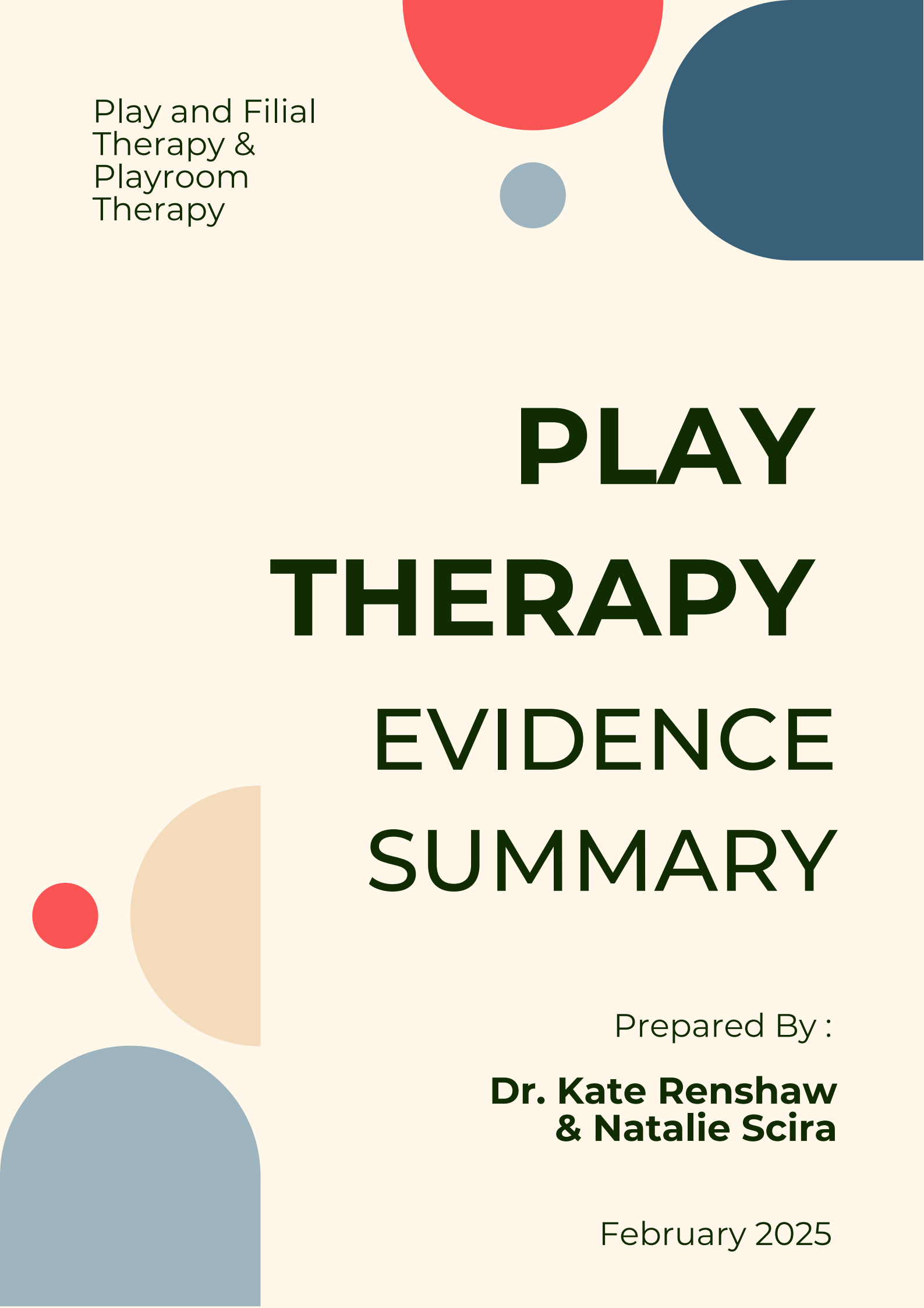




Play and Filial
Therapy &
Playroom
Therapy

PLAY THERAPY EVIDENCE SUMMARY

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A note about language

The language use in this document is consistent with Play Therapy and the NDIS: How Play Therapists support NDIS child participants and their families (Renshaw & Scira, 2024). See box below for a shared language statement.

This document follows the current Victorian State Government Disability Plan in using person-first language. “Person-first language puts the person before their disability – for example, ‘person with autism’. Person-first language was first used to emphasise a person’s right to an identity beyond their disability and as a way of addressing ableism.” However, the authors of this document acknowledge that for many people with disabilities, their disability forms a core part of their identity. Some disability organisations and advocacy bodies therefore advocate for the use of identity-first language, for example ‘autistic person’. The use of identity-first language for some demonstrates their connection to the disability community and emphasises that it is society, not the condition that is disabling. The use of identity-first language aligns with the social model of disability, as defined by the United Nations Convention on the Rights of Persons with Disabilities. The Social Model of Disability regards disability as the limitations that society and communities place on a person, rather than the limitations of the disability itself.

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Purpose

The purpose of this Play Therapy Evidence Summary is assist in the NDIS review and assessment process of evidence about disability supports.

Suggested reference

Renshaw, K., & Scira, N. (2025). Play Therapy Evidence Summary. Play and Filial Therapy and Playroom Therapy.

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What is Play Therapy and how does it differ from play or other play-based interventions?

Humans are neurologically hard-wired for play. Play is a necessity for childhood growth, development and wellbeing. Flourishing play brain circuitry is foundational for more complex neurological development of the cerebral cortex. The cortical region of the brain is responsible for learning and high-level neurological tasks such as thinking, reasoning, decision making, language and more. The biological, psychological and social benefits of play have been emphasized in over twenty disciplines evidenced through scientific research. A play-rich childhood is important for all children. Access to play is vital; however, there is a significant and important difference between play and Play Therapy (outlined below in Table 1.)

Table 1. Differences between play and Play Therapy

Category	Descriptor	Person/Practitioner
Play	Everyday play chosen and engaged in freely by children	Children, peers, siblings, family, community members (school, local area), etc.
Play-based learning	Learning through play in educative contexts	Teachers, teaching assistants, early childhood educators, playworkers, coaches, tutors, etc.
Therapeutic play	Everyday play has therapeutic qualities. Many health and allied health professionals recognise the importance of play and integrate play into their work.	Psychologists, occupational therapists, hospital play specialists, nurses, etc (Carrington et al., 2024).
Play Therapy	Play Therapy is a specialised form of child psychotherapy that encourages neuro-bio-psycho-social growth, development and overall wellbeing.	Play Therapists are postgraduate tertiary trained professionals, who are registered as Play Therapists, practice Play Therapy and engage in clinical supervision from an advanced Play Therapist, registered as a Play Therapist Supervisor.



A range of play experiences is especially critical for children with developmental concerns and/or disabilities. Play-based learning and therapeutic play-based health services ensure service delivery that affirms a child's right to developmentally sensitive and neuro-affirming services. Play Therapists offer a unique and specialised skillset to address the needs of children with developmental concerns and/or disabilities and are an important inclusion in multi-disciplinary teams. Other NDIS listed supports, such as Psychologists and Occupational Therapists, may also use play in their work as a means of engaging children, however, Play Therapists are specialists in “the mechanisms in play that actually produce the desired change” (Schaefer & Peabody, 2016, p. 24). These mechanisms are referred to as the therapeutic powers of play, organised under the following four domains: 1) facilitating communication; 2) fostering emotional wellness; 3) increasing personal strengths; and 4) enhancing social relationships. Play Therapy delivered by a trained and registered Play Therapist increases the intensity of play, benefiting both the brain and body. Play Therapy is “empirically supported with decades of research confirming its effectiveness” (Ray, 2018, p. 21); for a range of developmental domains, including wellbeing (see Appendix 1. for the summary table of Level 1 Play Therapy Evidence). Children with disabilities experience higher rates of behavioural, social, emotional and mental health difficulties. Play is the universal language of childhood; therefore, Play Therapy is a highly accessible, child-centred form of psychotherapy. In Play Therapy, children can make gains in all six functional capacity areas as defined by the NDIS, namely: communication, social interaction, learning, mobility, self-care, and self-management (see Appendix 1; and Appendix 2. Disability Play Therapy Evidence [Levels 2-5]). Factors that assist in functional capacity development include the Play Therapist's proficient psychotherapy skills, a safe and comfortable therapeutic environment (including toys and resources), a trustworthy therapist-child relationship, and skilled use of the therapeutic powers of play.

