needed to provide strategies for social ability for children with ASD so that they can improve their social engagement with their peers (Locke et al., 2015). Therefore, it is essential to detect ASD symptoms and provide early interventions and tools to support ASD children. Learning tools and skills can help children with ASD minimize the limitations in their future as they can use their tools/skills to overcome these challenges (López-Nieto et al., 2022).

Approaches for Children with ASD

Various approaches can be used to help children with ASD achieve their goals (Schottelkorb et al., 2020). Each approach has its benefits that can help support the child's needs. Some approaches support the child in building social connection and increase initiation during play (i.e. eye contact); whereas other approaches can help the child to improve their attention span and regulate their emotions. Different approaches can result in obtaining skills to achieve different goals; therefore, it is beneficial to apply various approaches to meet the needs of children with ASD (Mastrangelo, 2009). Several studies and literature reviews indicate different approaches can support children with ASD in improving their development growth, skills, and behavioural outcomes. These literature reviews and studies noted that behavioural approaches and developmental approaches are the most common approaches used to help support the needs of children with ASD. These approaches often have different names depending on the research studies and literature reviews. In the study by Schottelkorb and colleagues (2020), the authors referred to focused and comprehensive approaches instead of behavioral and developmental approaches (Schottelkorb et al., 2020). In the study by Tilmont Pittala and colleagues (2018), the authors referred to the approaches as behavioural and developmental methods. Although the

approaches are named differently, conceptually they are the same. For this literature review, studies that would use both sets of terms listed above will be included.

Focused Approaches/Behavioural Methods

Focused approaches often teach children with ASD to differentiate between appropriate behaviour and inappropriate behaviour. This is to help them to recognize their behaviour so that they can monitor themselves and learn to be more self-aware. Reinforcement strategies are often used to help maintain behaviour responses. Focused approaches can help children with ASD reduce their core symptoms. There are various behavioural interventions that can help children with ASD to improve their symptoms and skills. One of the most common interventions is Applied Behavioural Analysis (ABA) (Schottelkorb et al., 2020).

ABA is one of the most common interventions that is recommended for individuals with ASD. It has been studied for decades and it is based on the science of learning and behaviour (Autismspeaks, n.d.). It utilizes positive reinforcement to teach individuals social skills and reduce maladaptive behaviours. Introducing ABA to children early can help them improve their language, emotional skills, cognition, and maladaptive behaviour. It also teaches individuals independent living skills (Grandits et al., 2023) to help them learn and overcome challenges to become independent in their community (da Silva et al., 2023). ABA is a treatment that can be provided in different settings and with treatment plans tailored to meet individual's needs. It focuses on the individual's behaviour and the therapist plans strategies to help the individual to increase, decrease, create, eliminate, or improve certain behaviour. ABA's concept approach includes behaviour, antecedent or discriminative stimuli, responses, and consequences or reinforcements (da Silva et al., 2023). Antecedents and consequences are important components in ABA as there is a connection between the individual's behaviour and their responses

(Autismspeaks, n.d.). An individual's behaviour can be influenced by a subject, their responses, and their surroundings. Therefore, it is important to understand the antecedents and consequences (da Silva et al., 2023). In ABA, one of the main strategies is using positive reinforcement. The concept of positive reinforcement is to use rewards to help motivate the individual to repeat a behaviour or a skill. When they demonstrate a skill or behaviour, the individual will receive a meaningful reward. Receiving a reward can help encourage them to continue using the skill or repeat a behaviour, which can help them improve their skills or change a behaviour. For example, during a session, the therapist will assess the child's needs and create a treatment plan that is tailored to their needs. When a behavioural goal is identified, if the individual succeeds in presenting an expected behaviour, they will receive a reward (Autismspeaks, n.d.).

The amount of session hours of ABA support for individuals with ASD varies as they may have different types of symptoms, and the severity of ASD may vary. As a result, depending on the individual's needs, ABA sessions can range from 5 - 40 hours a week. However, for individuals to benefit from ABA, they must be engaged during the session. This can be challenging for some children with ASD as they have difficulties staying focused and attending to information. Moreover, individuals with ASD have different symptoms and levels of severity. Therefore, seeking alternative interventions can also be beneficial in supporting their unique needs and achieving their goals (Grandits et al., 2023).

Comprehensive Approaches/Developmental Methods

Comprehensive approaches focus on developmental growth, pro-social behaviours, and social emotions. Interventions that are comprehensive approaches have more flexibility and are less restricted. Depending on the child's needs, treatment plans can be short or long.

Developmental intervention is considered a type of the comprehensive approaches (Schottelkorb et al., 2020). Developmental interventions focus on the child's interests and resources as a tool to help them improve their communication skills and learning abilities. Developmental interventions such as play therapy focus on the relationship between playing and child development (Tilmont Pittala et al., 2018). It focuses on the developmental model, and on playful and enjoyable interactions. It is experience-based and often child-directed. Interventions are tailored to the child's needs and abilities. This can support children's developmental growth in their play such as pretend play, initiation, social engagement, responses, and communication (Mastrangelo, 2009).

Play therapy

The History of Play Therapy

The origin of play and its connection with education date back to the texts of the Greek philosophers Plato and Aristotle (Koukourikos et al., 2021). The value of play for children's development and health emerged in the early 1700s. In the 1900s, play began to be introduced in therapeutic settings which allowed children to express themselves (Bratton et al., 2005). This led to the emergence of play therapy. Anna Freud (1928), Melanie Klein (1932), Jean Piaget, Donald Winnicott, and Virginia Axline all believed in the importance of play in children's development. Their work contributed to the theoretical framework of play therapy (Koukourikos et al., 2021).

Anna Freud studied children and their play manners by using play as a tool to apply analytic techniques in her work (Bratton et al., 2005). She believed that children's ability to play is related to their desire to interact with their mothers. Children will play and explore both their bodies and their mother's body. This helps them to differentiate themselves from others and reality from fantasy.

Melaine Klein believed young children have the capacity of insight that can help them understand their situation and environment. She found children are able to express and project themselves through toys. She claims that play therapy is a tool that invites one to a child's unconscious mind. Using play and play materials can help children to express themselves to adults. This allows them to understand what is happening in their world and work through their conflicts. She believed play creates opportunities for children to express themselves freely even if their feelings were deemed to be unacceptable (Koukourikos et al., 2021; O'Connor et al., 2015).

