

An Examination of Studies Focusing on Child-Centered Play Therapy by Document Analysis

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Abstract

Child-centered play therapy is the most frequently preferred therapeutic approach by therapists working with children. This frequently preferred approach has attracted the attention of researchers, so interest in studies demonstrating the effectiveness of child-centered play therapy is increasing daily. The aim of this study was to examine and review the distribution of studies focusing on child-centered play therapy published in Turkish and English, indexed in the Dergipark, YökTez, Eric, and ProQuest databases between 2001 and 2022, according to the research topic, year of publication, sample group and place of publication. This study used document analysis to provide an overview and enable cross-cultural comparison. As a result of the scans, a total of 76 studies were conducted. The studies included in the research were categorized according to the research topic, age group, and intervention method. In national and international publications, internalized and externalized behaviors are the most frequently focused research topics. Social-emotional development ranked second, other problem behaviors ranked third, and academic achievement ranked last. In addition, these studies often included interventions in sample groups of children aged 6--8 years, and individual interventions were preferred over group studies. This study revealed that after 2012, both in Turkey and in many countries around the world, the number of studies focusing on child-centered play therapy increased significantly. These findings were discussed in light of the literature, and various suggestions were made for practitioners and researchers.

Keywords: Child-centered play therapy, nondirective play therapy, document analysis

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Introduction

Play is a child's endeavor to explore, master, and develop meaning (Knell, 2021). It is believed that a child who does not play has difficulty coping with the challenges they encounter in life, which paves the way for the emergence of mental symptoms (Kaufman, 2011). This finding suggests that play has a healing function. Thus, play is started to be used in psychotherapy as an essential tool for children to express their feelings and thoughts (Cattanach, 2003; Cooper & Stagnitti, 2009; Geldard, Geldard, & Yin Foo, 2019; Landreth, 1982; Russ, 2004; Winnicott, 2013). Since children's vocabulary is not as developed as that of adults, they have not mastered self-expression, and feel happier, less anxious, and depressed while playing (Halmatov, 2018; Nash & Schaefer, 2013). Furthermore, by the age of six, a child spends more than 15.000 hours playing (Reddy, Files-Hall, & Schaefer, 2005), indicating that play is at the center of a child's life and indispensable (Halmatov, 2019). As plays are a way for children to express themselves (Axline, 2020; Russ, 2004), they occupy a significant place in children's lives (VanFleet, Sywulak, & Sniscak, 2018). Just as adults "talk" about their difficulties in a therapy session, children express their feelings and problems through "play" (Axline, 2020). Therefore, it is recommended that therapists working with children use play as a tool (VanFleet, Sywulak, & Sniscak, 2018).

Plays were first used to treat children by Hermeine Hug-Hellmuth, Anna Freud, and Melaine Klein in the 1930s (Schaefer, 2017); since then, they have been part of therapy with children (Russ, 2004). One of the approaches used today in psychotherapy with children is Play Therapy. Play Therapy is defined as an interpersonal process in which children's emotional, behavioral, and traumatic problems are solved and their coping skills are strengthened (Hall, Kaduson, & Scahefer, 2002) by creating an emotionally safe therapeutic environment that supports communication, expression, and problem solving (VanFleet, Sywulak, & Sniscak, 2018). According to the Play Therapy Association, trained play therapists systematically use a theoretical model (Association for Play Therapy) to create an interpersonal process utilizing the therapeutic power of play to help clients prevent or solve their psychosocial problems, achieving ideal growth and development. Although the goal of all Play Therapies is to increase the child's well-being, play therapies differ in terms of the methods, application styles (directive and non-directive) and techniques they use to this end (Schaefer, 2017).

Literature Review

Child-Centered Play Therapy (CPPT), is the most popular play therapy approach, is used with children who have emotional and behavioral problems (Ray, 2011; VanFleet, Sywulak, & Sniscak, 2018) and is a nondirective approach aiming to create empathy, sincerity, and unconditional acceptance, in which toys and expressive materials can be used to express emotions and reduce symptoms (Adler-Tapia, 2012). This approach was first developed as "nondirective play therapy" by Virginia Axline, who was the student and colleague of Carl Rogers, who developed the Client (Individual)-Centered Counseling Approach (Baggerly, Ray, & Bratton, 2010; West, 1996), and by Garry Landreth for child care and was then conceptualized by Garry Landreth as Child-Centered Play Therapy (Kottman, 2001; Landreth, 2011; Ray, 2020). In this type of therapy, the therapist focuses on the child's self rather than the current problem (Schaefer, 2017) and ultimately accepts the self without any judgement or pressure to change (Axline, 2020). The therapist's unconditional acceptance allows the child to connect with the tendency to self-performance (Ray, 2020).

According to individual-centered theory, all people have self-actualization instincts such as maturation, independence, and uniqueness (Wilson & Ryan, 2002). Furthermore, they claim that individuals can direct themselves and grow in a positive and healthy direction when given the right conditions (Rogers, 1951). On the basis of this view, the CCPT also suggests that children have an innate capacity for self-actualization to strive for growth and maturation. (Sweeney & Landreth, 2009). This approach, which targets the therapeutic relationship, assumes that children strive for self-actualization. In this approach, the therapist actively participates in the child's play while taking into account the child's direction in the child's behavior and selection of toys or materials.