Who are the professionals that deliver this type of therapy (qualifications and registrations)?

The NDIS category “Other Professionals” currently recognises Play Therapists. Professionals in this category have - “a Bachelor's degree or higher in their relevant area and current registration or membership with their relevant registration and or professional body.” Play Therapists must therefore have completed Bachelor or Post Graduate studies in Play Therapy and be eligible for, and uphold, registration with a relevant Australian registering body (see APPTA and PACFA below). International Play Therapy standards are defined by the International Consortium of Play Therapy Associations (IC-PTA). Currently, the Australasia Pacific Play Therapy Association (APPTA) is the only self-regulating Australian Play Therapy association with both Organizational Membership with the IC-PTA and Qualifying Membership with the National Alliance of Self-Regulating Health Professions (NASRHP). In Australia, the Allied Health Professions Australia (AHPA) represents Play Therapy. Two Play Therapy associations - APPTA and the Play Therapy Practitioner's Association (PTPA) - are Affiliate Members of AHPA. Additionally, Australian Play Therapists may choose to be registered members with the Psychotherapy and Counselling Federation of Australia (PACFA). PACFA's College of Creative and Experiential Therapies (C.CET) includes Play Therapy in their definition of Creative and Experiential Therapies.

At this time, there are two associations that Australian Play Therapists can register with that are members of both NASRHP and AHPA:

- APPTA (Registered Play Therapist™ (RPT™); or Registered Play Therapist-Supervisor™ (RPT-S™)
- PACFA (Certified Practising Counsellor; or Registered Clinical Counsellor)

Current Bachelor or Post Graduate studies in Play Therapy training accepted by APPTA and PACFA:

- Deakin University Master of Child Play Therapy (MCPT) at AQF Level 9 - 2 years full-time/2400-hour volume of learning (inclusive of clinical placements and clinical supervision).
- Internationally completed Bachelor or Post Graduate studies in Play Therapy can be assessed for AQE equivalence (see Appendix 3. for information on AQF, TEQSA, and ASQA).

There are currently two AQF level 8 Australian courses in development:

- Queensland Institute of Play Therapy (QIPT) is developing a Graduate Diploma in play therapy to be accredited by ASQA. Entry requirement for this program will be a Bachelor or Masters in mental health and registration with either PACFA or ACA.
- Play Therapy School is developing a Graduate Diploma in play therapy to be accredited by ASQA. Entry requirement for this program will be a Bachelor degree in education, psychology, occupational therapy, speech pathology or similar.

Additionally, in Australia there is one association that Play Therapists can register with that is a member of AHPA:

- PTPA

Members of PTPA hold an undergraduate degree in Human Services or Education (or similar) and Play Therapy training (from TEQSA accredited and non-TEQSA accredited training providers). A Bachelor or Post Graduate study in Play Therapy is not currently a requirement of PTPA membership. Instead, 200 hours of Play Therapy training from either a TEQSA accredited and non-TEQSA accredited training provider is required, 300 clinical practice hours, and 40 hours clinical supervision (total volume of learning = 540 hours).

And, in Australia there is one association that mental health professionals can register with:

- APTA

Members of the Australian Play Therapists Association (APTA) practice under their mental health designation, for example a mental health social worker. Members of this association hold qualifications in: Psychology (Post Graduate Degree or Masters level), Social Work (Dip SW, Bachelor or Masters level), Occupational Therapy (Bachelor or Masters level), Mental Health Nursing (Grad Dip RN, Post Grad Dip or Masters level), Counselling (Bachelor or Masters level), or Creative Art Therapy or Art Therapy (Masters level), along with registration with a regulation body related to their primary Mental Health qualification: Level 3 ACA , Clinical Member PACFA, AASW, AHPRA, or ANZACATA.

A Bachelor or Post Graduate study in Play Therapy is not currently a needed for APTA membership. Instead, 150 hours of Play Therapy training from either a TEQSA accredited or non-TEQSA accredited training provider is required, 300 clinical practice hours, and 50 hours of clinical supervision (total volume of learning = 500 hours).

Evidence of the benefit of Play Therapy in improving disability-related functional capacity (highlight Level 1 evidence, peer reviewed and evaluation reports, and other forms of evidence)

This Play Therapy Evidence Summary, reports on a rapid scoping review of Play Therapy Level 1-5 research with a disability focus. Play Therapy meta-analyses and systematic reviews from 1999-2024 (25 years) were included in this review. 13 Level 1 Play Therapy studies were reviewed, including eight meta-analyses and seven systematic reviews, two studies conducted both a systematic review and a meta-analysis (see Appendix 1). **Note:** article number 12 and 13 share a data set so were counted as one data set; this means data is presented on 12 studies (n=12). Four studies were disability focused reviews on: 1) disabilities; 2) Autism Spectrum Disorder and developmental language disorder; 3) intellectual disability; and 4) vision impairment. Additionally, the remaining eight studies focused on early childhood concerns including: behavioural problems, sense of relational attachment, school settings, and a wide range of reasons for engaging in Play Therapy in various settings. The eight meta-analyses reported a range of significant Effect Sizes (ES): three studies reported large ES, three studies reported medium ES, one study reported small but significant ES, and one reported a range between small to large ES. In total 415 studies were included in the 12 meta-analyses and systematic reviews. With studies covering an age span of birth-19 years.

Favourable outcomes of Play Therapy include:

- Improved: language skills (increased receptive and expressive vocabulary, and symbolic play skills promoted functional language abilities); social skills (social-interactive play that increased social competence in young children, increased interaction and social participation), social adjustment, self-concept, self-efficacy, social relationships, social adjustment, family functioning, family adjustment, communication skills, promotion of growth abilities, emotional adjustment, mental health, fine and gross motor skills, cognitive skills, attention, functional vision, balance orientation and vestibular system, developmental/adaptive behaviours, academics, development, and functional status of children.
- Reduced: internalising and externalising difficulties, disruptive behaviours, behaviour problems, total behaviour difficulties, anxiety, aggression, reaction to traumatic event/s, trauma symptoms, and caregiver-child relationship stress.

Specific childhood populations that benefit from Play Therapy include children with a range of diagnoses, namely: dual diagnoses, developmental disabilities, Autism Spectrum Disorder, intellectual disability, physical disability, Attention Deficit and Hyperactivity Disorder, physical ill-health, mental ill-health and trauma. Play Therapy factors identified as beneficial for children with disabilities include: the non-verbal nature of the psychotherapy approach and the positive holistic impacts of play-based approaches on child development. Play Therapy Level 1 evidence demonstrates benefits across the NDIS defined six areas of functional capacity, see Table 2 below (Renshaw & Scira, 2024).

Table 2. Play Therapy increases functional capacity

Functional Capacity	Play Therapy benefits for disability-related functional capacity	Level 1 Research
1. Mobility	- Play Therapy improves fine and gross motor skill development, balance orientation and vestibular system, and physical activity levels. - Play Therapy is a holistic child development approach, activating both the brain and body through play.	5. (12. & 13.)
2. Learning	- Play Therapy improves academics, developmental/adaptive behaviours, attention and the functional status of children. - Play Therapy develops self-confidence and provides opportunities for hands-on learning and problem solving, compensatory skills, development of socio-emotional, and coping skills.	2. 3. 4. 5. 6. 7. 8. 9. 10. 11. (12. & 13.)
3. Communication	- Play Therapy increases language skills, dialect, play skills, and communication skills. - In Play Therapy direct, two-way communication is enhanced through toys and play. - Play therapy promotes capacity for self-expression with children learning to connect body sensations to emotions, words, gestures and adaptive communication methods. - Play Therapy is aligned with the United Nations Convention on the Rights of the Child (UNCRC), ensuring access to communication in a child-centred and developmentally sensitive way.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. (12. & 13.)
4. Self-care	- Play Therapy boosts self-concept, self-efficacy, and self-help skills. - Rich opportunities for indirect self-care skills practice are promoted through pretend play in Play Therapy. - Play Therapy encourages children to independently perform self-care tasks, with therapist support where needed.	5. 8. 9. 10. 11. (12. & 13.)
5. Social	- Play Therapy improves social skills, social adjustment, and family functioning/adjustment. - In Play Therapy, pretend play boosts empathy through character roles and peer interaction. - Pretend play narratives in Play Therapy develop capacity to interpret and respond to verbal and non-verbal social cues, negotiate with peers, regulate through disappointment and advocate for self.	1. 2. 5. 6. 7. 8. 9. 10. 11. (12. & 13.)
6. Self-management	- Play Therapy improves emotional adjustment, navigation skills, mental health, and promotes growth abilities. - Play Therapy amplifies the intensity of play and capitalizes on its neurological qualities to facilitate sustained engagement and focus, flexible thought cognition and emotion, overall frustration tolerance and responsiveness to challenge. - In Play Therapy opportunities to play out everyday scenarios create important rehearsal time for real-life daily task completion.	1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. (12. & 13.)

