



Effectiveness of Child-Centered Play Intervention in Promoting Social Skills and Self-Control in Autistic Children

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ABSTRACT

Objective: The present study was undertaken with the objective of assessing the efficacy of child-centered play therapy in enhancing the social skills and self-regulation of children diagnosed with autism.

Methods: The methodology employed in this investigation was quasi-experimental in nature, utilizing a pre-test-post-test design that included a control group. The statistical population for this research comprised all boys and girls aged between 6 to 9 years who have been diagnosed with autism spectrum disorder (ASD), and who possess medical records for the academic year 2023 at the Aftab Children's Autism Center of Quds city. This sample was randomly assigned into two groups: a control group consisting of 12 participants and an experimental group also comprising 12 participants. The instruments utilized for data collection included The Brief Self-Control Scale (BSCS), developed by Tangney et al. (2004) and Social Skills Rating Form (Stone et al., 2010). For the purpose of data analysis, a multivariate covariance analysis test was employed, with a significance level set at 0.01.

Results: The findings indicated a statistically significant difference between the experimental and control groups regarding social skills; in other words, child-centered play therapy has demonstrably enhanced both social skills and self-regulation within the experimental group.

Conclusions: Therefore, interventions grounded in child-centered play therapy may be appropriately integrated into the programming of school counseling centers.

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Introduction

Autism spectrum disorders represent a collection of developmental disorders distinguished by recurrent behaviors, specialized interests, and challenges in social communication ([Landa et al., 2013](#)). Although the manifestation of the disorder typically occurs during childhood, its debilitating consequences endure throughout an individual's lifespan, resulting in many of these persons requiring substantial levels of support in their adult years; however, certain studies indicate that the intensity of social interaction difficulties and the prevalence of limited and repetitive behaviors in individuals with autism spectrum disorder diminish during adulthood ([Chawarska et al., 2007](#)). Nevertheless, factors such as employment opportunities, social relationships, independence, the overall quality of life, and life expectancy remain considerably inadequate for adults afflicted by this disorder ([Jamaloo et al., 2023](#)). Autism is classified as a neurodevelopmental disorder marked by deficits in social communication as well as repetitive and stereotyped behaviors ([Baio, 2018](#)). Autism spectrum disorder, along with the associated repetitive and stereotyped behaviors, is categorized into various types: based on the nature of the activity, these include repetitive behaviors, self-injurious actions, obsessive behaviors, ritualistic practices, monotonous activities, and restricted behaviors; additionally, based on the nature of interests, they are divided into unusual sensory interests and atypical preoccupations, while classification according to the form of occurrence encompasses behavioral, communicative, and cognitive dimensions, and in accordance with the DSM-5, these are delineated into repetitive physical movements, ritualistic behaviors, intense unusual interests in atypical objects, and heightened sensitivity to sensory stimuli ([Grzadzinski et al., 2013](#)). In the realm of etiology, several theories have been proposed, including the developmental theory positing a lack of development of self-stimulating behaviors during infancy, theories addressing deficits in executive function and the incapacity to plan actions, as well as physiological and neurobiological theories, which implicate abnormalities in the cerebellum and the volume of the frontal lobe as potential causes of autism ([Bölte et al., 2019](#)). A correlation exists between specific types of the aforementioned behaviors and levels of cognitive performance; furthermore, despite observable improvements in these behaviors over time, the aforementioned indicators continue to manifest during

adulthood. In essence, autism constitutes a lifelong disorder, necessitating that these individuals receive supportive services throughout their entire lives ([Karami & Ghasemzade, 2018](#); [Mohammadi et al., 2023](#)).