CCPT is based on the belief that the relationship between the therapist and the child is the primary healing factor for children experiencing problems stemming from developmental and internal struggles (Cochran, Nordling, & Cochran, 2022). Therapy focuses on the child, not the child's problem (Landreth, 1993). The therapist's role is to support the child within this environment, help them remove the

obstacles in their inner world, and be ready for the change in this process. This creates an environment in which the obstacles to a child's development or growth are removed (Jayne & Ray, 2015; Townsend et al., 2021). According to the philosophy on which CCMT is based, it is assumed that the child's ability to exist lies in the motivation behind their internal dynamics (Schaefer, 2017). It is believed that children can change positively when provided with a sufficient and necessary environment. Child-centered play therapy helps children cope with their problems if they are provided a safe environment where they are not pressured to talk or share but can lead therapy sessions and explore their independence (Crenshaw & Stewart, 2019). The CCPT aims for the therapist to understand the child's perspective and accept the child without making any judgments or directives (Bratton, Purswell, & Jayne, 2015). While the term "purpose" carries an evaluative interpretation, the objective in this method is to create the essential circumstances for the child to engage in growth and integration, and to direct the child towards the intended path for improved functioning (Crenshaw & Stewart, 2019).

CCPT is a developmentally appropriate therapeutic intervention that achieves effective results in childhood mental health problems (Bratton et al., 2005; Lin & Bratton, 2015; Ray et al., 2015). CCPT is effective in the treatment of Attention Deficit and Hyperactivity Disorder (Robinson, 2015; Schottelkorb, 2007; Zorlu, 2016), social skills problems (Kascak, 2012; McGuire, 2000), anxiety (Hough, 2019; Stulmaker, 2014), behavior problems (Hull, 2008; Ray, 2008), language/speech skills (Danger & Landreth, 2005; Moulin, 1970), academic achievement (Blanco, 2009; Quayle, 1991; Tucker, 2020), autism (Hillman, 2018; Josefi & Ryan, 2004), aggressive behaviors (Brittany, 2016; Stewart, 2019), trauma (Gargano, 2013; Perez, 1987), and self-concept (Gould, 1980; Post, 1999). In addition, research supporting the use of CCPT as an effective intervention for the mental health of young children with a variety of problems is well documented in systematic literature reviews and meta-analyses (Aja, 2018; Bratton vd., 2005; Drisko et al., 2020; Gibbons, 2020; Hillman, 2018; Humble et al., 2019; Lin & Bratton, 2015; Nursanaa & Ady, 2020; Parker et al., 2020; Parker et al. 2021; Ray et al., 2015; Vazifehelichi, 2023).

In meta-analysis, Bratton et al. (2005) reported the effectiveness of child-centered play therapy for children with various emotional and behavioral problems, with a standard deviation of 0.80. In the study by Lin and Bratton (2015), the authors showed a statistically significant moderate treatment effect size (.47) for CCPT through a meta-analytic review of 52 controlled outcome studies. In the study by Parker et al. (2021), 23 studies were examined and revealed medium Hedges *g* effect sizes for externalising and general problem behaviors and trim Hedges *g* effect sizes for aggressive behaviors compared with alternative treatment and waiting-list controls. Aja (2018) showed that CCPT was influential in treating anxiety, with a total effect size of Cohen's *d* = 1.026 from the five articles he reviewed. Ray et al. (2015) reported 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), academics (*d* = 0.36), and other behaviors (*d* = 0.38), for CCPT studies conducted in primary schools.

In systematic literature review studies, Nursanaa and Ady (2020) examined 15 international journals and reported that it reduced anxiety in children of vulnerable ages. Drisko et al. (2020) included 17 studies and reported that it caused positive and significant changes in aggression, attention problems or ADHD symptoms, anxiety and externalizing problems and was an effective treatment method. Parker et al. (2020) included 32 studies and reported that it reduced behavioral symptoms resulting from trauma and was often confused with ADHD in children experiencing childhood poverty, systemic discrimination, and attachment difficulties. Gibbons (2020) reviewed seven articles and concluded that the CCPT was effective for young people who had experienced traumatic events. In addition, although Hillman's (2018) study revealed that child-centered play therapy is promising for increasing the social and emotional behaviors of children with ASD, more research is needed to determine whether child-centered play therapy is an effective intervention in children with autism spectrum disorders. In addition, Vazifekowski's (2023) study revealed that the CCPT was effective in reducing externalizing problems in children, but its effect on increasing socioemotional competence was not found.

As CCPT therapy is the most preferred approach among play therapies around the world (Ray, 2020), it is seen that more and more studies are being conducted on the effectiveness of Child-Centered Play Therapy. In general terms, few studies have examined the effectiveness of child-centered play therapy before the 2000s (Frey, 1994; Newcomer & Morrison, 1974; Perez, 1987; Waterland, 1970), and it began

