

PLAY THERAPY: AN EVIDENCE-BASED PRACTICE

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We have much to celebrate in the world of play therapy these days. Perhaps, one of the greatest accomplishments is the progress we have enjoyed recently regarding the acknowledgement of play therapy approaches by the federal government. Specifically, the National Registry of Evidence-based Programs and Practices (NREPP), an initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA), has recently applied new and rigorous standards to its review process and released endorsement of several play therapy approaches. The purpose of NREPP is to provide the public with credible information on mental health interventions that have met minimal requirements for review. Through an assessment process conducted by certified reviewers, each intervention is rated for effectiveness.

Prior to the new standard review process, NREPP included programs such as Families & Schools Together (FAST) and Parent-Child Interaction Therapy (PCIT) that include a play therapy component. These programs are still listed as legacy programs by NREPP but are currently under review using the new more rigorous standards. Under the new standards, Child Centered Play Therapy (CCPT), Child Parent Relationship Therapy (CPRT), Filial Family Therapy (FFT), Adlerian Play Therapy (AdPT), and Theraplay® are now listed as evidence-based mental health interventions using play therapy as their primary intervention.

NREPP categorizes evidence-based interventions in two categories: Effective and Promising. Interventions listed in the Effective category have strong methodological rigor with short-term favorable effects and

substantial effect sizes. Promising interventions have sufficient methodological rigor with likely short-term favorable effects and substantial effect sizes.

Interventions rated in the Effective and Promising categories for various mental health outcomes indicate the credibility of the intervention.

Based on a review of six studies, **CCPT** was rated promising for **general functioning**

and well-being of children, **anxiety disorders and symptoms**, and **disruptive disorders and behaviors**.

Although CCPT is supported by a long history of research, NREPP limited its review to the most recent randomized controlled trials (2007-2015) that used comparisons of CCPT and non-treatment control groups, thereby limiting the scope of outcomes. Based on a review of four studies, **CPRT** was rated effective for **family cohesion** and **disruptive disorders and behaviors**, as well as promising for **internalizing problems**. Again, even though CPRT has multiple supporting studies, the review was limited to four recent randomized controlled trials (2010-2014) comparing CPRT to a control-group-only condition. **FFT** was rated after review of seven studies conducted between 1999 and 2008; interestingly, six of the seven studies reviewed for FFT used the CPRT model of filial. **FFT** was rated effective for **family-child relationship** and promising for **personal resilience/self-concept, parenting behaviors, social functioning/competence, and unspecified mental health disorders and symptoms**. Based on one randomized controlled trial with positive outcomes, **AdPT** was rated in the effective category for **disruptive disorders and behaviors**; and in the promising category for **self-concept**. Following review of two randomized controlled trials, NREPP rated **Theraplay®** in the effective category for **internalizing problems**, and the promising category for **autism spectrum disorder and symptoms**.

To summarize, the NREPP lists play therapy mental health interventions as credible evidence-based programs for children regarding general functioning, anxiety, disruptive behaviors, internalizing problems, self-concept, social functioning, family cohesion, parenting behaviors, and autism spectrum disorders. Although there are multiple interventions within the NREPP that may use play as one component of treatment, the five cited treatments clearly identify as play therapy interventions and have been noted under the new standards as supported by rigorous methodology.

Let us remember that this accomplishment is a result of years of hard work by play therapist researchers and the Association for Play Therapy who responded to the need for shaping research to meet the standards of the evidence-based movement in mental health. Please thank them when you get the opportunity. And fortunately, it will be children across the country who will benefit from receiving developmentally appropriate and effective play therapy.

For more information, go to <http://nrepp.samhsa.gov/landing.aspx>