According to Winnicott, children can develop a close relationship with their mothers through play. This stage is essential at the beginning of a child's developmental stages as it helps build a foundation for their emotional development. When children have a foundation in their emotional development, it helps them process separation and individualization later in their development. Therefore, Winnicott argued that play is important to the therapeutic experience for children as it is an outlet for them to process, connect and express themselves (Koukourikos et al., 2021).

Virginia Axline's (1947) work and writing in the 1940s and 1950s using non-directive play therapy as a psychotherapeutic modality for children impacted the development of play therapy. She argued that play is childrens' natural way of expression and that children can resolve their challenges through play (Bratton et al., 2005).

With various concepts by theorists and practitioners, play therapy has changed and grown over the years. While all theorists and practitioners have their perspectives and approaches to play therapy, they share similar values of developmental and therapeutic properties of play for children. They believe that play can support children in reaching their optimal developmental

growth and help them resolve psychosocial challenges. Different kinds of play can support different developmental needs. Therefore, different play therapy interventions can help address different challenges in children (Elbeltagi et al., 2023).

Play Therapy

As more children suffer from emotional and behavioural disorders, finding suitable interventions and treatments that can meet both the children's needs and their families has become crucial. Play therapy is widely used to treat various emotional and behavioural challenges in children. It is also often used to help children who experienced child abuse, youth violence, fragmented families, substance use, those with behavioural disorders, and overall issues regarding mental health. Play therapy is an alternative therapeutic approach for children as it is challenging for them to express themselves verbally. It is natural for adults to communicate verbally as they have the cognitive capacity to articulate thoughts and emotions. Overall, cognitive capacity is essential in talk therapy as it allows clients to explore and express themselves verbally using words and language. Additionally, most adult clients can articulate their thoughts, emotions, motives, and experiences, which can help them understand their challenges and find ways to overcome them. However, most children under eleven have difficulty articulating their thoughts and emotions through verbal expressions as their cognitive capacity is not fully developed. They possess limited capacity to understand abstract thoughts which can create barriers for verbal expressions and understanding complex personal issues (Bratton et al., 2005). Children often express themselves through the concrete world of play and activities. Play is one of their natural ways to learn, explore, and express themselves. It allows children to understand their experiences and find meaning in them (Koukourikos et al., 2021). Therefore, play in therapy is viewed as children's language and a tool for them to communicate,

express, navigate, explore, accept, and understand themselves and their challenges (Bratton et al., 2005). Utilizing play as a language/tool allows the therapist to communicate and support children by using their language to meet them at the level of their developmental abilities.

Play therapy is a form of psychotherapeutic approach and considered a psycho-diagnostic tool (Koukourikos et al., 2021). It is an intervention that uses the components of play to help children express their thoughts, emotions, and experiences through play (Muller & Donley, 2019). Play is a natural way for children to express their feelings, thoughts, and experiences symbolically by using play materials (i.e. toys, sand, dolls, blocks, etc.) and without using words (Bratton et al., 2005). Using play materials can also teach them skills to stay engaged in play activities of their interests, and to communicate and initiate social interaction with their peers. When these components of play are used in a therapeutic approach, the play therapist can provide guidance that can help children understand and express their emotions, challenges, and conflicts. It can also help children improve their socialization, creativity, and functionality (Koukourikos et al., 2021).

In play therapy, children are playing under the supervision of a therapist. This allows the therapist to help and guide them in achieving their client's goals during the therapeutic process. Children playing in play therapy differs from natural or normal child play that we may observe (alone or with friends). Therapists work in service of treatment goals, offer care and support during play (Koukourikos et al., 2021).

During a session, the play therapist allows the child to lead the session while they support the child by following their lead without any judgments (Muller & Donley, 2019). Play therapists observe, assess, and identify children's problems through play. They provide guidance to help children problem-solve by teaching them skills to self-express and communicate their thoughts

and feelings (Elbeltagi et al., 2023). The therapist also provides support by demonstrating empathy and positive regard to help children realize their potential, strengths, and skills (Muller & Donley, 2019).

Studies suggest the influence of play therapy on children with ASD can help improve their social interactions with others. A case study by Josefi and Ryan (2004) reported the influence of child-centered play therapy on a 6-year-old child with ASD. After 16 sessions, the child increased social interactions with the therapist. He was also able to initiate physical contact, social interaction, and stayed engaged when playing with the therapist towards the end of the 16 sessions.

In Muller and Donley's study (2019), the play therapist conducted 15 weekly play therapy sessions with 4 school-aged students and focused on their social and emotional awareness. The results of the study showed the participants made progress and showed an increase in their social learning goals. There was also an increase in the student's Autism Social Skills Profile scores. The authors suggest that using play therapy interventions show the potential to support children with ASD in their emotional and social learning (Muller and Donley, 2019).

Child-Centered Play Therapy

Child-centered play therapy is becoming popular for children's mental health (Parker et al., 2021). Research studies indicated CCPT is an effective intervention for children with disruptive behaviours, anxiety, ASD, social emotional assets, and overall impairment (Ray et al., 2022). Child-centered play therapy, also known as non-directive play therapy, is a comprehensive and relationship-based play therapy intervention (Elbeltagi et al., 2023; Salter et al., 2016; Schottelkorb et al., 2020). The principles of CCPT were derived from Virginia Axline's (1947) early work on the developmental construction of person-centered therapy

(Schottelkorb et al., 2020). Axline's early attempts to study the effects of play therapy amongst children brought recognition to play therapy as a psychotherapeutic treatment modality for children. Her work has been crucial in pioneering non-directive play therapy and its therapeutic principles, while leaving lasting impacts on the play therapy field (Bratton et al., 2005). Her theoretical concepts are based on the Rogerian principles of unconditional positive regard, empathy, congruence, and self-actualization (Salter et al., 2016). The goal of CCPT follows the eight basic principles of Axline's (1969) play therapy: 1) Development of good communication/relationship. 2) Acceptance of opportunities for the child to express their feelings. 3) Providing opportunities for the child to express their feelings. 4) Awareness of the feelings expressed by the child and their reflection 5) Belief that the child can solve their problems 6) Non-directional play 7) Allow the child to explore/express/play at their own pace 8) Secure boundaries around the treatment and to maintain contact with reality (Koukourikos et al., 2021). In play therapy, the role of the therapist is to accept the child and their behaviour. The therapist helps the child to gain a sense of acceptance and respect. The therapist also helps the child to improve their behaviour by supporting them to develop a sense of self-worth, self-esteem, and self-confidence (Garralda, 1990).