to increase after the 2000s (Baggerly & Jenkins, 2009; Deniz, 2019; Dougherty, 2006; Kram, 2019; Massengale, 2020; Yanıt, 2020). However, notably, studies conducted in Turkey (Aydın Yeşilyurt, 2019; Buharalı, 2019; Candan, 2017; Çiftçi, 2019; Saltık, 2018; Temizel, 2019; Yanıt, 2019; Zorlu, 2016) are still limited and published recently. Furthermore, the inception of the Play Therapies Association in Turkey in 2012 and the first hosting of the Game and Toy Congresses in 2014 and 2015 (Teber, 2015) indicate that the field of play therapy in Turkey is still early in its development. There is a prevailing belief that there is a necessity to enhance research efforts on this topic in order to ensure that child-centered play therapy receives the respect that it merits in Turkey. Knowing which problems and effects of child-centered play therapy are studied, which age groups it is used with, and which interventions (individuals/groups) are preferred will serve as a guide for researchers and therapists. In addition, to increase the number of studies examining the effect of CCPT in Turkey, there is a need to compare national and international studies published after the 2000s. Because revealing which age groups of children and research topics of child-centered play therapy are published in Turkey and abroad focuses on, the differences and similarities in the interventions applied will enable us to see the whole picture. Since analysing documents is one of the most appropriate ways to monitor change and development in a subject and compare the data obtained (Bowen, 2009), it seems to be the most suitable way to access documents containing CCPT practices. It is thought that analysing documents containing CCPT practices will contribute to filling the gap in the literature. It is also believed that it will help increase the awareness of researchers and therapists working on this subject.

Purpose of the Study

This study aimed to compare research studies written in the Turkish and English languages in the last two decades and to examine which research topics, age groups, and interventions the studies focusing on Child-Centered Play Therapy focus on, and how they were distributed quantitatively (in terms of numbers). As part of the objectives of this study, answers were sought to the following questions:

- 1) Which research topics were focused on in studies that applied child-centered play therapy?
- 2) Which interventions (individual/group) were used in studies where child-centered play therapy was applied?

Method

Research Design

The present study, which aimed to examine the articles and theses examining CCPT written in Turkish and English, is descriptive. Documents are used as data collection tools in qualitative studies (Merriam, 2013). An essential advantage of this method is that the data obtained from books or journal articles are independent of the researcher conducting the document analysis. In document analysis, the people from whom the data are received are not affected by the researchers. Although document analysis does not replace field research, another advantage is that it allows comparisons between different cultures (Morgan, 2022). In this study, the document analysis technique, which Bowen (2009) defined as a systematic method for examining or evaluating printed and electronic materials, was employed as the data collection tool. Document analysis can generally be used with other study methods or independently (Kıral, 2020).

Identification of sources

The study sample consisted of articles that focused on child-centered/nondirective play therapy, were published between 2001 and 2022, and were searched by researchers in the Dergipark, Yök Tez, ERIC, and ProQuest databases. In this context, 76 experimental studies were included in the sample. Experimental studies were considered because they reveal cause-and-effect connections (Field & Hole, 2019).

Data collection

Owing to the scope and method of the study, ethics committee permission was not needed. The first step of the document analysis technique is finding suitable documents. Researchers must ensure that the documents are necessary and valuable when deciding on them (Merriam, 2013). In this study, the keywords “Child-Centered Play Therapy” and “Nondirective Play Therapy” were chosen for the search engines since the purpose was to reach experimental studies on CCPT written in Turkish and English

between 2001 and 2022. In this respect, the theses and articles written between 2001 and 2022, which included experimental studies, were examined. The Thesis Search Center (tez.yok.gov.tr) and Dergipark (dergipark.org.tr) databases were used to search for publications and theses in Turkey. ERIC (eric.ed.gov) was used to examine articles published in international journals, and ProQuest (proquest.com), which provides a comprehensive infrastructure to achieve these aims, was also used in this respect. The distribution of the studies included in the study according to the databases is given in Figure 1.

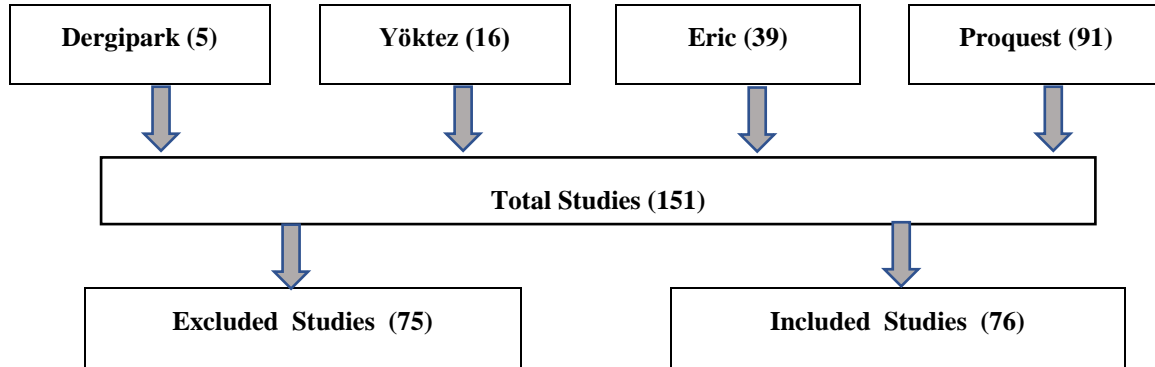


Figure 1. Research Process Chart

In the Dergipark search index, five articles were indexed when the keywords “Child-Centered Play Therapy” and “Nondirective Play Therapy” were used, covering the years 2001--2022. Since only 2 were experimental studies, they were included in the present study. Other articles were excluded from the scope of this study because they were literature reviews. A total of 16 theses were indexed in the search for all thesis titles with the exact keywords in the Yök Thesis Center. All of these studies were included in the scope of the present study, as they were experimental studies conducted after 2012.