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Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
1.	Bent et al. (2024)	Systematic review of common and specific factors in play therapy for young people with intellectual disability	Systematic Review / 26 studies	Young people with a mild intellectual disability	Young people aged of 10-18 years	Evidence was found in the review for common and specific factors in Play Therapy for young people with an intellectual disability. Common factors identified: the therapeutic relationship in Play Therapy and therapeutic use of skills by the Play Therapist. Specific factors identified: play used as a language in Play Therapy, and opportunities for children to connect to their inner world through play.	The specific factors identified for young people with a mild intellectual disability are activated in Play Therapy through the non-verbal nature of this psychotherapy approach.

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Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
2.	Francis et al. (2022)	Play-based interventions for mental health: A systematic review and meta-analysis focused on children and adolescents with autism spectrum disorder and developmental language disorder	Systematic review and Meta analysis / 10 studies	Children and adolescents with Autism Spectrum Disorder and developmental language disorder who engaged in play-based intervention s (Play Therapy listed as an included intervention)	Children aged 0-19 years	“Meta-analysis of 5 studies addressing positive mental health outcomes (e.g. positive affect and emotional functioning) found a significant overall intervention effect (Cohen’s d = 1.60 (95% CI [0.37, 2.82], p = 0.01).”	Noted the considerable evidence on the effectiveness of play-based interventions on holistic child development (for the identified population); with a main focus on: language (improved language skills, increased receptive and expressive vocabulary, symbolic play skills promoted functional language abilities); social (social-interactive play increased social competence in young children, decreased play deficits and reduced disruptive behaviours), and communication skills. Presented the evidence on the effectiveness of play-based interventions on the mental health outcomes of children (for the identified population).

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Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
3.	Money et al. (2021)	Review: The effectiveness of Theraplay for children under 12 – a systematic literature review	Systematic Review / 6 studies	Children aged 12 years and under with any presenting difficulty who engaged in Theraplay	Children aged 12 years and under	“The review highlighted the small evidence base, mixed quality research methodology and high levels of heterogeneity in how Theraplay is practiced and evaluated.” “Theraplay’s effectiveness could not be established.”	From the small number of studies eligible for inclusion, “Theraplay was found promising in its effectiveness when used with internalising and externalising difficulties, dual diagnoses and developmental Disabilities.” Note: Theraplay is a Play Therapy model but other professionals such as, Speech Therapists and Occupational Therapists can train in this approach and use this approach within their professional practice (but not as a Play Therapist nor delivering Play Therapy.

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
4.	Parker et al. (2021)	Exploring the Impact of Child-Centered Play Therapy for Children Exhibiting Behavioral Problems: A Meta-Analysis	Meta-Analysis / 27 studies	Children who exhibit behavioural problems	Median age of participants in this study was 6 years old, with a range from 3-11 years of age.	“Results revealed medium Hedges’s g effect sizes for externalizing and overall problem behaviors compared to alternative treatment and waitlist controls, and small Hedges’s g effect sizes for aggressive behaviors.”	Results indicated that in addition to a reduction in disruptive behaviours, children also experienced a reduction in total behaviour problems.

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
5.	Ghasemifard et al. (2020)	Characteristics and Efficacy of Play Therapy Interventions in Visually Impaired Children and Adolescents: A Systematic Review Study	Systematic Review / 9 studies	Visually Impaired Children and Adolescents	Children and adolescents (0-21 years)	Play Therapy “interventions were effective in improving cognitive, visual, physical, communicative and vestibular skills of the children.” “...improved some characteristics in children including play skills, visual functions, physical activity levels, navigation skills, functional state of vestibular system, and cognitive, dialect, compensatory, self-help, community, fine motor, and gross motor skills positively.”	“...improvement in promotion of growth abilities” “...interventions had a positive effect on the balance and vestibular system and functional status of children.”

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
6.	Drisko et al. (2020)	Is Individual Child Play Therapy Effective?	Systematic review / 17 studies	Children who have participated in individual play therapy	Children aged 4–12	“...effect sizes ranging from d = -0.04 to g = 3.63 (most ranged from .35 to .80). Across most concerns play therapy was affirmed as an empirically supported therapy.” Effect sizes and number of studies: • Aggression (6/7 studies medium-large ES) • Attention/ADHD (all 6 studies medium – large ES) • Anxiety (6/9 studies medium – large ES) • Externalizing Behaviours (5/6 medium – large ES) • Internalizing Behaviours (2 studies medium ES) • Trauma Symptoms (2 studies- 1 medium and 1 large ES)	“A wide range of concerns, and a wide range of measures, were used to assess the effectiveness of play therapy.” “This and prior work demonstrate that play therapy meets American Psychological Association criteria as an EST. It fits very well with children’s styles of communication and growth.” “Across most concerns, play therapy was affirmed as an empirically supported therapy.”

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
7.	Hillman (2018)	Child-Centered Play Therapy as an Intervention for Children With Autism: A Literature Review	Systematic review / 4 studies	Children with Autism Spectrum Disorder (ASD)	4 – 11 years	“Child-centered play therapy is promising in increasing social and emotional behaviors of individuals with ASD.”	Play therapy assists in addressing “many behaviors that children with ASD often need help with such as social interaction, emotional regulation, and joint attention.”

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
8.	Jensen et al. (2017)	A Meta-Analytic Review of Play Therapy With Emphasis on Outcome Measures	Meta-analysis / 100 studies	Children who have participated in play therapy	Children – age range not specified	“ ...a significant moderate effect for play therapy interventions across all outcomes (d = .44).	A significant moderate effect on a variety of outcomes, including: developmental/adaptive, behaviour, self-concept, social relationships, family functioning, and more.

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
9.	Lin & Bratton (2015)	A Meta-Analytic Review of Child-Centered Play Therapy Approaches	Meta-analytic review / 52 studies	Children who have participated in play therapy	6.7 years	Effect size was .47 with a standard error of .06, which was statistically significantly larger than zero (t ratio = 7.660, p < .001; 95% CI [0.35, 0.59]), indicating a moderate treatment effect. “...the 42 studies with a mean participant age of 7 years and younger yielded an average effect size (.53) that was statistically significantly higher” Mean Effect Size: • Global behaviour problems .48 • Internalizing behaviour problems .42 • Externalizing behaviour problems .33 • Caregiver–child relationship stress .59 • Self-efficacy .63 • Academic performance .46 • Other behaviour problem .52	A significant moderate effect on a variety of outcomes, including: Externalizing and internalizing behaviour problems; caregiver-child relationship stress; self-efficacy. More beneficial on younger children. An effective early intervention.

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
10.	Ray et al. (2015)	Child-Centered Play Therapy In The Schools: Review And Meta-analysis	Systematic Review and Meta-Analysis / 23 studies	Child centred play therapy (CCPT) conducted in elementary schools	Range 4-13 yrs No Mean Reported	.21-.38 “Results revealed statistically significant effects for outcome constructs, including externalizing problems (d = 0.34), internalizing problems (d = 0.21), total problems (d = 0.34), self-efficacy (d = 0.29), academic (d = 0.36), and other behaviours (d = 0.38).”	Externalizing and internalizing behaviour problems; self-efficacy; academic; other

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
II.	Bratton et al. (2005)	The Efficacy of Play Therapy With Children: A Meta-Analytic Review of Treatment Outcomes	93 studies	Play Therapy with children	7 years	"...mean effect size was 0.80 ± 0.04 (significantly greater than 0, p < .001), revealing a large treatment effect for play therapy interventions with children." Target problem behaviours (mean effect sizes): • Internalizing only 0.81 • Externalizing only 0.78 • Internalizing and externalizing 0.93 • Other 0.79 Type of outcome measure (mean effect sizes): • Behaviour 0.81 • Social adjustment 0.83 • Personality 0.80 • Self-concept 0.51 • Anxiety–fear 0.69 • Family functioning/relationships 1.12 • Developmental–adaptive 0.90 • Other 0.55	Behaviour problems; social adjustment; self-concept; anxiety; development; relationships; other

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
12.	LeBlanc & Ritchie (2001) Note: same data set as 1999 study below	A meta-analysis of play therapy outcomes	Meta-analysis / 42 studies (1966-2001)	Play Therapy with children	7.8 years	Average treatment effect .66	Favourable outcomes reported: emotional adjustment; social adjustment; reaction to traumatic event; academic; behaviour problems; family adjustment From a title/abstract analysis: - Five studies focused specifically on children with disabilities (physical and/or intellectual disability) - significant improvements in personal, social and behavioural aspects, and gains in IQ, fine motor, adaptive, language, and gross motor were reported (would need to read articles or abstracts to decipher further specifics). - A further 22 studies reported improvements with difficulties that children with disabilities may also require additional support with.