Since play is children's natural language of expression. CCPT uses play and the therapeutic relationship to provide a safe therapeutic environment for children. This allows children to experience acceptance, empathy, and understanding from their therapist. Using play, the therapist can support children in processing their inner experiences, thoughts, and feelings (Ray et al., 2022). The structure of CCPT uses the developmental foundations to understand a child's actions and behaviour. This helps focus on the child's progress by understanding the relation between their action and their developmental stage instead of specific symptoms (Salter

et al., 2016). The goal of CCPT is to help the child to reach their potential by helping them move toward integration and find ways to improve themselves. The child's relationship with their therapist is recognized as one of the most healing and meaningful experiences in CCPT as it can help influence the child to create positive changes (Ray et al., 2022). Moreover, the therapeutic relationship helps the child to integrate their emotions and experiences and move toward self-actualization.

CCPT uses play materials and the concept of play to achieve the child's developmental needs (Parker et al., 2021). It involves children being engaged and enjoying the activities they are interested in so that they can address their emotional and behavioural distress through the play activity of their choice (Salter et al., 2016). In CCPT, sessions are child-led, the therapist focusing on the child and building a relationship with the child. This allows the therapist to enter the child's world and use their relationship to intervene instead of training the child (Elbeltagi et al., 2023). The child's relationship with the therapist is the key to promoting positive change (Koukourikos et al., 2021) as attachment plays an essential role in CCPT. Secure relationships between the therapist and the child can support the child's development of a positive self-concept and a healthy relationship. This allows the therapist to empower the child to work towards a healthy sense of self. When children have a strong sense of self, it allows them to connect their skills and knowledge to their actions, which helps create new behaviour schemas that are needed for social and emotional growth. Studies have demonstrated that CCPT is an effective intervention for children with social, emotional, and behavioural challenges. It can improve and support children's behavioural concerns, attention problems, and social behaviour (Salter et al., 2016).

Child-Centered Therapy for Children with ASD

Play therapy has become more common as an alternative treatment for children with ASD and CCPT is one of the most studied play therapy interventions for children with ASD (Elbeltagi et al., 2023; Ray et al., 2015). Children with ASD have difficulties in developing their social and emotional skills, which can be observed especially when interacting with their peers. Their challenges in building connections and relationships and initiating and joining in play with their peers create barriers to interacting with others. The goal of play therapy for children with ASD is to help them engage in playful activities of their interests, build social skills, initiate play with their peers, and stay engaged in play activities with others. In addition, it can teach children with ASD skills in trusting others, building relationships with those who are involved, and to self-express in play activities. It can also guide children with ASD to acknowledge their unique mental capabilities and developmental levels (Elbeltagi et al., 2023). CCPT allows the child to make decisions without judgment or disapproval from the therapist. This experience can be uncommon for children with ASD as they are often told to correct their actions and behaviours by others (i.e. parents, teachers, etc.). Therefore, CCPT can provide a safe space for the child to express and act out their feelings. The therapist must be attuned to the child's emotions through play so that they can reflect these emotions to the child (Ray et al., 2015).

Studies demonstrated that CCPT can help children with ASD to maintain play experience and core relationship tenets can help increase joint attention, environmental exploration and self-regulation (Schottelkorb et al., 2020). It helps children with ASD to develop imitation skills through the therapist modeling behaviours that occur naturally in social interactions (Salter et al., 2016). The non-directive play helps improve relationship engagement and communications through an accepting, genuine, and empathetic relationship and experience. It also creates a sense

of safety for children with ASD to help them calm their autonomic nervous system which allows opportunities for secure attachment in the session. These components of CCPT help children with ASD to experience safety in a relationship, express themselves freely, explore variations of self-expression, and practice self-regulatory skills (Schottelkorb et al., 2020). When the child feels safe and secure, it encourages them to engage in a wider range of activities and increases their interactions with the therapist. The therapist can also help children with ASD develop skills by modeling social behaviours that occur in social interactions. It can help strengthen children with ASD to acknowledge others' thoughts and beliefs by supporting them where they are at developmentally and increase their overall awareness through modeling. These skills are important as it teaches children with ASD how to interact with their peers. It also creates opportunities for children with ASD to practice these skills with their therapist so that they can learn how to interact and engage with others in social settings. Learning and practicing these skills can help them improve their play behaviour with their peers, which can also help them grow in their developmental stages (Salter et al., 2016).

A study by Carrizales (2015), indicated that CCPT showed positive growth in the playing skills of children with ASD. The findings supported that under a safe and non-judgmental environment, children with ASD are more motivated to act freely and naturally. The results showed an improvement in the participants' social connection, play, engagement, and emotional state. CCPT helped children with ASD to play more symbolically. One participant started to explore other sensory toys in the room and would attempt to engage with the therapist through gestures/expressions such as reaching out for the therapist's hand or giggling. Another participant's social engagement also improved from ignoring the therapist's presence at the beginning of the treatment to greeting the therapist at the door and including the therapist in his

play. The study also showed a significant decrease in disruptive and aggressive behaviour in the participant, which helped him increase his attention in class and participate in class discussions. These indications in the study suggest that CCPT can help children with ASD to improve their social connection, engagement, play skills and emotional state.

Salter et al. (2016), conducted a 10-week study that focused on the social and emotional learning of three children with ASD between the ages of four to six. The study incorporated psychometric measures where the Adaptive Behaviour Assessment System, Developmental Behaviour Checklist, and psychometric equivalency-tested goal attainment scaling were used along with CCPT interventions. The study focused on the impact of CCPT on the social and emotional learning of children with ASD. Teachers reported an improvement in the children with ASD's emotional and social learning. The results of their study showed that CCPT can support their participant's social and emotional growth.