A total of 39 articles were indexed in the ERIC database after the keywords “Child-Centered Play Therapy” and “Nondirective Play Therapy” were used, covering the years 2001--2022. Nine of these scanned articles were excluded from the scope of this study because they were psychoeducation studies, which included vocational training for play therapists, and ten were also excluded because they were literature reviews. The remaining 20 articles were included in the scope of this study, as they included experimental studies that focused on CCPT. When the theses that covered the same years and with the exact keywords were searched in the ProQuest database, 91 theses were found to be indexed. However, 22 of these theses were studies examining a different play approach (Filial Therapy, Child-Parent Relation Therapy, Cognitive Behavioral Play Therapy); 14 of these were psychoeducational studies, which included vocational training for play therapists; 11 were literature reviews; and six book chapters were excluded from the scope of this study. The remaining 38 theses were included in the scope of this study, as they were experimental studies.

Analysis of Data

As a qualitative research method, document analysis includes three stages: superficial review, comprehensive review, and interpretation. These three stages include elements of content analysis and thematic analysis. If data from previous studies are to be used as a source, it is necessary to look at more than just the findings in document analysis (Bowen, 2009). The content analysis technique is used in quantitative studies when examining documents, as it is based on the coding of the information collected within the scope of the study. Coding is a way to initiate the creation of categories (Merriam, 2013). The content analysis technique was used in this study; the information obtained from the documents was coded according to the study questions and separated into categories. The Triangulation Technique, often used to ensure internal validity in qualitative studies (Merriam, 2013), was employed here via the Analyst Triangulation method. The researchers collectively analysed the data, finalizing the code and categories.

The data obtained from the studies included in the current study were collected in five categories: author, year, study group, research topic, and place of publication. The research topic was coded as internalized (e.g., anxiety, depression, somatic complaints, obsessive-compulsive problems, etc.), externalized (e.g.,

ADHD, anger management problems, defiance, aggression, antisocial behaviors, etc.) behavior (Coleman, 1992), other behavioral issues (e.g., speech disorders, autism, selective mutism, etc.), social-emotional skill development (e.g., emotion regulation, stress management, and communication, etc.) and academic achievement. Interventions were coded in two ways: individual and group.

Findings

The findings of the content analysis conducted to determine the age groups and research topics on which child-centered play therapy is applied are summarized in Tables 1, 2, and 3. In addition, information about the date, author, and place of publication of national and international studies is included. Table 1 presents information on the articles and theses published in Turkey in which Child-Centered Play Therapy was examined.

Table 1.

Distribution of the National Studies that Focus on Child-Centered Play Therapy

The Author	Year	Sample Group (Age)	Research Topic	Place of Publication
Teber, M.	2015	6-9 years old (M=7.4)	Externalizing & Internalizing behavior	Hasan Kalyoncu University
Candan, S.	2017	3-10 years old	Externalizing & Internalizing behavior	Ataturk University
Saltık, N.	2018	3-6 years old	Social-emotional skill development, Externalizing & Internalizing behavior	Yildirim Beyazit University
Ahbab, A.	2019	5-12 years old (M=8.3)	Externalizing behaviors	
Temizel, B.	2019	4-8 years old (M=6.4)	Internalizing behavior	Uskudar University
Çiftci, E. B.	2019	5-10 years old (M=7.2)	Internalizing Behavior	
Aydın Yeşilyurt, G.	2019	7-12 years old	Internalizing Behavior, Academic achievement	Maltepe University
Buharalı, S.	2019	3-6 years old	Social-emotional skill development	Arel University
Deniz, E. A.	2019	7-12 years old (M=9.2)	Social-emotional skill development	Necmettin Erbakan University
Demirer, E.	2021	4-7 years old (M=5.8)	Internalizing behavior	İstanbul Ticaret University
Özdemir Göker, G.	2021	5-6 years old (M=5.6)	Externalizing & Internalizing behavior	İstanbul University
Zorlu, A.	2016	6-8 years old	Externalizing behaviors	
Irmak, B.	2022	6-7 years old	Externalizing & Internalizing behavior	Trabzon University
Orhan, E.	2022	6-11 years old (M= 8)	Externalizing behaviors	
Köprü, M.	2022	6-8 years old	Externalizing & Internalizing behavior	
Semerci, D.	2022	4-5 years old (M=4.6)	Social-emotional skill development, Externalizing behaviors	Marmara University
Yanıt, E.	2019	4,5 years old	Other behavior problems (Selective mutism)	Türkiye Bütüncül Psikoterapi Dergisi
Yanıt, E.	2020	5,5 years old	Externalizing behaviors	

As shown in Table 1, when the national thesis and article studies in which Child-Centered Play Therapy was applied are examined, internalized and externalized behaviors (at almost equal levels separately) are the first among the research topics focused on, social skills development ranks second, and other behavioral problems and academic achievements last. Most studies on this subject were published

between 2019 and 2022. In addition, no thesis studies were found before 2015. Table 2 summarizes the international information examining Child-Centered Play Therapy.

Table 2.