Appendix 1 – Level 1 Play Therapy Evidence

Play Therapy Level 1 Research from the last 25 years [1999-2024] (n=12)

Article number	Authors	Article Title	Study design / Sample size	Population	Mean age or age range	Effect Size (*ES is statistically significant) or Key findings	Favourable outcomes
13.	LeBlanc & Ritchie (1999)	Predictors Of Play Therapy Outcome	Meta-analysis / 42 studies	Play Therapy with children under the age of 13	7.9 years	“Treatment groups performed 0.66 (SE = 0.09) standard deviations better than nontreatment groups” Reported on significant and non-significant factors in effective Play Therapy. The significant factors, “two characteristics of play therapy were significantly correlated to therapy outcome: the involvement of parents in play therapy and the number of therapy sessions.” The non-significant factors, meaning Play Therapy was equally effective across: gender, age, presenting problems.	“Play therapy appears to be as effective as therapy with adults and nonplay therapy with children.” “The duration of therapy also appears to be correlated to efficacy, with maximum benefits occurring at about 30 to 35 therapy sessions.”

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Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
1.	Saleem et al. (2025)	Effectiveness of Teleplay Therapy to Enhance Social and ADL Skills in Children with Developmental Disorder During COVID-19 Pandemic	n=25 Participants selected using convenience sampling pre-post experimental study 7-month study that involved twice weekly Group Teleplay Therapy sessions (45 minutes each), using the Zoom with a minimum of 20 sessions per group. Instrumentation: • Wee-FIM – to assess ADLs. • Social skills checklist – to assess Social skills.	Children aged 6-12 years, 36.36% female and 63.64% male, with developmental disorders. The developmental disorders in this population included CP Hemiplegic (42.25%), CP Diplegic (9.09%), Developmental Delay (22.73%), and Learning Disability (22.73%)	Participant t-test data found children who engaged in Group Teleplay Therapy, showed significant enhancement in social and ADL capabilities. “The findings show a noticeable difference in pre- and post-intervention scores, with progress in the Wee-FIM domains of self-care, social-communication, and mobility. Significant improvement was observed in self-care and cognition (p=0.000)” Benefits included, improved: self-care skills, group skills, and communication skills.