In the study by Schottelkorb et al. (2020), the authors examined the behavioural effect of intensive child-centered play therapy for children with ASD. The goal of the study was to reduce ASD symptoms, attention problems, aggression problems, and externalizing problems. The results of the participants who participated in 24 sessions of CCPT showed a significant improvement in their social behaviour. Their ASD core symptoms and behavioural symptoms had significantly decreased such as externalizing problems, attention problems, and aggression. This study indicated that CCPT may be an effective intervention to help children with ASD improve their social behaviour.

Treatments for children with ASD often include medication and strict interventions that target behaviour and developmental deficits (Ray et al., 2015). While these interventions have their benefits, they are restricted and strict as they target specific symptoms using reinforcement

of expected skills (Tilmont Pittala et al., 2018). Therefore, alternative treatments can be beneficial for children with ASD to improve their skills (Ray et al., 2015). Studies expanded on above demonstrated that CCPT can be an effective intervention for children with ASD. It can help children with ASD to engage in playful activities while building social skills and playing with their peers. It allows children with ASD to make decisions without judgement (Elbeltagi et al., 2023). It can also help to improve and support children's behavioural concerns, attention problems, and social behaviour (Salter et al., 2016). Under a safe environment with support, children with ASD can improve their play skills, social skills, and behaviour. These skills can help them in their development and gain better social connections and engagement with others (Carrizales, 2015). CCPT's approach emphasizes the child's ability to move toward growth. Its focus on child-directive can help children with ASD to build trust and confidence in their relationships with others. As a result, it can be beneficial for children with ASD to explore CCPT treatments (Elbeltagi et al., 2023).

Chapter Three: Discussion and Application

Interventions focused on treating ASD symptoms primarily aim to reduce symptoms. Some of these interventions may include medications (i.e. medications to help decrease agitations, reduce aggressive behaviour, increase attention span, etc.), other biological interventions, and behavioural interventions (Kenny & Winick, 2000). The purpose of this capstone is to explore the impact of play therapy on children with ASD by exploring and reviewing the literature on play therapy's components and how it supports children with ASD. In play therapy, the therapist creates opportunities for children with ASD to experience different ways in interaction through play. They also emphasize appropriate behaviours to reduce symptoms and unwanted behaviour (i.e. aggressive or destructive behaviour) (Elbeltagi et al., 2023). I hope this capstone will provide insight into alternative interventions for parents and clinicians to consider when supporting children with ASD so that they can choose an intervention that is the most suitable for their children's needs.

Discussion

Despite the success of play therapy for children with ASD in their social engagement and communication, behavioural interventions are more commonly considered when it comes to treatment for children with ASD. Behavioural interventions are more structured, task-oriented, adult-directed, and less flexible. Behavioural interventions such as ABA is one of the most common treatments used for children with ASD to correct or reduce some of their symptoms through reinforcement (i.e. rewards, consequences). While ABA has effectiveness in reducing the frequency and severity of symptoms (i.e. restricted and repetitive behaviour), however, it may not be suitable for all children with ASD. ABA is time-intensive and requires weekly sessions (approximately 30 - 40 hours a week) for a minimum of two years. Individuals are also

required to be engaged, focused, and attentive during the session (Grandits et al., 2023; Schottelkorb et al., 2020). As many children with ASD have challenges in joint attention and engagement alternative interventions are needed to support them. Literature indicates that developmental interventions such as play therapy can help increase children's social engagement by improving their confidence and self-esteem by focusing on their interests and needs instead of their deficits. By focusing on the needs and interests of children with ASD, the therapist can help them improve their play behaviour, social engagement, interaction, and peer communication (Mastrangelo, 2009).

Play therapy can help support children with ASD because regardless of their chronological age, it allows them to communicate and express themselves through play. Moreover, play therapy interventions such as CCPT supports children with ASD through acceptance and an open attitude toward the child, which helps them to discover their strengths (Kenny & Winnick, 2000). Research studies referenced in this capstone show that CCPT can help children with ASD by improving social engagement, social responsiveness, and communication. These aspects are crucial in children's development, social behaviour, interaction, and engagement. (Schottelkorb et al., 2020). This knowledge can help practitioners, parents, and educators focus on children's interests and developmental needs rather than correcting, training, or eliminating behaviours that they deem to be inappropriate.

The exploration of play therapy in children with ASD in this capstone demonstrated that play therapy can help children improve their social interaction, engagement, and communication. As play is the key component in the treatment process, it allows change in children's emotions, thoughts, and behaviour during therapy. The literature explored in this capstone also highlighted the benefits of play and how it holds a therapeutic factor in play therapy that allows children to

self-expression. Children are more motivated, engaged, and encouraged to learn through activities, topics, and subjects that they are interested in (O'Connor et al., 2015). This leads to using components of play in therapy that can be beneficial to children.

Axline's (1947) early work and writing inspired the conceptualizations and interventions of non-directive play/CCPT. An example of the impact CCPT has on children with ASD is the case study of Schottelkorb et al. (2020), which was reviewed earlier. The findings indicate an improvement in social behaviours, relational interaction, and eye contact with their parents after CCPT. The authors suggested that CCPT allows children with ASD to experience full acceptance of themselves, where they feel safe to engage and connect to build a relationship with their therapist. This positive interaction can encourage children with ASD to interact with others outside of the therapy room.

CCPT emphasizes the importance of the relationship between the child and their therapist as it is a crucial component in the child's success in therapy. Instead of training the child to correct unwanted behaviour, the therapist meets the child where they are by entering the child's world and using their relationship to intervene and shift their behaviour (Elbeltagi et al., 2023; Massengale & Perryman, 2021). Providing a safe therapeutic environment allows children to experience acceptance, empathy, and understanding from their therapist. This allows them to reach their potential with support from their therapist, helping them move towards integration and motivation to improve themselves. This also allows the therapist to mirror and reflect the child's emotional expressions which can help encourage empowerment and self-acceptance of the child (Kenny & Winnick, 2000; Massengale & Perryman, 2021; Salter et al., 2016). Therefore, understanding the effect of ASD symptoms on children can help therapists approach their clients with empathy, acceptance, and non-judgment (Salter et al., 2016).

In the case study by Josefi and Ryan (2004), CCPT helped the participant increase social interactions with the therapist by initiating physical contact, social interaction, and staying engaged when playing with the therapist. With trust and acceptance, it can help children gain confidence. Their improvements in the playroom can help them to improve their social interactions outside of the playroom.