Distribution of International Studies (Thesis) that Focus on Child-Centered Play Therapy

The Author	Year	Sample Group (Age)	Research Topic	Place of Publication
Danger, S. E.	2003	4-6 years old	Other behavior problems (Speech difficulties)	
Schumann, B. R.	2004	5-9 years old (M= 6.9)	Externalizing behaviors	
Ogawa, Y.	2006	4-9 years old (M=6.7)	Social-emotional skill development	
Dougherty, J. L.	2006	3-6 years old (M= 4.3)	Externalizing & Internalizing behavior	
Schottelkorb, A. A.	2007	5-10 years old (M= 7)	Externalizing behaviors	
Holliman, R. P.	2010	3-10 years old	Externalizing behaviors	
Swan, K. L.	2011	5-9 years old	Other behavior problems (Intellectual disabilities)	North Texas University
Ware, J. N.	2014	6-8 years old	Other behavior problems (autism)	
Ritzi, R. M.	2015	6-9 years old (M= 7)	Externalizing behaviors	
Taylor, L.	2016	5-10 years old (M= 6.6)	Social-emotional skill development	
Kram, K.	2019	5-8 years old (M= 6.1)	Externalizing behaviors	
Burgin, E.	2020	5-9 years old (M= 6.2)	Internalizing behavior	
Tucker, S. K.	2020	4-7 years old (M= 5.1)	Academic achievement	
Robinson, H.	2021	3-5 years old (M= 3.7)	Social-emotional skill development	
Walker, K. L. A.	2021	5-10 years old (M= 8)	Social-emotional skill development	
Garza, Y.	2004	5-11 years old (M=6.5)	Externalizing & Internalizing behavior	
Garafano-Brown, A.	2007	3-5 years old	Social-emotional skill development	
Kascsak, T. M.	2012	6-8 years old	Social-emotional skill development	
Hall, J. G.	2015	8-9 years old (M= 8.3)	Social-emotional skill development Academic achievement, Internalizing behavior	North Carolina University
Phipps, C. B.	2017	3-4 years old (M= 3.4)	Externalizing behaviors	
Hull, S. D.	2008	6-8 years old	Internalizing behavior	
Swanson, R. C.	2008	7-8 years old (M= 7.5)	Academic achievement	
Filaccio, M. D.	2008	4-9 years old (M= 6.1)	Social-emotional skill development	Colorado University
Carrizales, K. E.	2015	6-7 years old	Other behavior problems (autism)	
Schoonover, T. J.	2021	6-9 years old (M= 5)	Externalizing behaviors	
McGee, L. V.	2010	4-8 years old	Other behavior problems (Speech difficulties)	Texas A&M University

Table 2. Contiuning

McGee, L. V.	2010	4-8 years old	Other behavior problems (Speech difficulties)	
Montemayor, L.	2014	3-6 years old (M=4.1)	Externalizing & Internalizing behavior	
Robinson, A. M.	2015	6 years old	Externalizing behaviors	
Hough, P.D.	2019	6-8 years old	Internalizing behavior	Texas A&M University
Chuyou-Campbell, C.	2019	4-8 years old	Internalizing behavior	
Stewart, K. E.	2019	7 years old	Externalizing behaviors	
Lerwick, J. L.	2012	4-12 years old (M=7.7)	Internalizing Behavior	Oregon State University
Fry, M. L.	2013	6-8 years old	Externalizing behaviors	Regent University
Gargano, J.	2013	5 years old	Internalizing behavior	Southern Connecticut University
Morgenthal, A. H.	2015	6 years old	Other behavior problems (autism)	Antioch University
Arreola, D.	2019	4 years old	Internalizing behavior	California University
Massengale, B. D.	2020	7-8 years old	Academic Achievement	Arkansas University
Schoonover, T. J.	2021	6-9 years old (M= 5)	Externalizing behaviors	

As shown in Table 2, when the international theses in which Child-Centered Play Therapy is applied are examined, internalized and externalized behaviors first occur, social-emotional skill development ranks second, other behavioral problems rank third, and academic achievement ranks fourth. An analysis of the years of publication revealed that there has been an increase in recent years, and international theses have been published since 2003. However, international theses rank first among the studies in which child-centered play therapy is applied, followed by international articles. In addition, information on international articles in which Child-Centered Play Therapy was applied is summarized in Table 3.

Table 3.

Distribution of International Studies (Articles) that Focus on Child-Centered Play Therapy

The Author	Year	Sample Group (Age)	Research Topic	Place of Publication
Shen, Y.	2002	8-12 years old (M=8.2)	Internalizing behavior	
Baggerly, J.	2004	5-11 years old (M= 8)	Social-emotional skill development, Internalizing behavior	
Danger, S. E. & Landreth, G.	2005	4-6 years old	Other behavior problems (Speech difficulties)	International Journal of Play Therapy
Muro, J., et al.,	2006	4-11 years old (M=7.5)	Social-emotional skill development	
Blanco, P. J., et al.,	2009	4-11 years old (M=7.3)	Externalizing behaviors	
Baggerly, J. & Jenkins, W. W.	2009	5-12 years old (M=8.2)	Internalizing behavior	

Table 3. Contiuning

Blanco, P. J., et al.,	2012	5-8 years old (M= 6)	Academic cchievement	
Bratton, S. C., et al.,	2013	3-4 years old	Externalizing behaviors	International Journal of Play Therapy
Josefi, O. & Ryan, V.	2004	6 years old	Other behavior problems (autism)	Clinical Child Psychology and Psychiatry
Baggerly, J. & Parker, M.	2005	5-10 years old	Academic achievement	Journal of Counselling & Development
Blanco, P. & Ray, D. C.	2011	6-7 years old	Academic achievement	
Dutta, R. & Mehta, M.	2006	5-11 years old	Internalizing behavior	Journal of Indian Association for Child and Adolescent Mental Health
Schottelkorb, A. A. & Ray, D. C.	2009	6-8 years old	Externalizing behaviors	Professional School Counselling
Cochran, J. L. et al.,	2010	7 years old	Externalizing behaviors	The Journal of Humanist Counselling, Education and Development
Vavreck, S. & Esposito, J.	2012	5-8 years old	Other behavior problems (Speech difficulties)	Journal of School Counselling
Stulmaker, H .L. & Ray, D.C.	2015	6-8 years old (M= 6.3)	Internalizing behavior	Children and Youth Service Review
Wilson, B.	2016	13-14 years old	Social-emotional skill development	Emotional and Behavioral Difficulties
Cheng, Y. J. & Ray, D. C.	2016	3-5 years old	Social-emotional skill development	
Swank, J. M. et al.,	2018	5-7 years old (M= 6)	Social-emotional skill development	The Journal for Specialists in Group Work
Swan, K. L. et al.,	2019	3-5 years old (M= 4.2)	Internalizing behavior	