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
2.	Khalilza deh Klagar et al. (2024)	Effectiveness of Play Therapy on Social Anxiety, Depression, and Loneliness in Children with Dyslexia	n=30 Quasi-experimental research with a pretest- posttest design and a control group (with a two-month follow-up). With 15 children in the experimental group and 15 children in the control group. Pre and post assessment tools included: The Beck Depression Inventory (BDI), The Loneliness Questionnaire, The Social Anxiety Scale for Adolescents (SAS-A).	Elementary school children with dyslexia (age range and gender not reported)	“The findings demonstrate a significant difference between the study groups (Cohen’s d = 0.66, F = 57.50, p = 0.01), and the eta-squared results confirm that the overall difference between the groups is statistically significant.” “Children in the experimental group demonstrated significant improvements in reading and comprehension following the intervention.” “Children who received greater social support showed more substantial progress in reading skills and a reduction in social anxiety.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
3.	Ali Hosseini et al. (2024)	Group Play Therapy for Children With Hearing Loss	n=62 RCT The pre- and post-intervention assessments included completing demographic information, an adaptability questionnaire for elementary school children, and a self-esteem inventory.	Children (aged 8-12) with hearing loss.	“The implementation of play therapy led to a significant increase in adaptability immediately after the intervention and one month later (P<0.001). “ ...a notable difference was observed between the two groups at the end of the study (P<0.001).” “Throughout the research, play therapy consistently elevated the self-esteem of the children. After the study, a noticeable difference was observed between the two groups (P<0.001).” “Play therapy has been proven to enhance adaptability and self-esteem in children with hearing loss.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
4.	Bui et al. (2024)	A Qualitative Examination of Play Therapy and Mindfulness Interventions With Youth With Autism Spectrum Disorder	Position Paper Seven RPTs who had practised for at least 1.5 years, and worked with a minimum of 8-10 children/adolescents with ASD participated in the study. The experiences of Registered Play Therapists (RPTs) using mindfulness interventions with children/youth with Autism Spectrum Disorder (ASD) were examined using 12 semi structured interview questions and six follow-up questions were analyzed using interpretative phenomenological analysis.	Children and Youth with Autism Spectrum Disorder ASD	Data analysis revealed eight themes. Findings indicated that mindfulness interventions administered by RPTs were effective in addressing both sensory issues and self-regulation. All seven participants “reported various benefits of play therapy and mindfulness.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
5.	Wadley et al. (2024)	Implementation of Learn to Play Therapy for children in special schools.	n=38 Experimental research design “Intervention: Learn to Play Therapy for 1 hr per week over a 7-mo period.”	Children (with a mean age of 5 years and 7 months) from four Special or Specialist Schools with an IQ < 70. This included children with Autism, Global Developmental Delay and Intellectual Disability.	“child. Learn to Play Therapy is a child-centered therapy that is used to increase a child’s ability to self-initiate and enjoy pretend play. The positive impacts of supporting the children’s pretend play ability were highlighted by increases in their pretend play, language, social skills, academic competence, and narrative language after participating in Learn to Play Therapy in their special schools.” “Results showed significant changes in children’s pretend play ($p = .03$), ability to recall sentences ($p = .02$), social skills ($.022$), and academic competence ($p = .012$). Learn to Play had a large effect on children’s narrative skills ($d = 2.72$). At follow-up, object substitution at baseline influenced expressive language ($p < .001$), narrative mean language utterance (MLU; $.015$), social skills ($p < .001$), and academic competence ($p < .001$); elaborate play at baseline plus time influenced social skills ($p < .001$); and elaborate play at baseline influenced narrative MLU ($p = .016$), sentence recall ($p = .009$), and academic competence ($p = .001$).”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
6.	W'ong et al. (2023)	The effectiveness of child-centered play therapy for executive functions in children with attention-deficit/hyperactivity disorder	n=52 RCT Experimental group received 12 x 30 minute weekly CCPT sessions. 35 participants in the control group and 17 participants received treatment. Assessments used: 4th Wechsler Intelligence Scale for Children, Edition The Child Behavior Checklist-Parent Report (CBCL)	Children with Attention Deficit Hyperactivity Disorder (ADHD) and executive function difficulties, aged 7-12.	The results indicated significant improvements in: • behavioral symptoms, total problems, social problems, thought problems, and internal and external problems • significant reduction ($p < .05$) in scores relating to anxious/depressed symptoms • several domains of neuropsychological performance, most often related to the cognitive flexibility ($p < .05$) • multitasking “CCPT as a non-medication treatment is suitable to apply to enhance the cognitive flexibility and self-regulation especially the internalizing problems of individuals with ADHD as an integrated treatment method.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
7.	Sri, et al. (2023)	Effectiveness of Group Play Therapy in Behavioural Problems of Children with Autism	n=30 (15 children allocated to experimental group and 15 allocated to control group). RCT Children with Autism Spectrum Disorder (ASD) participated in directive Group Play Therapy (GPT) for 1 hour, 2 sessions a week for 6 weeks; compared with conventional therapy group (control group). “...control group received comprehensive management and family and academic support are covered in six weeks of therapy. Parents educated on reinforcement, and teacher collaboration, while children acquire independence and use a daily report card. Later sessions teach mindfulness, breathing, and meditation for cognitive restructuring and stress management. Healthy eating, rest, and exercise are stressed for physical and mental wellness. Each one-hour session targets specific skills and strategies essential for effectively managing lasts for 1 hour per session, 2 sessions per week for 6 weeks.” Pre and post outcomes measurements included (CBCL).	ASD children (male and female) aged 8-12	Results indicated statistically significant reductions in behavioural difficulties in the experimental group, indicating quality of life improvement for participants and their families. “In the experimental group, comprising children who underwent group play therapy, the pre-test mean CBCL score was 65.4 with a standard deviation (SD) of 3.14, while the post-test mean score decreased significantly to 60.33 ± 2.66. This reduction in CBCL scores was statistically significant, as indicated by the paired t-test with a p-value of 7.18E-07. Conversely, in the control group, consisting of children who did not receive group play therapy, the pre-test mean CBCL score was 64.93 ± 2.79, which slightly increased to 66 ± 2.70 in the post-test assessment. The paired t-test revealed a significant difference between the pre-test and post-test scores, with a p-value of 0.00106. This suggests that there was an increase in behavioural problems among children in the control group over the study period.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
8.	Hofstra et al. (2023)	Treating Children With Disturbed Attachment and an Intellectual Disability: Effectiveness of Theraplay-Based Treatment	n=11 Experimental study Study included the use of Theraplay inpatient and outpatient dyads. “D-EIS and OBVL scores were measured on three time points; waiting list, start of treatment and end of treatment.” “Mother-child interaction was recorded by video observation and scored using the Dyadic Emotional Interaction Style assessment. Maternal representation of the child was scored using a Parental Stress Questionnaire.”	Children aged 5-12 with a diagnosis of Mild to Borderline Intellectual Disability (MBID) [IQ 50-85] along with impaired adaptive functioning, and demonstrated disturbed attachment.	“The total D-EIS score improved significantly at the end of Theraplay compared to baseline variance ($p=.001$).”^a“The pre-Theraplay OBVL score was significantly higher (more stress) than the post-Theraplay OBVL score ($t = 5.75$; $p = .000$; Cohen’s $d=1.43$).” “Significant improvement in interaction quality and representational quality was found between both baseline measurements and posttreatment. A Theraplay-based treatment improves the mother-child relationship in children with a MBID, and as such shows promising effectiveness in treating disturbed attachment in this population.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
9.	Rezaeer ezvan et al. (2022)	The Effect of Cognitive– Behavioral Play Therapy on Improvements in Expressive Linguistic Disorders of Bilingual Children	n=60 (20 members in each of the three groups) Experimental, Control, and Pseudo- Control groups. Participants selected using the Wechsler Intelligence Scale for Children [Wechsler Intelligence Scale for Children-Fourth Edition (WISC-IV), test of language development (TOLD), and clinical interviews. “The experimental group members participated in CBPT training sessions. The training consisted of twelve 90-min sessions, three times per week programs held every other day.” “The pseudo-control group received training different from play therapy, and the control group did not receive any intervention during this period.” Follow-up test 2 months after the end of the intervention for experimental group members.Pre and post TOLD3 test for all participants.	Bilingual children with expressive linguistic disorders, including stuttering, selective mutism and learning disorders/disabilities. “30 girls and 30 boys, all of whom were 6 years old. The mean IQ of the experimental group was 87, the control group 85, and the pseudo- control group 88.” “Seventy percentage of the families have a low economic and social status, and 30% of them had a moderate level and none of the children had a good and very good social and economic status. Forty percentage of the parents were illiterate, 45% had primary education, and 15% had completed high school, while none of the parents had an academic or university education.”	CBPT had a significant impact on the treatment of speech and language disorders such as stuttering and elective mutism. “The results of repeated-measures ANOVA are indicative of the significant effect of time and time × group [F (2, 57)=3.30, p<0.05]. Therefore, it can be argued that the difference addressed in the hypothesis is significant, and CBPT has had a significant impact on the expressive language disorders of children. The effect of intervention time (pretest, posttest, follow- up), as well as the effect of time ×group (control, pseudo-control, and experiment) on the mean expressive language disorder of children, is estimated to be significant (p<0.05). Moreover, Eta-squared (effect size) indicates the effect of intervention time and group on the children’s expressive language disorders. Moreover, it can be argued that 98.2% of changes in the dependent variable (mean expressive language disorders) are imposed by the intervention time (pretest, posttest, follow-up), and the effect size for the time×group variable shows that 17.5% of the changes in the expressive language disorders are the result of these variables (time ×group). Powers of the test (1 and 0.94) are also indicative of significant accuracy of these causal relationships.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
10.	Brefort et al. (2022)	Two-year follow-up of 90 children with autism spectrum disorder receiving intensive developmental play therapy (3i method)	n= 90 Retrospective study of children who were enrolled for 2 years in the 3i approach (Intensive, Interactive, and Individual Developmental Play Therapy intervention) to assess changes and predictors of changes in Autism Spectrum Disorder (ASD). Pre-treatment and post-treatment (2 year follow-up) using the childhood autism rating scale (CARS) and autism diagnosis interview-revised (ADI-R).	Children with autism spectrum disorder (mean age 5.6±3.7 years)	Results indicated a “significant reduction in ASD severity with improvements in interaction, communication, and repetitive behaviours.” “Mean CARS and ADI-R subscores (interaction, communication, repetitive behaviour) decreased significantly by 20, 41, 27.5 and 25%, respectively (effect sizes: d > 0.8). Moreover, 55 and 46.7% of participants switched to a lower category of ASD severity based on the CARS scale and ADI-R interview, respectively. Multiple linear models showed that (i) a higher treatment intensity (more than 30 h per week) was significantly associated with a greater decrease (improvement)...(i) a higher treatment intensity (more than 30h per week) was significantly associated with a greater decrease (improvement)”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
11.	Johari et al. (2022)	The Effect of Adlerian Play Therapy on Working Memory of Female Students Seven to Twelve Years Old With Mild Intellectual Disability	n= 28 RCT Random allocation to either experimental or control group. Weekly 3x 45 minute sessions for 10 weeks (30 sessions in total) “...working memory of both groups was examined in three stages, including pre-test, post-test, and one month later, without receiving any intervention for follow-up” using the Wechsler Intel-ligence Scale for Children, Fourth Edition (WISC-IV).	Female students, aged 7 to 12, with mild intellectual disability (mean age = 7)	Adlerian play therapy enhanced the working memory of students with mild intellectual disabilities. The experimental group showed significant difference in the mean score of working memory in all stages of measurement: mean and standard deviation of the working memory subtest in the experimental group increased from 6.28 3.66 in the pre-test to 10.4 86 in the post-test and increased to 12.64 5.25 in the follow up stage post-test stage: P was very close to 0.05 and considered significant follow-up stage: there was a significant difference in the mean score of working memory in the experimental and control groups (P<0.05)

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
12.	Genc et al. (2021)	Play Therapy Practices in Psychological and Developmental Disorders That Are Common in Preschool Period	Position Paper An in-depth literature review of play therapy studies (1955-2020) focused on preschool neurodevelopmental disorders and psychological disorders.	Preschool aged children [0-6] with: depression, ADHD (Attention Deficit Hyperactivity Disorder), trauma, anxiety, behavioural disorders, ASD (Autism Spectrum Disorder), or learning disabilities.	The in-depth literature review “concluded that play therapy was effective in the treatment of all disorders examined, especially behavioral disorders and depression.”Studies show that play therapy is effective in working with children with ADHD, especially so when parents are involved. Studies show children with ADHD who participate in play therapy display prolonged attention span, and increased control of destructive behavior. Talk-based therapies do not yield the same results. Studies also show that play therapy is effective in: • treating anxiety • treating behavioural disorders, as noted through an increase in the ability to control maladaptive behaviours, to control anger and destructive behaviour, to express themselves more easily, a decrease in non-compliant behaviours and conflict-related problems and significant improvement in social communication skills. • Treating functionality of developmental problems (communication and language skills) • Supporting children with ASD (skill development and self-regulation)

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
13.	Davidson et al. (2021)	The process of Learn to Play Therapy with parent-child dyads with children who have autism spectrum disorder	n= 6 A 6-month study that captured 15 video-recorded sessions (therapist, child and parent). Retrospective video analysis investigated changes in the child's play ability by coding six play skills and their enjoyment in play. Play ability for children aged 3 and over assessed using the ChIPPA (Stagnitti, 2019). For children younger than 3 the Pretend Play Enjoyment Developmental Checklist (PPE-DC) was used to assess play ability (Stagnitti, 2017). “retrospective video analysis (RVA) was used to study the changes in play ability of the children and the key techniques used in the process by the therapist, parent and child.”	Children (mean age of 3.8) with a diagnosis of Autism Spectrum Disorder (ASD)	“Learn to Play Therapy that includes parent-child dyads showed an increase in children talking about the play as they played, children responding to challenges in the play as their self-initiated play ability increased, and focussed attention being maintained in each session analysed. A decrease in repetition with variation occurred as children increased in their ability to engage in pretend play.” Significant increases were reported in the child's pretend play ability for: play scripts (p = .042), sequences of play actions (p = .043), object substitution (p = .043), doll/teddy play (p = .028), social interaction (p = .043) and enjoyment (p = .026).