The study by Carrizales (2015) also demonstrated the importance of the therapeutic relationship. The author explored growth in the playing skills of children with ASD in a safe and non-judgmental environment and children's play skills. The findings indicate significant improvement in participants' social connection, play, and engagement, suggesting that under an accepted and safe environment, children are more motivated to act, play, and be their authentic selves.

As the number of individuals diagnosed with ASD increases, writing this capstone helped me become more aware that there are alternative interventions that can help children with ASD improve their skills and reduce their symptoms. It is important to highlight that this capstone does not aim to disclaim the benefits behavioural interventions have on children with ASD, but rather to provide insight into alternative options for parents, clinicians, educators, and mental health professionals when choosing an intervention to support their children with ASD.

Limitations

While the literature and case studies reviewed in this capstone demonstrated the improvement CCPT has in social engagement and interactions for children with ASD, it is important to acknowledge the limitations found within the literature. It is also important to be mindful that this capstone project may not cover all aspects within the context of the topic. Firstly, several literature and research studies contain small sample sizes, non-diverse, and the

exploration of randomized controlled trials is limited. In addition, studies noted within the literature did not always indicate the level of support needed or the overall functioning of these children with ASD. Therefore, the results may differ between children with different levels of abilities. Secondly, follow-ups were not performed to ensure that the improvement of the participants was sustained. This made it difficult to tell if CCPT has a long-lasting or temporary impact on children with ASD. Thirdly, studies are single case studies due to the symptoms and that the severity of ASD symptoms in children vary. Therefore, it is difficult to have participants with the same symptoms, age, and severity to participate in the same study or a group. Thus, it can be challenging to determine which play approach is suitable to the type of symptoms for children with ASD as everyone differs. Moreover, not all children with ASD respond to play approaches as they play differently. As a result, play therapy may not be suitable for all children with ASD. Hence, it is crucial to consider these factors when choosing interventions to help children with ASD, and if the intervention aligns with the child's needs (Mastrangelo, 2009). Finally, while these studies demonstrate the benefits play therapy has on children with ASD, there is limited research focusing on specific play therapy interventions for children with ASD.

Future Research

While the literature demonstrated the improvement CCPT has on children with ASD in their social engagement and interaction, communication, and social behaviour, future researchers could consider including follow-up to ensure the improvement is sustained. Larger sample sizes, diverse samples (i.e. ethnic background, gender) and more indication of ASD symptoms severity in future studies can also be considered. This can aim to provide better knowledge for those who are seeking interventions to support their children with ASD.

Presentation

This presentation will be helpful for professionals, parents, educators, or caregivers who are involved or take care of children with ASD. Since I work closely with staff at the community school, and the school often offers programs and workshops for their community, I can promote the presentation to the community. The presentation can be held in the community setting to help provide knowledge of some of the experiences and challenges children with ASD experience.

The goal is to provide a comprehensive presentation where information is accessible and easy to understand. The presentation can be held in a community setting (i.e. school, community center), group, online, or clinics. The presentation will be 20 - 30 minutes and consist of three parts. The first part will include a psychoeducational component where the presenter will discuss and define what ASD is, the symptoms, and the impact it has on children with ASD in their play and social interactions with others. The second part will discuss the components of play, why it is essential to children's development, and how ASD affects play in children. The last part of the presentation will focus on how play therapy interventions can support children with ASD to improve their social engagement and interactions with their peers.

Summary of Slides***Slide One: Introduction***

The purpose of this presentation is to provide insight into the impact play therapy has on children with Autism spectrum disorder and how it can support their social engagement and interactions. Some materials from this presentation may help parents and clinicians to consider when choosing interventions that are suitable for their children's needs.

Slide Two: Why does this Topic Matter?

Autism spectrum disorder (ASD) is one of the fastest-growing neurodevelopmental disorders. According to the World Health Organization, it is estimated that 1:160 children and

adolescents are diagnosed with ASD (Chester et al., 2019). As this number is continuously growing, it is important for clinicians, parents, educators, and caregivers who support children to be aware of the symptoms and the impact ASD has on children. This can help them find support and tools that can help children with ASD overcome their challenges by providing interventions early in their childhood.

Slide Three: What is Autism Spectrum Disorder?

Autism spectrum disorder (ASD) is a complex neurodevelopmental disorder that affects individuals in their relationships and communications. It occurs from birth and symptoms can appear in children as young as the age of three (Brefort et al., 2022). There is a wide range of symptoms that vary for each individual. Symptoms and behaviour deficits in communication, social interaction, repetitive behaviour, and restricted interests are common in those who have ASD (Algahtani, 2018). Each individual with ASD exhibits varying symptoms and observable behaviours, which can also differ in the level of their severity. One of the common symptom's parents report at an early age is a lack of eye contact (Chester et. al., 2019; Schottelkorb et al., 2020). It is important to detect symptoms early as it can be beneficial for children with ASD to learn the tools and skills they need to support themselves.

Slide Four: How does ASD Impact Children's Play?

ASD symptoms impact children's social development and emotional well-being, which affects their play behaviour and their experiences in play. They have restricted behaviour and interest, and they tend to play alone in repetitive patterns, toys, or moving objects. They also have challenges in social skills, expressing themselves, communication, and social interaction with their peers. These factors cause difficulties for them to initiate or maintain interactions with

their peers such as taking turns, sharing toys, or understanding others' thoughts and feelings (Elbeltagi, 2023; Morrier & Ziegler, 2018).

Slides Five and Six: What is Play and How Children with ASD Play?

Play is essential to children's development. It helps children develop physically, psychologically, cognitively and socially (Chen et al., 2019). Children can learn fundamental skills (i.e. social skills, motor skills, linguistics, emotional skills), enhance their imagination and build self-confidence through play. These skills and growth are necessary because they can impact their well-being later in life (Cooper et al., 2023). Furthermore, play allows children to express their inner thoughts and emotions. It creates opportunities for children to explore their feelings by acting out these experiences with their peers or tools i.e. toys (Kenny et al., 2015).

