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Overview of Play Therapy in India

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ABSTRACT
The importance of psychosocial health and mental health in children has been highlighted along with the negative impact of trauma. The negative impact of trauma has been documented in institutionalised children and has also been recognised by the Government of India in a series of acts meant for children in child care institutions (CCIs). These acts also highlight the role of psychotherapy for these children however literature indicates that verbal forms of therapy may not be the most adequate for children affected by trauma, directing focus towards play therapy. The aim of this paper is to give an overview of play therapy in the Indian context and understand its effectiveness in the context of child care institutions using secondary literature. The paper also aims to understand limitations of play therapy along with advocating the use of trauma play through integration of trauma principles and play principles, especially in CCIs in order to overcome these limitations.

Keywords: Trauma play, Child care institutions, Play therapy, Trauma informed approach

INTRODUCTION

1.1 Children in India

The population of children under the age of 18 years in India as of 2023 is approximately 436 million as reported by UNICEF (2024) with every 5th child in the world living in India (Chandrakant, 2008). Unfortunately, the socially marginalised and economically backwards groups in the country face immense problems, with children being the most vulnerable population within these groups (Chandrakant, 2008).

According to the National Mental Health Survey in 2016 by the Ministry of Health and Family Welfare, Government of India, the prevalence of mental disorders among children aged 13-17 is 7.3% and is similar in both genders. Although the survey was intensive and nationwide it stated that the exact estimation of Child and Adolescent Mental Health (CAMH) exceeded the scope of the survey and even though it estimated that 9.8 million children aged 13–17 years suffer from serious mental illness, the number would be much greater when one considers the entire group of children and adolescence (Ministry of health and family welfare, 2016). Mental health resources for children in terms of preventive, diagnostic, and treatment services, are extremely limited (Chandrakant, 2008). Less than 1% of the children and adolescents suffering from mental disorders receive treatment (Shastri, 2009).

Along with mental health, psychosocial health is also necessary for holistic development of children. Singh et al. (2015) in their research (n= 539) found that flourishing was higher in young adolescents as compared to older adolescents. Additionally, lower prevalence of depression and adjustment difficulties, and more prosocial behavior was reported by adolescents who were flourishing. In a survey conducted by the Ministry of Education, Government of India (2020) on children from class 6 to 12 (n = 3,79,842), it was found that as students moved from middle to secondary stage, their satisfaction with personal and school life, physical appearance, availability of people to share their feelings and experience of happiness reduced. Students also reported frequent mood swings, anxiety about studies, examinations, and results which increased from middle to secondary stage. The prevalence of psychosocial problems among school-going adolescents in India (n = 400) was 40.7% with 36.8% of the participants facing internalizing problems, 14.8% and 15.5% with attention and externalizing problems respectively and 24% of the participants with suicide ideation in the past 3 months (Chaudary et al., 2020). Additionally, family related variables like parent child relationship, parenting style, family structure, birth order also impact the

psychosocial health of the children and adolescents (Chaudary et al., 2020; Yanjana &Singh, 2020).

Childhood abuse also impacts the psychosocial health in children. In a study by a Zelviene et al. (2020), it was found that children who faced severe forms of abuse reported higher levels of hyperactivity/inattention, compared to less-severe abuse group, higher levels of conduct problems, compared to less-severe and adult sexual abuse groups, and higher levels of emotional problems, compared to rest of the abuse groups. Levels of psychosocial functioning were impaired across different types of abuse when compared to adolescents with no abuse histories revealing the negative impact of childhood abuse on psychosocial functioning and mental health among adolescents (Zelviene et al., 2020). Since childhood abuse along with family factors, has far reaching consequences in impacting the psychosocial health of children, therefore, it is necessary to pay attention to interventions catering to children who face abuse as well as family related disturbances and strengthening government policies in this area.