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
14.	Rathnakumar. (2020)	Play Therapy and Children with Intellectual Disability	Position Paper	Children with Intellectual Disability	It is “...only through games that the individual develop such qualities as discipline, cooperation, sympathy, law-abiding and leadership when children belonging to different social levels and intellectual capacity come together in the playground...” Highlighted benefits of play included: better verbalization, richer vocabulary, higher language comprehension, higher language level, better problem-solving strategies, more curiosity, better ability to take on the perspective of another, higher intellectual competence, more play with peers, more group activity, better peer cooperation, reduced aggression, better ability to take on the perspective of others, better control of impulsive actions, better prediction of others’ preferences and desires, better emotional and social adjustment, more innovation, more imaginativeness, longer attention span, and greater attention ability.

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
15.	Kiyani et al. (2020).	The Effect of Filial Therapy on the Parenting Stress of Mothers of Children With Autism Spectrum Disorder Note: Filial Therapy is a Family Play Therapy intervention.	n=32 Experimental study (RCT). “The intervention group received 10 sessions of filial therapy, once a week, each for two hours, while the control group continued routine treatment” Gilliam Autism Rating Scale-2 (GARS-2). And Abidin’s Parenting Stress Index-Short Form (PSI-SF) completed pre and post intervention.	Mothers of n=32 children with Autism Spectrum Disorder (ASD) aged 4-12 (9 female and 23 male)	“Filial therapy can help better acceptance of the ASD children by their parents and reduce parenting stress by improving child-parent relationships.” ¹⁴ “This method can be taught as a complementary intervention to the mothers of ASD children.” Paired t-test results showed significant results in the Post-test phase (P= 0.010).

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
16.	Schortelko rb et al. (2020)	Intensive child-centered play therapy for children on the autism spectrum : A pilot study.	n= 23 RCT - “parents of child participants were asked to complete the SRS-2 and the CBCL, and then children were randomized into two groups: (a) CCPT treatment or (b) wait-list control.” n=12 participated in 24 intensive CCPT sessions (across 6 weeks). Wait-list group received treatment after the study was completed.	Children (aged 4–10) diagnosed with Autism Spectrum Disorder (ASD) and moderate/severe symptoms.	The experimental group demonstrated “statistically significant decrease in ASD core symptoms and behavioral symptoms, such as externalizing problems, attention problems, and aggression, compared with children in the control group.” Following statistical data demonstrates the above: a drop in SRS-2 scores from preintervention (M = 78.83, SD =7.71) to postintervention (M = 70.58, SD = 9.29). A decrease in attention problems from preintervention (M = 72.33, SD =11.73) to postintervention (M = 64.50, SD = 9.25).A decrease in aggression problems from pre- (M = 68.42, SD = 11.97) to postintervention (M= 62.83, SD = 9.27.Decreased externalizing symptoms from pre- to post-testing (M = 68.67, SD= 9.35; M = 63.o8, SD = 7.90). Parents reported improvements, including, improved eye contact, decreased tantrums, increased appropriate play behaviors, and increased relational play with parents. “Analysis of pre post data also revealed that half of the children in the CCPT group (n = 6) changed in symptom severity by an entire category (e.g., from severe to moderate ASD symptoms or from moderate to mild ASD symptoms) on the SRS-2.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
17.	Abdel Rahman et al. (2019)	Effectiveness of Play Therapy on Gross Manual Dexterity in Children with Hemiparetic Cerebral Palsy	n=30 Randomized controlled single-blinded trial Control group (n=15) received conventional physical therapy and the study group (n=15) received play therapy in addition to the conventional physical therapy. “treatment was given 3 days per week for 6 successive weeks for both groups.”“Box and Block Test was used to measure gross manual dexterity of the affected upper extremity before as well as after intervention.”	Children (aged 3-7) with Spastic Hemiparetic Cerebral Palsy. Male (n=18) and female (n = 12).	“Play therapy combined with the conventional physical therapy may have a significant effect in improving gross manual dexterity in children with spastic hemiparetic cerebral palsy.” When “comparing between pre and post measures. The percentage of improvement in the gross manual dexterity is about 16.7% in the control group and about 46.4% in the study group.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
18.	Muller et al. (2019)	Measuring the Impact of a School-Based, Integrative Approach to Play Therapy on Students With Autism and Their Classroom Instructors	n= 4 “15 weekly PT sessions with each student to work on their social and emotional awareness individualized education program (IEP) goals and then debriefed students’ instructors to encourage generalization of PT outcomes to the classroom setting.” “quantitative and qualitative data were collected, including the Autism Social Skills Profile, psycho- metric equivalence-tested goal attainment scales aligned with students’ IEP goals, case notes, and end-of-intervention interviews with classroom staff.”	Children with Autism Spectrum Disorder (ASD) aged between 6.6-12.8. Male (n=3) and female (n=1)	Quantitative data captured that 3 out of 4 students made gains (Autism Social Skills Profile), and all students made more progress than expected on Individual Learning Plans (IEP) goals, both during PT sessions and in the classroom. Instructors described substantial benefits of participating themselves, including improved rapport with students and better understanding of strategies for supporting them during challenging situations. “all four participants appeared to make progress toward their social and emotional learning goals—as measured by PET-GAS—by the end of the 15-week intervention. Significantly, participants demonstrated goal mastery not only within the sheltered environment of the mental health provider/play therapist’s office, but also in the context of participants’ special education classrooms”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
19.	Tapia-Fuseli et al. (2019)	Culturally and linguistically responsive play therapy: Adapting child-centered play therapy for deaf children. Note: Play Therapy referred to as CCPT	Position paper	Modifying practices of child-centered play therapy and American Sign Language to engage therapeutically with deaf children	There are “unique barriers facing Deaf children raised in hearing families that limit expression of thoughts, feelings, and emotions.”“CCPT can be modified in a culturally sensitive manner to meet the needs of deaf children, using American Sign Language (ASL).” “CCPT can support a deaf child to increase self-respect, self-responsibility, problem solve, develop identity and self-acceptance, self-control and self-direction, and increase decision making skills.” “CCPT offers deaf children a non-verbal way of communicating to address developmental and therapeutic goals.” “CCPT techniques can be adapted to meet the developmental needs of deaf children through the use of Classifiers, Culturally sensitive toys, use of brief responses, ASL translations and finding appropriate ways to seek the child’s attention.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
20.	Mora et al. (2018)	An evaluation of play therapy for children and young people with intellectual disabilities	n=42 “program evaluation explored the effectiveness of child-centred play therapy, a developmentally appropriate mental health intervention” “seven therapists trained in the same play therapy protocol and procedures” provided the therapy. “Parents rated children’s emotional and behavioural difficulties before and after play therapy using the Strengths and Difficulties Questionnaire” (SDQ).	Children with an intellectual disability (aged 4-16), who were also experiencing emotional, behavioural, or mental health difficulties. More than half of study participants had a co-occurring condition/diagnosis. Participants did not receive other treatment during play therapy intervention.	“Statistically significant improvement to children’s prosocial skills, emotional and behavioural difficulties, and the impact of these difficulties on everyday life was found at the completion of child-centred play therapy. Children with high-priority referral needs were found to have made greater levels of change.” “There was a significant reduction (M = 17.76, SD = 4.98) in the Strengths and Difficulties Questionnaire total difficulties scores (M[pre] = 21.66, SD = 4.58 and M[post] = 13.90, SD = 5.26; t(42) = 10.10, p < .001). Statistically significant changes were apparent for every subscale of the Strengths and Difficulties Questionnaire. There was also a significant improvement (M = 2.24, SD = 2.31) in the prosocial scores (M[pre] = 4.31, SD = 2.66 and M[post] = 6.55, SD = 2.28; t(42) = 6.27, p < .001). Finally, there was a significant reduction (M = 13.67, SD = 2.41) in the impact scores (M[pre] = 5.57, SD = 2.37 and M[post] = 1.90, SD = 1.98; t(42) = 19.88, p < .001) at the completion of play therapy.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
21.	Guest et al. (2018)	Utilizing child-centered play therapy with children diagnosed with autism spectrum disorder and endured trauma: A case example.	Single case study design. Intervention consisted of twice weekly (adapted version of) CCPT sessions for a 5-month period.	5 year old boy with co-morbidities of ASD and ADHD and a complex trauma history.	Results: • improved social skills • improved appropriate emotional expression • improved school behaviour plan outcomes This study “provides viable information about the characteristics of clients with ASD, treatment options for this population, what play may look like in sessions with children on the spectrum, and the influences of trauma on the ASD population.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
22.	Hiles Howard et al. (2018)	Theraplay impact on parents and children with autism spectrum disorder: Improvements in affect, joint attention, and social cooperation	n= 8 Repeated measure single group design 2-week intensive Theraplay intervention. “intervention consisted of each caregiver-child dyad having two 1-hr sessions each day over a 2-week period of time with a trained Theraplay therapist.” Caregivers completed the caregiver-child interaction task (MIM) at pretesting and 2 posttesting time points.	Children (2 female and 6 male) aged between 2-7 years (at diagnosis) with mild to moderate Autism Spectrum Disorder (ASD).	“Data for intervention measures revealed that both parents and children significantly improved across session according to the therapist evaluation. These findings suggest that as the intervention progressed, both children and parents became better at interacting during the therapy sessions.” Improvements included increased responsiveness, attributed to an increase in communication, cognition and social and emotional development. By helping parents improve their own attachment behaviours, a child can experience improvement with regards to deficits in socialization and joint attention commonly seen within the ASD population. Results also showed improved parent-child balance, with parents showing greater ability to manage their child's overreliance and/or situations requiring discipline, and children more responsive to their parents taking charge.