Playing and interacting with others helps children build social interaction, which can help them expand their social network. Restricted repetitive interests, behaviour, and patterns can limit the play ability in children with ASD. Their play behaviour is often described as repetitive and literal. They rarely include spontaneous language or gestures, which cause difficulties in communicating and interacting with their peers (Chester et al., 2019; Mastrangelo, 2009; Morrier & Ziegler, 2018). This can impact their play experience, such as a shorter play time and having less interest in symbolic play using toys or with their peers. Engagement in restricted and repetitive behaviour can prevent children with ASD from developing adaptive skills, interacting socially with others, and engaging in daily activities (Song et al., 2022). Using play materials can also teach children skills to stay engaged in play activities of their interests, and to communicate and initiate social interaction with their peers. Therefore, when incorporating play components in a therapeutic approach, the play therapist can provide support and guidance to help children understand and express their emotions, which can help them overcome challenges and manage

conflicts. It can also help improve their socialization, creativity, and functionality (Koukourikos et al., 2021).

Slide Seven: What is Play Therapy?

Play therapy is a psychotherapeutic approach aimed at working with children. It is an alternative therapeutic approach for children, and it is considered a psycho-diagnostic tool (Bratton et al., 2005; Koukourikos et al., 2021). Since children do not have the cognitive capacity like adults to express themselves verbally, play therapy uses the components of play to help children express their thoughts, emotions, and experiences through play (Muller & Donley, 2019). Using play helps children express themselves through the concrete world of play and activities. It allows them to learn, explore, and express themselves naturally. It also helps children to understand their experiences by connecting and finding meaning in them (Koukourikos et al., 2021). Play in therapy is a tool and language for communicating, expressing, navigating, exploring, accepting, and understanding themselves and their challenges (Bratton et al., 2005). A play therapist can use play as a language and tool to connect, communicate, and support children by understanding their needs and meeting them at their level of abilities (Koukourikos et al., 2021).

Slide Eight: How is Play Therapy Different from Behavioural Interventions?

Play therapy is a developmental intervention that focuses on the developmental model and the relationship between playing and children's developmental growth. It uses child's interests as a tool and resource to help them improve communication skills and learning abilities. Behavioural interventions often teach children with ASD to differentiate between appropriate and inappropriate behaviours. They use reinforcement strategies to correct specific behaviour and to reduce symptoms (Schottelkorb et al., 2020). One of the common behavioural

interventions for children with ASD is Applied Behavioural Analysis (ABA). While it can be helpful to children with ASD, it may not be suitable for all children with ASD as it requires individuals to be engaged during the session. Many children with ASD have challenges in staying focused and attending to information. Furthermore, individuals with ASD have different symptoms and levels of severity. As a result, it can be beneficial for children with ASD to seek alternative interventions that can support their needs (Granditts et al., 2023).

Slide Nine: How does Play Therapy Help Children with ASD?

Play therapy allows children with ASD to focus on helping them engage in playful activities they choose and are interested in. The relationship between the child and the therapist through joyful play activities is crucial. Through play activities, the therapist and the child can connect and strengthen their relationship, which allows the therapist to help the child shift the way they express themselves from behaviour such as self-injury, tantrum behaviour, and aggression to using toys or choosing activities they want to express themselves. The play therapist also helps children with ASD to experience different interaction styles and emphasize appropriate behaviours to reduce unwanted behaviours such as aggressive or destructive behaviours (Elbeltagi et al., 2023). This also allows play therapists to teach them self-regulatory strategies, knowledge, and skills through play directly (i.e. modeling) and indirectly (i.e. storytelling). As a result, play therapy creates opportunities for children to learn in a safe and enjoyable environment (O'Connor et al., 2015).

Slide Ten: What is Child-Centered Play Therapy?

There are different types of play therapy interventions, and CCPT is one of the most studied for children with ASD. CCPT, also known as non-directive play therapy, is a comprehensive and relationship-based approach to play therapy intervention (Elbeltagi et al.,

2023; Salter et al., 2016; Schottelkorb et al., 2020). It uses developmental foundations to understand children's actions and behaviours by relating them to their developmental stages. The goal of CCPT is to help children reach their potential by supporting them to find ways to improve themselves and to move towards integration. CCPT uses play and the therapeutic relationship to create a safe environment for children to experience acceptance, empathy, and understanding from their therapist. The therapist uses play to support children in processing their inner experiences, thoughts, and emotions. The therapeutic relationship is recognized as one of the most healing and meaningful experiences in CCPT. It can help influence and encourage the child in creating positive changes and move towards self-actualization (Ray et al., 2022).

Slide Eleven: Child-Centered Play Therapy for Children with ASD

Play therapy has become more common for children with ASD, and CCPT is one of the most studied for children with ASD. The goal of play therapy for children with ASD is to help them engage in playful activities of their interests, build social skills, initiate play with their peers, and stay engaged in play activities with others. It can also help them develop skills in trusting others, building relationships with others, and self-expression in play activities. Through the experience of acceptance, empathy, and understanding, CCPT can help children with ASD to acknowledge their unique mental abilities and developmental levels (Elbeltagi et. al., 2023). Children with ASD are often told what not to do or to correct their actions and behaviours by their teachers, caregivers, or parents. In CCPT, they can experience the opportunity to make decisions without judgment from the therapist. To help the child develop imitation skills, the therapist is attuned to the child's feelings and reflects them back to the child through play (Ray et al., 2015). The therapist will also model behaviours that occur in social interactions (Salter et al., 2016).

CCPT creates a sense of safety for children with ASD to help them calm their autonomic nervous system. This creates opportunities for secure attachment in the session with the therapist, which can help children with ASD to experience safety in a relationship, express themselves freely, explore variations of self-expression, and practice self-regulatory skills (Schottelkorb et al., 2020).

Slide Twelve: What does a CCPT Session Look Like?

In a CCPT session, the therapist will choose toys that are appropriate for the child's developmental level and sensory needs. The therapist can use the same toys at each session, and they can be arranged in the same way. This can bring consistency for the child as they can become familiar with the toys and their surroundings. In addition, it helps the therapist to notice any changes in the child's interest, behaviour, and playing style. The therapist will use verbal technique to help track behaviour, reflection of the child's behaviour and emotions, and build confidence, encourage, set limits, and build a relationship. An example the therapist may notice the child is becoming more capable in their block building, and to help the child recognize their capability and experience, the therapist may say "You did it!". If a therapist wants to help reflect feelings of the child to help them build empathy, the therapist will observe their behaviour and respond to the child's emotions, i.e. "You are angry and you..... ". When the therapist responds and reflects behaviour back on the child, it helps them to become more aware of their behaviour and experiences, which can help them improve their skills (Carrizales, 2015).