1.2 Institutionalised Children

In india child protection poses a huge stress, as issues like child abuse and neglect like female foeticide and infanticide, girl child discrimination, child marriage, trafficking of children are often unaddressed effecting overall progress of the country (Chandrakant, 2008). Children in the age group of 5-12 are most at the risk of abuse and exploitation (Chandrakant, 2008) as they are the most vulnerable section in society due being dependent and having less control over their lives (Seshadri & Dhanoa, 2024). In 2022 according to the report by the National Crime Records Bureau approximately 162449 cases were reported for crimes against children.

Many children who fall prey to adverse childhood experiences, are placed in child care institutions (CCIs). After years of exposure to chronic neglect or child abuse at the hands of their caregivers, youths in these institutions present a complicated set of responses and diagnoses (C.

Kisiel et al., 2009). As of 2024, 62,592 children are living in the Child Care Institutions like Children Home, Open Shelter, Specialised Adoption Agency, Observation Home, Special Home and Place of Safety supported under Mission Vatsalya Scheme. Out of these 4,364 are children with special needs (Ministry of women and child development, India, 2025). Very little attention has been given to orphans, street children, juvenile homes, rescue homes, and many other places where children and adolescents are exposed to the higher risk of mental illness (Vostanis , 2010).

Trauma permeates several aspects of life of institutionalised children. Prior to entering an institution, many children are exposed to traumatic experiences such as growing up without a father, witnessing domestic violence, paternal substance abuse, parental divorce and family dissolution (Ismayilova, Claypool &Heidorn, 2023). While the institutions serve to protect children from traumatic environments, being in an institution in itself has several implications for the psychological and emotional health of the children (United Nations children's fund, n.d.). It has been recognized that these institutions lack individualised care and attention which makes it difficult for the child to feel secure leading to multiple mothering syndrome resulting in emotional isolation (United Nations children's fund, n.d.). The institutionalised children syndrome is evident in a child's low self esteem, impairing their ability to form long lasting interpersonal relationships. Excessive "routinisation" and "regementisation" does not take into account the individual needs of the child and hence the child either becomes very reticent and submissive or defiant and rebellious (United Nations children's fund, n.d.). It is difficult to trust people in authority or even peers when the child has had too many negative experiences. These negativities have been shown to be carried on in adult life as children coming out of institutions are maladjusted in the society (United Nations children's fund, n.d.).

Sinha & Kaushik, 2024 suggested that experiences of children varied depending on the form of rescue and trauma encountered before being placed in a child protection system. Children who were rescued from spaces that they considered unsafe shared a positive experience of coming in contact with the system, in contrast to children who had involuntarily come in contact with the system and were in an uncomfortable, embarrassing and confusing situation. (Sinha,& Kaushik, 2024).

In a systematic review by Seshadri & Dhanoa (2024) it was found that children staying in CCIs exhibit poor social adjustments, poor emotional stability, and behavioural problems. Further, due to the lack of love, affection, and untrained staff of the CCIs, the children did not wish to stay in CCIs, resulting in trafficking nexus, drug and substance abuse addiction, and antisocial behaviours (Seshadri & Dhanoa, 2024). In another research by Padmaja et al. (2014) it has been found that institutional children (n= 40) faced higher emotional problems, hyperactivity, conduct problems, internalising and externalising problems, depression and low well being, when compared with non institutionalised children (n=76). It was also noted that social support and positive social interactions with others decrease the vulnerability of children to negative outcomes. Thus, it can be concluded that institutionalisation can have several negative consequences for the children and the role of trauma in life of institutionalised children necessitates the need for interventions and systems which are trauma informed.

1.3 Psychotherapy for Children in CCIs

The need for psychological well being and mental health in children recognised in the Mission Vatsalya and J.J. acts are also required to percolate to ground level institutions. Miracle foundation in India (2015) in their

efforts to support children in childcare institutions partnered with CCIs social workers to help in providing the first level of counseling to traumatized children and with psychologists to provide guidance to children with complex issues. It also taught the impact of the trauma that the children had faced, and how it affected their health, cognitive skills, sensory sensitivity, motivation, ability to form relationships of all kinds, and how psychosocial support is necessary to cope with trauma (Miracle foundation, India 2015).