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
23.	Mora. (2017)	Sandplay with Young People with Disability	Various case studies that explore the applicability and benefits of Sandplay (conducted in the context of play therapy) with Young People with Disability.	Young people (aged 5-15) with disabilities	Sandplay and other forms of Play Therapy support self-regulation, capacity to make choices, increased communication and social interaction. For many young people with disabilities, such as Intellectual Disability (ID) and Autism, these forms of therapy are more accessible than talk-based therapies that otherwise rely on developed and well functioning cortical regions of the brain. In line with the United Nations Convention on the Rights of the Child (1988, Article 23), Sandplay offers young people with disability access to strengths-based and developmentally-sensitive therapeutic care. Whilst most young people with disability are offered therapeutic support via 'parent intervention', Sandplay offers an effective psychotherapy option that can be provided directly to the young person. Parents report that children are calmer and less anxious after Sandplay. Teachers and parents report that children are more attentive and focused on their learning at school and participate more in both the classroom and playground after Sandplay work.

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
24.	Salter et al. (2016)	The Effects of Child-Centered Play Therapy (CCPT) on the Social and Emotional Growth of Young Australian Children With Autism	n=3 Repeated measure single group design 10 x weekly therapy sessions of Child Centred Play Therapy (CCPT) Pre and post test measures included two formal instruments - the Adaptive Behavior Assessment System, Second Edition, and the Developmental Behavior Checklist; measured social and emotional growth. Additionally, informal data were also gathered on each child's targeted goal using Goal Attainment Scaling and weekly parent reflections.	Children (all male) with Autism Spectrum Disorder (ASD), aged between 5-5 and 6,5 years , and living in rural Australia.	Data from both formal and informal measures showed positive improvements and measurable changes across social and emotional functioning. Participants met targeted behavioral goals, as well as general developmental progress.

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
25	Mirahma di et al. (2016)	The Effectiveness of Group Play Therapy on Social Skills of Female Students With Intellectual Disability	n=30 Convenience sampling method to recruit participants. Quasi-experimental study design with pretest-posttest design and control group. Participants randomly placed in either the experiment and the control groups (each group 15 students). Pre and post social skills scale (social skills rating system) collected from both groups. “Gresham and Elliot social skills rating system was placed at the disposal of the students’ teachers and were filled out by both teachers’ groups.” “experiment group attended the play room in 10 sessions (2 sessions per week, for a total of 5 weeks) and each session for 45 minutes. The intervention program was carried out for the experiment group, while the control group did not receive any intervention.”	Children (female) aged between 8.4 to 14.5 years (with a mean age of 10.9 years) with an intellectual disability.	Results showed the mean score for social skills (and their subscales) significantly increased in the experiment group ($P<0.01$). The study found group play therapy effective for social skill enhancement with children with an intellectual disability.

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
26.	Rafati et al. (2016)	Effectiveness of Group Play Therapy on the Communication of 5-8 Years Old Children With High Functioning Autism	n= 12 RCT Pre/post/and 2 month follow up “The experimental group participated in 20 sessions (three times a week; 45 to 60 minutes for each session) and received group play therapy along with the routine program (mental and physical occupational therapy, and speech therapy). However, the control group received only the routine program.” “communication skills of all the children were evaluated using the Gilliam Autism Rating Scale (GARS) before, at 20thsession, and 2 months after the intervention.”	Children (male) with Autism Spectrum Disorder (ASD)	This study found that Group Play Therapy (GPT) significantly improved communication skills in children with Autism. The effects of GPT at two month follow up showed lasting significant improved communication skills. The results demonstrated that “play therapy can help the children to understand and communicate well.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
27.	Swan et al. (2014)	Effects of Child-Centered Play Therapy on Irritability and Hyperactivity Behaviors of Children With Intellectual Disabilities	n= 2 Single-case ABA research design Baseline phase (A) - ABC used to rate behaviour followed by CCPT phase (B) - three 30 minute individual CCPT sessions for 5 weeks During the intervention “observers continued to rate participants’ behaviors using the ABC three times per week.” CCPT was then withdrawn in the last phase (A) - no sessions, play therapist visited classroom for 15 minutes once a week for 2 weeks	Children with an intellectual disability and mild to severe speech impairment.6 year old / mild ID and mild speech impairment 7 year old/ met requirements for ID, severe speech impairment	“The findings demonstrated that participants’ hyperactivity and irritability scores decreased across conditions, and analysis of effect size measures indicated that play therapy was a very effective treatment.” Results showed hyperactivity and irritability behaviours remained stable during the baseline phase. After play therapy, these behaviours decreased significantly and steadily throughout the treatment phase. Decreases in these behaviours were maintained during the withdrawal phase. “The percent of nonoverlapping data (PND) statistic was 100%, indicating that play therapy was a very effective treatment for reducing irritability” for both participants. “teacher reports indicated that play therapy was a socially valid intervention for reducing participants’ problem behaviors.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
28.	Siu et al. (2014).	Effectiveness of Group Theraplay® on enhancing social skills among children with developmental disabilities.	n = 38 RCT Weekly small group sessions (four groups) across a 12 month period in a special school setting; a minimum of 20 sessions were completed by all participants. Comparison control group of 15 students Research instrumentation: Social Responsiveness Scale (completed by two teachers pre and post) and group facilitators notes	Children aged 6-13 with mild to moderate intellectual disability in a special school setting.	“students from the Theraplay group had significant improvement in the subscale of “socialcommunication” when compared with the comparison group.” “The significant decrease in scores suggested improvements in the students’ perceived social abilities. The greatest pre- to post intervention differences were found in Social Motivation (t 6.01, p .01, d .58), followed by Social Awareness (t 5.98, p .01, d .53) and Social Communication (t 5.43, p .01, d .55).” Teachers reported positive changes.