As shown in Table 3, when the research topics of the international articles in which Child-Centered Play Therapy is applied are examined, internalized and externalized behaviors are first, social-emotional skill development is second, academic achievement is third, and other behavioral problems are fourth. In addition, international articles have been published since 2002; when analysed in terms of the years of publication, an equal number of articles have been published each year. Figures 2 and 3 compare the age and type of intervention in all national and international studies published after 2000 in which Child-Centered Play Therapy was applied.

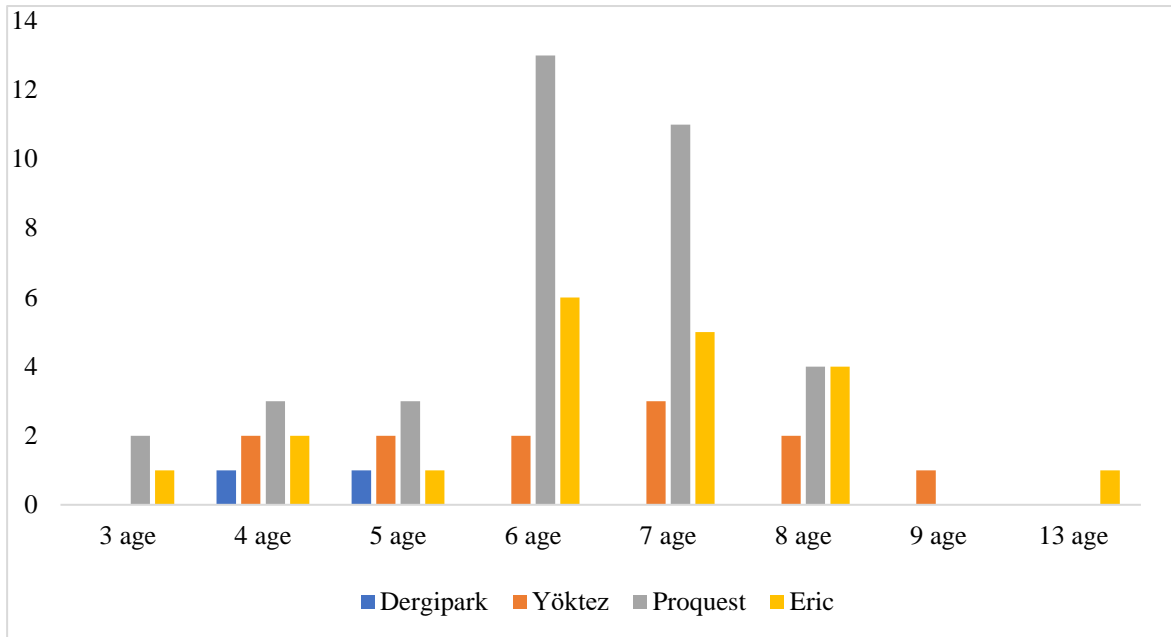


Figure 2. Distribution of National and International Studies that Focus on Child-Centred Play Therapy According to Sampling (Mean Age)

As shown in Figure 2, studies focusing on Child-Centered Play Therapy were conducted with sampling groups aged 3--13 years. Most miniature studies have been conducted with children aged 9--13 years, and most studies have been conducted with children aged 6--8 years.