Slide Thirteen: Resources

1. The British Columbia Play Therapy Association

Offers a variety of play therapists with different play therapy interventions across the Lower Mainland. Therapists can be found through their directory on their website.

<https://www.bcplaytherapy.ca/find-a-bc-registered-play-therapist/>

2. BC Association of Clinical Counsellors

Offers a range of registered counsellors within British Columbia with different modalities. Some counsellors who are also trained in play therapy can provide services for children with ASD. Therapists can be found through their website's directory. <https://bcacc.ca/>

Slide Fourteen: Summary

Each intervention helps support children with ASD differently. Play therapy is an intervention that uses play to help children improve their symptoms and overcome their challenges. The most important part of choosing an intervention is to choose one that is the most suitable to meet the child's needs.

Conclusion

Working with children allowed me to work with children with diverse backgrounds. As a child worker, I noticed the challenges children with ASD experience when interacting with their peers and in a group setting. While I was aware of their differences, it took me time to learn that their behaviour patterns and interests were restricted. This prompted me to support them differently by being attentive, patient, and compassionate. Through this capstone, I have come to understand the challenges children with ASD faces and gained a deeper understanding on the impact ASD has on children. This capstone began with my interest in play therapy and my experiences in working with children with Autism spectrum disorder.

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Appendix
Presentation Slides

Slide One



Slide two



Slide three



WHAT IS AUTISM SPECTRUM DISORDER?

- Neurodevelopmental disorder
- Affects relationship and communications
- Occurs from birth
- Wide range of symptoms
- Individuals do not share the same symptoms and behaviour

(Algahtani, 2018; Brefort et al., 2022; Chester et. al., 2019; Schottelkorb et al., 2020)

Slide four

A slide with a light grey background and colorful watercolor-style shapes in orange, red, and yellow. The title is in bold black uppercase letters. Below the title is a bulleted list of five points. At the bottom right, there is a citation in a smaller font.

HOW DOES ASD IMPACT CHILDREN'S PLAY?

- Neurodevelopmental disorder
- Restricted behaviour and interests
- Play alone in repetitive patterns
- Challenges in social skills, communication and social interactions with their peers
- Challenges to initiate or maintain interaction

(Elbeltagi, 2022; Morrier & Ziegler, 2018)

Slide five

A slide with a light grey background and colorful watercolor-style shapes in blue, orange, and yellow. The title is in bold black uppercase letters. Below the title is a bulleted list of four points. At the bottom right, there is a citation in a smaller font.

WHAT IS PLAY AND HOW CHILDREN WITH ASD PLAY?

- Essential to children's development
- Helps children develop physically, psychologically, cognitively, and socially
- Allows self-expression and self-exploration
- Builds social interaction

(Chen et al., 2019; Cooper et al., 2023; Kenny et al., 2015)

Slide six

WHAT IS PLAY AND HOW CHILDREN WITH ASD PLAY? CONT.

- Limits play ability
- Challenges in communication and interactions with their peers
- Shorter play time
- Have less interest in symbolic play
- Restricted engagement and repetitive behaviour that prevents adaptive skills development and social interactions

(Chester et al., 2019; Mastrangelo, 2009; Morrier & Ziegler, 2018; Song et al., 2022)

Slide seven

WHAT IS PLAY THERAPY?

- Psychotherapeutic approach to children
- Helps children express themselves
- Helps children understand their experiences
- A tool and language for communication, expression, navigation, connection, and exploration to support children



(Bratton et al., 2005; Koukourikos et al., 2021; Muller & Donley, 2019)

Slide eight

HOW IS PLAY THERAPY DIFFERENT FROM BEHAVIOURAL INTERVENTION?

BEHAVIOURAL INTERVENTION

- Teach to differentiate between appropriate and inappropriate behaviours
- Use reinforcement strategies
- Common behavioural intervention: Applied Behavioural Analysis (ABA)

DEVELOPMENTAL RELATOINSHIP

- Focuses on the developmental model
- Focuses on the relationship between playing and children's developmental growth
- Uses child's interests as a tool

(Granditts et al., 2023; Schottelkorb et al., 2020)

Slide nine

HOW DOES PLAY THERAPY HELP CHILDREN WITH ASD?

The therapeutic relationship can help children with ASD:

- Engage in playful activities and self-expression
- Connect and strengthen the relationship
- Experience different interaction styles
- Reduce unwanted behaviour

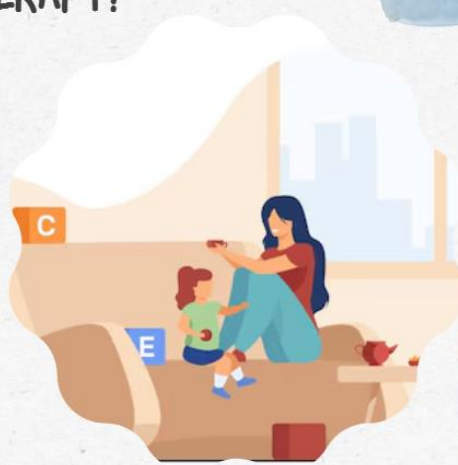


(Elbeltagi et al., 2022; O'Connor et al., 2015)

Slide ten

WHAT IS CHILD-CENTERED PLAY THERAPY?

- Non-directive play therapy
- Comprehensive and relationship-based approach
- Uses developmental foundations
- Goal: Help children reach their potential




(Elbeltagi et al., 2023; Salter et al., 2016; Ray et al., 2012; Schottelkorb et al., 2020)

Slide eleven

CHILD-CENTERED PLAY THERAPY FOR CHILDREN WITH ASD

- Goal: engage in playful activities, build social skills, initiate play, and stay engaged in play
- Help them develop skills in building relationships and trust others
- Acknowledge their uniqueness



(Elbeltagi et al., 2023; Ray et al., 2021; Salter et al., 2016;)

Slide twelve



WHAT DOES CCPT SESSION LOOKS LIKE?