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
29.	Ray et al. (2013)	Child-centered play therapy and impairment: Exploring relationships and constructs. Note: Child-centred Play Therapy (CCPT)	n = 37 (commenced study at 40 with 20 randomly assigned to each experimental group) RCT Child participants in “kindergarten, first, and second grades were randomly assigned to participate in CCPT or in a delayed-start control group. In Phase 2, the control group participated in CCPT, whereas the children already receiving CCPT continued services.” Children’s levels of impairment were rated by teachers pre and post intervention with the Impairment Rating Scale–Teacher (IRS-T)	Children (aged 5-8 years (mean of 6.27 years) 29 male and 8 female; with behavioural problems, including withdrawal/depression, aggression, defiance, or poor social skills.	Results “demonstrated improvement at a statistically significant level over time for the Overall Impairment, Academic Progress, and Classroom Problems subscales. Large effect sizes were found for Overall Impairment, Peer Relationships, Teacher Relationship, Academic Progress, and Classroom Problems, demonstrating practical significance for CCPT, indicating there was strong relationship between intervention and these variables.” “Results indicate that children who initially received CCPT demonstrated decreased levels of impairment, whereas children in the delayed-start control group had consistent or increased levels of impairment” Participants also demonstrated an increase in positive markers in relation to peer relationships and academic progress.

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
30.	Mohammad Esmailzade et al. (2013)	Auditory-Verbal Music Play Therapy: An Integrated Approach (AVMPT). Note: Auditory-Verbal Therapy (AVT); Music Therapy (MT); and Play Therapy (PT)	Position Paper Reviewed studies conducted in AVT, MT, and PT for efficacy with hearing-impaired children. Proposed a new integrated (AVMPT) approach	Hearing-impaired children	Combining AVT, MT and PT can enhance the support offered to deaf and hard of hearing children by integrating the “powers of visual and expressive therapies that do not rely on language-based communication.” “Through PT children can improve their behavior, increase their self-concepts as well as their self-esteem, understand how to cope with their feelings, and improve their difficulties in speech.” “AVT, MT, and PT have a significant role in creating a normal environment for hearing-impaired children by helping them to reduce the impact of their hearingimperfection and giving treatment for both children and their family.” “VT, MT, and PT enhance children’s communication and language skills from an early age. Eachmethod has a meaningful impact on hearing loss, so by integrating them we have a comprehensivemethod in order to facilitate communication and language learning.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
31.	Smith et al. (2004)	Filial Therapy with Teachers of Deaf and Hard of Hearing Preschool Children.	n =24 RCT 24 teachers (1 teacher paired to 1 focus child).Method - 10 week program, including 10 hours of training for all teachers and an additional 15 hours of Filial Therapy training for teachers in the experimental group and, 30-minute weekly play sessions for the experimental group. Pre and post intervention completion of the: Child Behavior Checklist/Caregiver-Teacher Report form (CBC/C-T), Meadow-Kendall Social-Emotional Assessment Inventory for Deaf and Hearing Impaired Students (SEAI)and the Measurement of Empathy inAdult-Child Interaction (MEACI)	Deaf and hard of hearing children (aged 2 - 6 years and 11 months; mean age of 48.7 months), 13 male and 11 female.	Children in the experimental group displayed “significantly fewer overall behavior problems, including withdrawn and internalizing behaviors.” “Preschool students of the teachers in the experimental group scored significantly lower than students in the non-treatment comparison group on the following measures: the CBC/C-T Total Behavior Problems subscale, $t(1,21) = 9.042, p = .007, r^2 = .601$; Internalizing Behavior subscale, $F(1,21) = 12.114, p = .002, r^2 = .167$; Withdrawn Behavior subscale: $F(1,21) = 14.884, p = .001, r^2 = .222$.” Filial trained teachers (experimental group) significantly improved their “ability to communicate acceptance and empathy, as well as develop non-directive involvement with their students.”

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
32.	Packman et al. (2003)	A School-Based Group Play/Activity Therapy Intervention with Learning Disabled Preadolescents Exhibiting Behavior Problems.	n = 30 (15 in experimental group and 15 in control group) RCT Pre-test and post-test control group design Experimental group "participated in 12 sessions of developmentally appropriate group therapy for 1 hour weekly." Parents completed pre and post intervention assessments: Behavior Assessment System for Children-Parent Report Form (BASC-PRF) Child Behavior Checklist-Parent Report Form (CBCL-PRF).	Special school attending pre-adolescents aged 10-12 (in 4th or 5th Grade) with learning and behavioural difficulties.	"overall effect size for this study was computed and determined to be large (d=.83). The effect size of this study is consistent with the body of play therapy outcome studies (d=.80) and better than the body of play therapy outcome studies where professionals were the therapeutic agents (d=.73)." "group play/activity therapy had a large treatment effect on the behaviors of the experimental group (d=.91). Table 2 shows that a large treatment effect was also found on the Total Scores on the CBCL-PRF (d=.82)." "preadolescents in the experimental group were less over active, more patient, and more socially courteous of others (waiting their turn, not interrupting). Additionally, a large (d=1.04) effect size on the Delinquent Behavior subscale of the CBCL indicated that students who participated in the play/activity groups were more aware and sensitive to the feelings of others, less likely to lie to get out of trouble, found appropriate ways to deal with dissatisfaction, and made better choices in friends while those in the control group demonstrated a gain in delinquent behavior as determined by parent ratings on the BASC and CBCL. A moderate to large effect size was also found on the Aggression subscale of the CBCL(d=.71) indicating a meaningful decrease in teasing, arguing, destroying property, fighting, and being mean in general for the students in the experimental group as compared to those in the control group."

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
33.	Demanchick et al. (2003)	Person-centered play therapy for adults with developmental disabilities.	n = 2 Two case studies demonstrating adapted Child-Centered Play Therapy (CCPT)/Person-Centred Play Therapy (PCPT) for adults with developmental disabilities. Three data sets collected: "qualities of client changes observed in session, quantified observations of client changes outside sessions, and qualities of change observed outside sessions."	One male, aged 24 years, and one female, aged 22 years. Intellectual Disability with limited receptive and expressive verbal capacity.	"These two adults with developmental disabilities flourished when given the opportunity to experience Person-Centered Play Therapy. [Participants] were able to experience greater autonomy, environmental and self-control, confidence and self-expression." Positive effects of PCPT demonstrated for both participants, showing greater autonomy, environmental and self-control, confidence, self-expression. Increased cooperation, self-direction and self-reliance post-treatment. Participants also demonstrated an increase in verbal communication, self-expression and help-seeking behaviours.

Appendix 2. Disability Play Therapy Evidence (Levels 2-5)

Play Therapy Level 2-5 Research from the last 25 years [1999-2024] (n=34)

Article number	Authors	Article Title	Study design / Sample size	Population	Key Findings / Outcomes
34	Fall et al. (2002)	Outcomes of a play intervention for children identified for special education services.	n = 66 (30 from one school and 36 from another school) Pre-test post-test control group experimental design Children from two special education services in elementary schools engaged in six CCPT sessions. Teacher completed pre and post assessments: Self-Efficacy Scale for Children (S-ES); Conners' Global Index, of the revised Conners' Teacher Rating Scale (CTRS-R-L)	Children aged between 6-10 years, with speech and language difficulties and behavioural difficulties. “Age categories included 6 years old (n=4), 7 years old (n=11), 8 years old(n=20), 9 years old (n=20), and 10 years old (n=11). Special education labels were as follows: speech and language (n=27), behaviorally impaired (n=7), autism (n=1), ADHD (n=3), multi handicapped (n=3),learning disabled (n=22), and other (n=3).”Children had been identified for special education services for a mean of 2.15 years and were placed in a regular classroom a mean of 82.6 % of the time.”	“Teacher-rating results showed decreased problematic behaviors and less social problems for the experimental group as compared with the control group.”

Appendix 3. AQF, TEQSA and ASQA

The Australian Qualifications Framework (AQF) is the national policy for regulated qualifications in education and training, “incorporating qualifications from each education and training sector into a single comprehensive national qualifications framework.” The Tertiary Education Quality Standards Agency (TEQSA) accredits and certifies AQF Bachelor or Post Graduate level courses and qualifications.

At a national level, TEQSA is responsible for:

- Registering higher education providers and universities
- Accrediting qualifications for non-self-accrediting providers
- Authorizing universities and other higher education providers to self- accredit qualifications

The Australian Skills Quality Authority (ASQA) accredits vocational education and training (VET) in alignment with national standards, such as the AQF. An AFQ Graduate Diploma is recognised in the Australian VET sector. ASQA states that ‘training providers need to apply the appropriate AQF volume of learning to programs they deliver and should develop and implement strategies for training and assessment consistent with the AQF.’ The volume of learning for a Graduate Diploma is set at 1-2 years/ 1200-1400 hours.