The interaction between parents and children significantly influences developmental processes, while the acquisition of social competencies fosters positive emotional connections. Deficiencies in communication and social interaction (social skills) are among the most conspicuous indicators observed in individuals diagnosed with autism spectrum disorders ([Nazam azadegan et al., 2016](#)). Social skills pertain to behaviors that facilitate interpersonal interactions ([Mohamadi ghanatghehstani et al., 2024](#); [Seevers & Jones-Blank, 2008](#)). In general, all children diagnosed with autism spectrum disorder exhibit a pronounced deficiency in social skills from infancy and manifest a profound impairment in social behavior ([Karren, 2017](#)). These children typically encounter challenges in forming relationships with others. Children with autism seldom engage in interactions with peers. They frequently fail to articulate their emotions. They actively eschew physical contact and tend to avoid making eye contact ([Farzane et al., 2022](#); [Ketelaars et al., 2017](#)). The social development of children on the autism spectrum is characterized by an absence of attachment behaviors and an early inability to cultivate relationships that are specific to a particular individual. It often appears that these children are incapable of recognizing the most significant figures in their lives, such as their parents and educators. They may not exhibit separation anxiety when placed in unfamiliar settings with strangers ([Zachariah et al., 2017](#)).

Conversely, children with autism encounter numerous challenges in regulating their emotions. For instance, when they experience feelings of happiness, sadness, anger, etc., they either lack the capability to articulate their emotional states, or the external representation of their inner feelings does not correspond with the actual sentiment. In certain instances, the intensity of their emotions is so overwhelming that they cannot exert control over it, leading to the emergence of problematic behaviors. Self-control, defined as the ability to resist temptations, modify one's thoughts, emotions, and behaviors, or suppress impulses, encompasses habits that enable individuals to monitor and adjust their actions in alignment with societal expectations

([Gillebaart, 2018](#)). Individuals with diminished self-control often encounter feelings of hopelessness, depression, and apathy; as the inadequate regulation of negative emotions in individuals with low self-control contributes to their maladaptive responses and diminished adaptability. Individuals with low self-control experience their emotions intensely and profoundly, reacting more vehemently than others and sustaining these moods for extended periods; as a result, they may suffer from social incompatibility due to their avoidance of effective coping mechanisms ([Kazemi & Kazempoor Dehbidi, 2022](#)).

One of the most efficacious strategies to address the challenges faced by children with autism is play therapy, which constitutes a psychological and social process wherein children acquire insights regarding themselves through interactions with one another within the playroom ([Ray, 2004](#)). Through the medium of play, children cultivate various social competencies, including respect and empathy, humanity, and collaborative efforts. Furthermore, play serves as a conduit for children to engage in communication with their peers, express their creative impulses, and envision and recreate quotidian experiences and scenarios. Indeed, play therapy imparts more adaptive behaviors to children who exhibit diminished social or emotional skills ([Asghari, 2011](#)). The proponent of child-centered play therapy augmented the unguided play therapy paradigm developed by Rogers and Axline, delineating the following principles for engaging with children in accordance with this methodology: 1- Children should not be regarded as diminutive versions of adults; therefore, the therapist ought not to treat them as such during play; 2- They possess the capability to convey a full spectrum of human emotions; 3- They are entitled to respect and should be appreciated for their unique attributes; 4- Children exhibit flexibility; 5- They inherently possess the potential for development; 6- Children naturally communicate through play; 7- They hold the right to express themselves in a non-verbal manner; 8- They determine the manner in which they derive benefits from therapy sessions; 9- They develop at their own pace, necessitating that the therapist exercise patience throughout this process ([Mir khezri et al., 2024](#)).

Autism spectrum disorder represents one of the most prevalent developmental disorders among children, manifesting during the early years of childhood. These children experience

disruptions in self-regulation across various dimensions, encompassing physical, sensory, psychological, emotional, and social realms; consequently, the present study was undertaken with the objective of assessing the efficacy of child-centered play therapy on the social and self-control skills of children with autism and aims to address the inquiry of whether child-centered play therapy is effective in enhancing the social and self-control skills of children diagnosed with autism.

Material and Methods

The methodology utilized in the present research was of a quasi-experimental character, specifically employing a pre-test-post-test design with a control group. The statistical population comprised all male and female individuals aged between 6 to 9 years who have been diagnosed with autism and possess medical records indicating autism spectrum disorder during the academic years 2023 at the Aftab Children's Autism Center situated in Quds city, and who were registered at this institution to receive specialized training. The total number of participants amounted to 50. From this population, 30 eligible individuals were selected through an accessible sampling method and subsequently divided into two groups: a control group consisting of 12 individuals and an experimental group comprising 12 individuals. The inclusion criteria required that participants demonstrate autism spectrum disorder as established by a psychiatrist's diagnosis following the examination of the student's records and the Gilliam Autism Rating Scale, alongside obtaining informed consent from their parents, the absence of any physical disabilities, and no concurrent medication usage. In contrast, the exclusion criteria delineated non-cooperation during training sessions, absence from more than two sessions, and any modifications in the completed questionnaires. The instruments utilized for data collection included the following questionnaires:

The Brief Self-Control Scale (BSCS): This scale, composed of 13 questions, was developed by [Tangney et al. \(2004\)](#) and is evaluated using a five-point scale (none: 1 to very high: 5), with the scoring for questions 2, 3, 4, 5, 7, 9, 10, 12, and 13 being inverted. The maximum achievable score for this questionnaire is 65, whereas the minimum is 13. Respondents

attaining a score of 33 or above are indicative of possessing a heightened level of self-control. In the study conducted by [Tangney et al. \(2004\)](#), the convergent validity of this scale was substantiated through an assessment of its correlation with academic achievement, adaptability, positive relationships, and interpersonal skills. Furthermore, reliability was established across two statistical samples, yielding Cronbach's alpha coefficients of 0.83 and 0.85. In the research conducted by [Ahmaadi Joybari \(2017\)](#), face and content validity (verified by experts) were employed to evaluate the validity of the questionnaire, while the internal consistency coefficient was utilized to ascertain reliability, resulting in a Cronbach's alpha coefficient of 0.91 for the entire scale utilizing this methodology.

Social Skills Rating Form: This scale was devised by [Stone et al. \(2010\)](#) to evaluate the social competencies of children between the ages of 6 and 12 who have been diagnosed with autism spectrum disorder. The instrument for assessing social skills consists of 35 inquiries employing a four-point Likert scale (ranging from never: one to always: four), featuring four distinct subscales that gauge the ability to comprehend the emotions and perspectives of others, the capacity to initiate interactions with others, the proficiency to sustain interactions with others, and the adeptness to respond to others. [Stone et al. \(2010\)](#) validated the content of this instrument and reported its reliability through the application of Cronbach's alpha method, resulting in a score of 0.92 for the parent version and 0.94 for the teacher version. In the research conducted by [Hemati Alamdarloo and Golzari \(2015\)](#), the validity, as determined by the correlation method, between the overall assessment and the subtests measuring the ability to understand the emotions and perspectives of others, the ability to initiate interactions, the ability to maintain interactions, and the ability to respond yielded respective scores of 0.80, 0.89, 0.93, and 0.80. Furthermore, the reliability of the questionnaire, evaluated through Cronbach's alpha coefficient, was found to be 0.95 for the entire instrument, and 0.83, 0.88, 0.89, and 0.88 for the respective sub-tests. It is pivotal to note that in this investigation, the parent version was utilized.

In the present study, the child-centered play therapy protocol was employed, the validity and reliability of which were corroborated in the research conducted by [Rafati et al. \(2016\)](#) for

children diagnosed with autism disorder. The structure for the therapy sessions in this study adhered to the specifications delineated in Table 1.

Table 1. Structure of child-centered play therapy sessions

Session	Title	Content
1-3	Preparation	Increasing readiness skills for the child to communicate with the environment, communicate with the therapist and teach games
4-6	Peering	The beginning of the skills of playing together using the pattern of parallel games, the habit of being placed in a group, the beginning of cooperative games, the purpose of peering is to pair children with each other in order to play a double game
7-19	Cooperation	Playing collaborative games and combining it with movement games in order to achieve the pattern of conceptual games, competition, cooperation and participation
20	Summary	Play therapy with the child and observing his changes, talking to the parents about the changes in the child

Following the selection of subjects and their random allocation to the experimental and control groups, both groups undertook the pre-test. Subsequently, the participants in the experimental group engaged in 20 sessions of child-centered play therapy, each session lasting one hour and occurring twice weekly, whereas the control group did not receive any form of intervention during this period. Upon the conclusion of the training sessions for the experimental group, a post-test was administered to both the experimental and control groups. Additionally, to uphold ethical standards at the conclusion of the research, a two-day workshop was conducted for the control group. Data analysis was executed utilizing SPSS version 22 software in conjunction with a multivariate covariance analysis test at a significance level of 0.01.