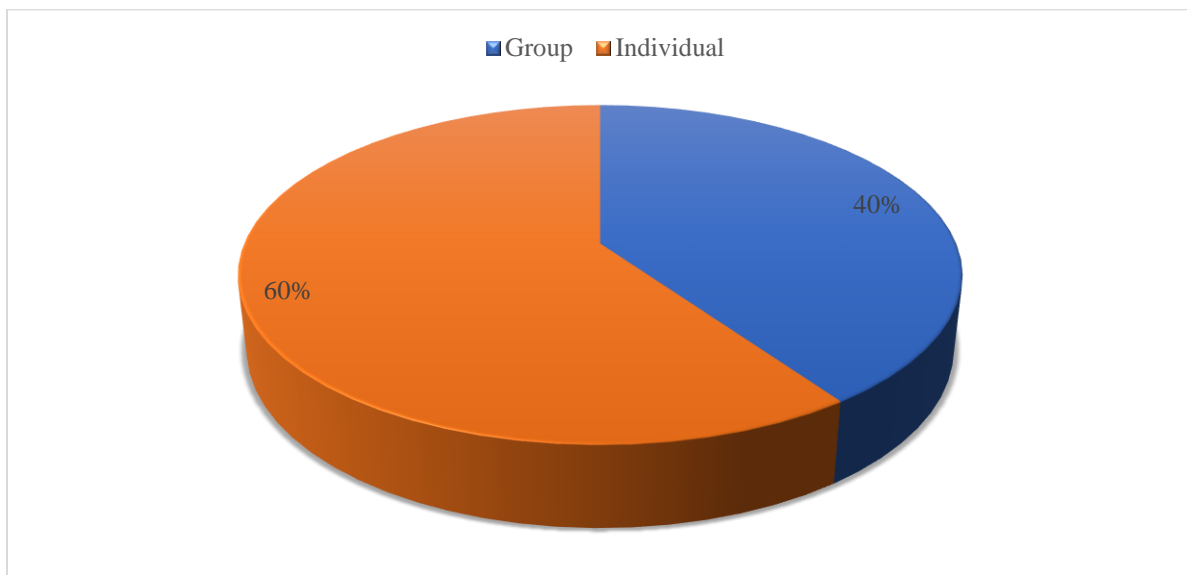


Figure 3. Distribution of National and International Studies that Focus on Child-Centered Play Therapy According to Intervention Type

As shown in Figure 3, studies focusing on Child-Centered Play Therapy were separated into two categories in terms of intervention types: individual and group interventions. The most preferred type of intervention was the individual type.

Discussion, Conclusion, and Suggestions

In the present study, the distribution of the articles and dissertations written in Turkish and English between 2001 and 2022 were indexed in four different databases on Child-Centered Play Therapy according to the research topic, years, sample groups, intervention types, and place of publication. A total of 76 publications were obtained as a part of this study. The examination of both national and

international studies showed that the most important research topic in studies using Child Centered Play Therapy, was internalised and externalised behaviours. Social-emotional skill development ranked second. In addition, other behavioral problems (such as speech disorders, intellectual deficits, and autism) and academic achievement were also among the research topics examined nationally and internationally.

In the current study, the use of child-centered play therapy to reduce internalized and externalized behaviors is related to the fact that children are often referred to treatment for problematic behaviors. Due to their developmental characteristics, the most common problems in children aged 3--14 years include internalized behaviors such as anxiety and depression and externalized behaviors such as ADHD and aggression (Gilliom & Shaw, 2004). These behaviors can sometimes be developmental and sometimes problematic behaviors that deviate from normal (Woolfolk & Allen, 2010). Early intervention and resolution of these problems are essential for children's mental health. If there is no solution to the problems experienced in childhood, behavioral disorders may occur in adulthood (Fox et al., 2002; Matson, Dempsey, & Rivet, 2009; Sucuođlu & Kargın, 2006). In addition, in the present study, child-centered play therapy was used to reduce internalized and externalized behaviors and is one of the most effective play therapy methods for dealing with problems in children (Ray, 2020; Wall, 2017).

In the current study, social-emotional skill development ranked second among the research topics in national and international studies, which is consistent with the individual-centered philosophy of child-centered play therapy. In child-centered play therapy, every child tends to improve their environment and establish healthy relationships with others (Ray, 2020). Children with developed social-emotional skills adapt to society more easily (Kabakçı & Owen, 2010). Children need to build social-emotional skills to communicate and relate with others around them, protect their boundaries, empathize, experience awareness, and manage their emotions well. The development of social-emotional skills also requires early or preventive intervention (January et al., 2011). Early intervention means preventing possible risk factors before they emerge (Karairmak, 2006). Emphasizing the importance of early interventions before the emergence of psychopathology (Holliman, 2010; Robinson, 2021), in the current study, child-centered play therapy also serves a preventive function by supporting social-emotional development.

In the current study, other behavioral problems (speech disorders and autism) ranked third among the research topics examined. This result is consistent with the prevalence rates of autism and speech disorders. For example, while autism is seen in one in a hundred children (Zeidan et al., 2022), the prevalence of anxiety disorders can be as high as 22% (Muris et al., 2000). Problems with speech disorders in early childhood affect a child's self-confidence (Khalida & Natalia, 2020). Since children with speech disorders have difficulty maintaining healthy relationships with their environment, families are more willing to seek help from a specialist (Çelebi, 2005). The situation is similar with autism. As families have more information about the importance of early intervention, they are more willing to seek help of a specialist (Akkuş et al., 2021). The increase in the number of children with autism spectrum disorder in recent years (Blumberg et al., 2013; Centers for Disease Control and Prevention, 2012) may have led experts to use therapy as an intervention.

Although CCPT is a therapy model for mental health, it is known to have a meaningful effect on increasing academic achievement, which requires progress at the cognitive level (Blanco et al., 2012; Tucker et al., 2020). Psychological counselors working in schools may play a role in focusing on academic achievement in child-centered play therapy. Play therapies can be applied by psychological counselors working in schools (Pereira, 2011). In general, it is frequently stated that play therapies can be used in school settings (Schumann, 2004). Therefore, although the current research is a less focused topic, it is clear that child-centered play therapy is used to increase academic achievement.