- Toys
- Verbal technique
- Track behaviour
- Reflect
- Build confidence and relationship

(Carrizales, 2015)

Slide thirteen

RESOURCES

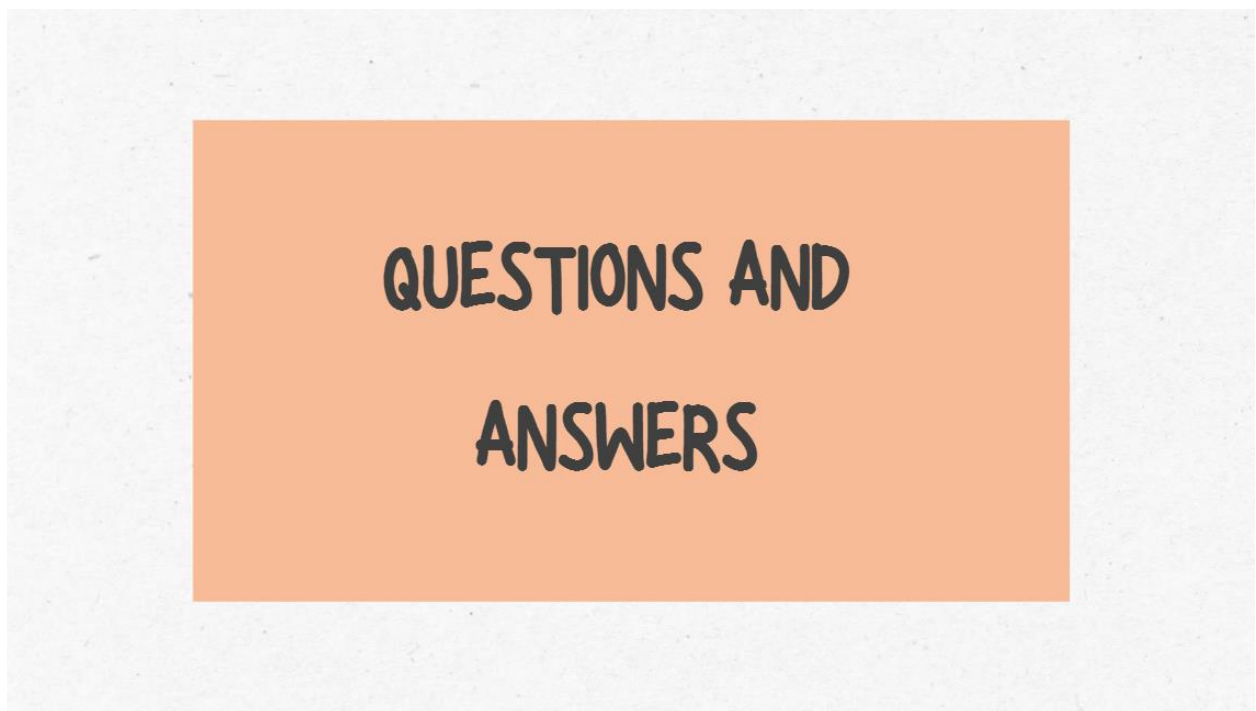
- British Columbia Play Therapy Association
 - Offers a variety of play therapists
 - Workshops and events for students, educators, therapists (In person and virtual)
 - <https://www.bcplaytherapy.ca>
- BC Association of Clinical Counsellors
 - Offers a range of registered clinical counsellors within BC
 - <https://bcacc.ca/>

(Chester et al., 2019; Mastrangelo, 2009; Morrier & Ziegler, 2018; Song et al., 2022)

Slide fourteen



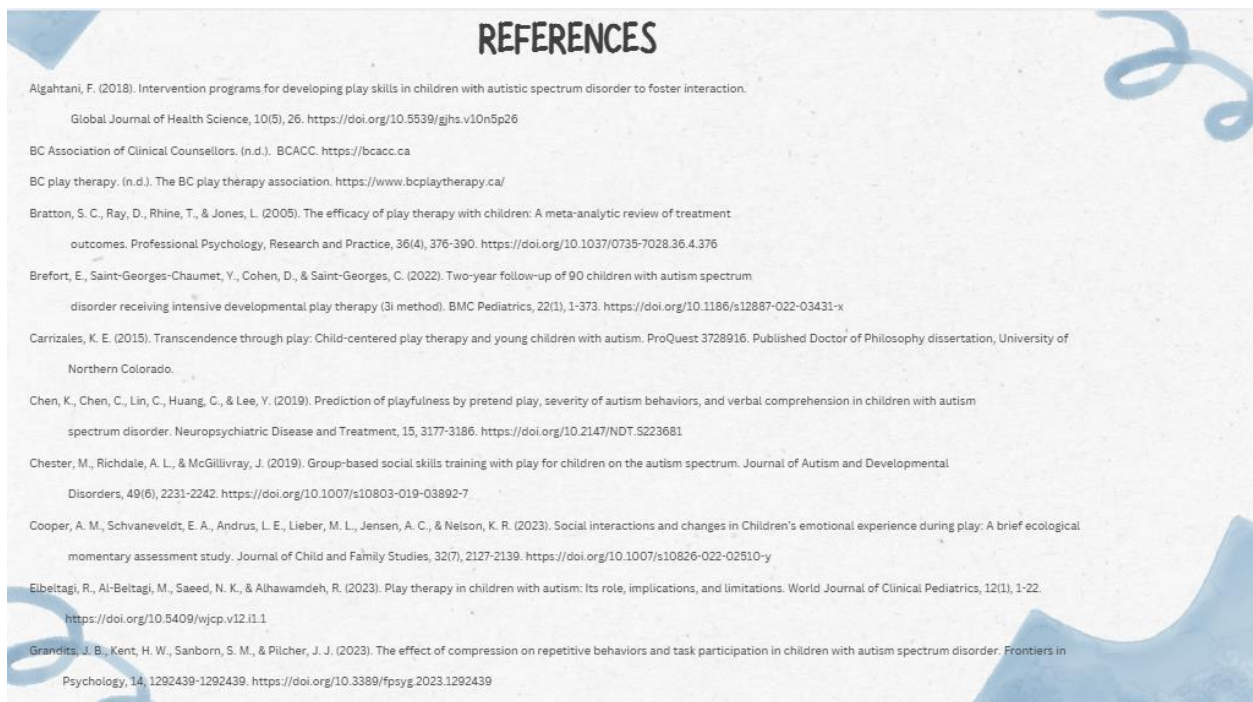
Slide fifteen



Slide sixteen



Slide seventeen



Slide eighteen

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