Results

In Table 2, the mean and standard deviation of the scores of social skills and self-control in two stages of measurement are reported separately for the experimental and control groups. As shown in Table 3, there is a significant difference between the experimental and control groups in terms of social skills and self-control, in other words, child-centered play therapy has increased social skills and self-control in the experimental group.

Table 2. Mean and standard deviation of social skills and self-control scores in two stages of measurement by test and control groups

Variable	Group	Phase	N	Mean	SD
Social skills	Control	Pretest	15	85.77	2.18
		Posttest	15	86.67	3.47
	Experimental	Pretest	15	85.44	2.23
		Posttest	15	97.59	3.90
Self-control	Control	Pretest	15	29.40	1.09
		Posttest	15	29.87	1.17
	Experimental	Pretest	15	30.93	1.03
		Posttest	15	34.15	1.83

Table 3. Results of univariate covariance analysis of social skills and self-control variables in the experimental and control groups

Variable	Source	SS	DF	MS	F	P	Effect size
Social skills	Pretest	0.592	1	0.592	0.056	0.814	0.002
	Group	8178.83	1	8178.83	775.17	0.001	0.96
	Error	284.87	27	10.55			
Self-control	Pretest	6.88	1	6.88	5.92	0.022	0.18
	Group	1228.98	1	1228.98	1056.67	0.001	0.97
	Error	31.38	27	1.16			

Discussion

The domain pertaining to children with autism is distinguished by active participation and involvement; through the application of play therapy, one may acquire a deeper understanding of the complex universe inhabited by the child. Accordingly, the current study was initiated with the aim of assessing the effectiveness of child-centered play therapy on the social competencies and self-control of children within the autism spectrum. The results revealed a statistically significant difference between the experimental and control groups in terms of social skills; to rephrase, child-centered play therapy has significantly improved the social competencies within the experimental group. This finding is consistent with the results of previous studies in this field. The research outcomes from [Esazadeh et al. \(2022\)](#) indicated that the average performance of the experimental cohort in social skills and its related components—including the ability to comprehend the emotions and feelings of others, the

capacity to initiate social interactions, the capability to maintain interactions, and the skill to respond to others—exhibited an increase when juxtaposed with the control group.

In light of these research outcomes, group play therapy has been demonstrated to be advantageous for social skills and their components in children diagnosed with autism spectrum disorder. The conclusions derived from the study by [Rahimi Pordanjani \(2021\)](#) suggested that drama therapy was effective on social skills of autistic children. It can be stated that children develop their sense of self and enhance their understanding of others through the medium of play. Moreover, children acquire vital social skills such as respect, empathy, kindness, and cooperation through participation in play. Additionally, play provides children with the opportunity to engage with others, thereby enabling them to express their creativity and envision as well as recreate everyday experiences and scenarios. Indeed, play therapy educates children with inadequate social or emotional skills in more adaptive behaviors.

The research outcomes elucidated a considerable disparity between the experimental and control groups in terms of self-control; thus, it can be asserted that child-centered play therapy has enhanced self-control within the experimental group. This observation aligns with the results of preceding investigations within this domain. The study conducted by [Bodaghi et al. \(2021\)](#) illustrated that Floor Time Play Therapy had a substantial impact on emotional regulation, behavioral management, and executive functioning. In essence, play therapy may function as an effective intervention for addressing dyslexia in children, particularly among those diagnosed with autism. In the preceding discussion, it may be posited that within the framework of play therapy, whenever a child adeptly employs these social competencies, such skills are further reinforced. Furthermore, play therapy provides the child with opportunities to participate in a variety of sensory, motor, cognitive, emotional, and communicative activities while interacting with both individuals and objects, utilizing these experiences to navigate diverse situations. This process fosters multifaceted stimulation and encourages the holistic development of children affected by autism disorder.

Among the limitations of the current research, the examined cohort of children diagnosed with autism spectrum disorder and the employed sampling methodology were accessible, thereby

necessitating a prudent approach when extrapolating the derived results to the wider population. It is recommended that future studies undertake a comparative examination of play therapy in relation to alternative therapeutic modalities, taking into consideration gender differences. In light of the outcomes of the present investigation, it is prudent to explore the effectiveness of child-centered play therapy interventions among other populations with special needs in subsequent research endeavors.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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