The distribution of the studies that focused on Child-Centered Play Therapy according to year was examined in this study. In contrast, studies published nationally were found only in 2015, and studies published internationally every year from 2002--2022 were observed. In general, there was a significant increase in the number of studies in which Child-Centered play therapy intervention was applied. The fact that mental health professionals have more knowledge and experience in Child-Centered Play Therapy in recent years has increased interest and need in this field. In addition, the fact that child-

centered play therapy can be applied in clinics and schools (Todd, 2022) may lead both therapists and school counselors to benefit from child-centered play therapy. The fact that the applications of child-centered play therapy in schools (Gould, 1980; Irmak, 2022; Özdemir Göker, 2021; Semerci, 2022; Watson, 2007) have started to be included in both the national and international literature confirms this idea. In addition, there has been a considerable increase in training courses and books on child-centered play therapy in recent years. For example, the first play therapy book in Turkish was published in 1988. There are currently 16 source books available in Turkish or in Turkish translation. Although there was no training in play therapy in Turkey before the 2000s, the first training in this field was held in 2005 and the second was organized in 2007 (Teber, 2015). In recent years, the number of training courses has increased significantly. The fact that the evidence showing that Child-Centered Play Therapy is effective for many problems (Clatworthy, 1981; Post, 1999; Quayle, 1991; Saucier, 1986) tended to increase before the 2000s may have played a role in the increasing interest of researchers in Child-Centered Play Therapy in recent years.

In the present study, the studies that focused on Child-Centered Play Therapy were conducted with age groups between the ages of 3-13, the smallest number of studies were conducted with children aged 9--13 years, and the greatest number of studies were conducted with children aged 6--8. In their meta-analysis study, Reese et al. (2010) reported that mental health interventions for primary school students are the highest compared with other school-age categories. This group needs more help in the process of adapting to school since the starting age for compulsory education is between the ages of 6 and 8, both national and international (European Commission Eurydice and Eurostat, 2012; MoNE, 2014; Moss, 2008). For this reason, it might be anticipated that child-centered play therapy will focus more on children in the 6–8 years age group. Additionally, the presence of Child-Centered Play Therapy applications by psychologists or psychological counselors who work at schools (Hull, 2008; Robinson, 2015; Schottelkorb, 2007) suggests that school-aged children in the 6–8 years age group can be easily sampled. The finding in this study that the least investigated sampling group was children between the ages of 10 and 13 can be explained by the adolescence period. Adolescence is a period in which peers are more important than adults are, and support and help are sought from peers (Geldard & Geldard, 2017; Steinberg, 2007). For this reason, children in the 10–13 years age group, which overlaps with adolescence, may have preferred to apply play therapy less frequently. They may also be more willing to participate in verbal psychotherapy interventions instead of play therapy, as they are better at expressing themselves than younger age groups are.

In the present study, when the distribution of the studies that focused on child-centered play therapy according to the intervention type was examined, it was observed that individual interventions were preferred over group interventions in most of the studies. This finding does not coincide with the results showing that group intervention is more effective than individual intervention in terms of the effectiveness of child-centered play therapy (Ray, Armstrong, Balkin & Jayne, 2015). At this point, since group interventions necessitate more attention and time than individual interventions with only one child does, it may be more challenging to continue a game with children in the 3rd–13th age group, as group interventions may be less preferred by therapists because the therapist has multiple responsibilities, such as following more than one member, managing the group, and intervening in group therapies (Corey, Corey, & Corey, 2016; Yalom & Leszcz, 2018).

When considered in general terms, in this study, the studies focusing on Child-Centered Play Therapy outnumbered the articles both nationally and internationally. The long time spent applying Child-Centered Play Therapy and the ease of receiving supervision support played roles in this. Additionally, compared with national publications, publications in international journals were more dominant. The principles of Carl Rogers were adapted to play therapy by Virginia Axline (1947) in the late 1940s and were based on Nondirective Play Therapy (Landreth, 2011; VanFleet et al., 2018). After approximately 70 years, i.e., after the 2010s, Child-Centered Play Therapy started to be implemented in the country (Teber, 2015). For this reason, when it is considered that the initiation of Child-Centered Play Therapy practices occurred later, it can be argued that the number of studies conducted in Turkey is significant.

Although meta-analyses (Lin & Bratton, 2015; Pester et al., 2019; Ray et al., 2015) and reviews (Parker, Hergenrath, Smelser & Kelly, 2020) have been conducted on Child-Centered Play Therapy, it can be argued that this study is the first to compare experimental studies published in the last two decades that

focus on Child-Centered Play Therapy and compared the publications written in Turkish and English. For this reason, this study contributes to filling a gap in the literature.

However, the results of the present study need to answer the question of which factors are determinants in the choice of research topic, sampling groups, and place of publication, which Child-Centered Play Therapists focus on in their practices. Since it is a limitation of the document analysis technique (Bowen, 2009) in that it is insufficient to answer a study question in all details, it is recommended that future researchers conduct qualitative studies with Child-Centered Play Therapists in which they may collect detailed data. Additionally, the fact that only child-centered play therapy practices written in Turkish and English were evaluated in this study was a limitation. Although Child-Centered Play Therapy is a critical approach to enable children to express themselves more easily and discover their behaviors (O'Connor & Braverman, 2009; Ray, 2020), planning future studies to examine other play therapy approaches with the document analysis method is recommended.

Since this study was limited to experimental studies that included Child-Centered Play Therapy practices published between 2001 and 2022 and indexed on the four databases mentioned above, it is recommended that researchers conduct studies in which experimental studies published before 2001 are examined with the document analysis technique in the future. It is also recommended that mental health professionals transform their practices in child-centered play therapy into scientific studies since there are insufficient experimental studies on child-centered play therapy nationwide. Additionally, it can be argued that there is a need for future studies in which the effect values are calculated with meta-analyses of the experimental studies conducted on Child-Centered Play Therapy in the country. In addition, it is recommended that future researchers include filial therapy interventions, which provide for families with child-centered play therapy interventions.

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