Udayan care (2016) noted that unless children in conflict with law and those in need of care are properly rehabilitated and reintegrated with the society, they will face critical situations in their post-care life like low self esteem, mental health problems, unemployment, low level of income, lack of inter-personal skills and so on. Children in childcare institutions constantly and consistently need Counselling and Psycho-social treatment to reconnect to their environment and community, reintegrate into society and to develop positive feelings toward themselves (Seshadri & Dhanoa, 2024).

Several studies found different forms of psychotherapy to be effective for children in child care institutions (Daş, 2024; Misevičė, 2024; Mohamed et al., 2022; Abdella et al., 2015 Smedley, 2010 & Cepukiene, 2011). However, it has also been postulated that verbal therapy can be challenging for children and adolescents (Taylor, 2019). Tangible, brief and impactful approaches may be more effective with children and adolescents leading to positive outcomes (Taylor, 2019). Extreme reliance on verbal methods can limit the effectiveness of therapy in children as they may not have the maturity to express themselves verbally, have language and learning differences or have traumatic or shameful histories that inhibit the use of words (Taylor, 2019). The cognitive skills needed for verbal expression may be absent in children due to lack of self regulation, attention and high impulsivity as areas involved in verbal communication may be impacted due to abuse and neglect (Taylor, 2019) often observed in children in CCIs (Seshadri & Dhanoa, 2024; Ismayilova, Claypool & Heidorn, 2023; Udayan care, 2016; Padmaja et al., 2014).

The extensive impact of trauma in institutionalised children places a huge importance on Bessel A. Van der Kolk's work on trauma, especially insights into children playing and replaying stressful and traumatic events. According to Van der Kolk (1994, 257), "words can't integrate the disorganized sensation and action patterns that form the core imprint of the trauma in the brain.

Treatment needs to somehow incorporate the sensations and actions that have become stuck, so that people can regain a sense of familiarity and efficiency in their organism." Play therapy can be one way to accomplish this as it provides physical activity, so that "playing out" the event assists the brain in moving the memory from the nonverbal parts of the brain to the frontal lobes (Homeyer & Morrison, 2008). Those who have experienced trauma may not have the words to express their traumatic experience leading to overgeneralisation (Taylor, 2019) making non verbal approaches more effective in such instances (Goodman, Chapman, & Gantt, 2009). Using expressive approaches removes the problem from the client and projects it onto other material thus shifting the role of the client from being a victim of circumstances to one with some control over problem and adversity (Taylor, 2019). By using sensory material clients can express thoughts and feelings that have no words attached to them but hold meaning for the client. Thus due to play therapy's feasibility and effectiveness with children and trauma, it can be used with children in CCIs.

1.4 Play Therapy: Benefits and Principles

Play has many benefits in life, regardless of age. It is a universal expression of children, and it can transcend differences in ethnicity, language, or other aspects of culture (Drewes, 2006). Children can practice new skills in a way that makes sense to them, without the structured confines of "the real world" or the need to use verbal language (Julie & Schaefer, 2011). Play gives children a chance to master their worlds as they create, develop, and maintain their own senses of self (Julie & Schaefer, 2011).

The Association for Play Therapy has defined play therapy as "the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development" (Association for Play Therapy, n.d.). This indicates that play therapy is a therapeutic modality firmly grounded in theoretical models and that play therapists strive to recognize, acknowledge, and utilize the therapeutic powers of play (Julie & Schaefer, 2011). These therapeutic powers, also known as change mechanisms, are the active forces within play that help clients overcome their psychosocial difficulties and achieve positive development (Julie & Schaefer, 2011). The therapeutic powers of play can be classified into eight broad categories: communication, emotional regulation, relationship enhancement, moral judgment, stress management, ego boosting, preparation for life, and self-actualization. Schaefer and Drewes (2014) identified 20 therapeutic powers of play which are essential to bring about change in the client and help them cope. These are:

a) Facilitates Communication: Self-Expression, Access to The Unconscious, Direct Teaching, Indirect Teaching

b) Fosters Emotional Wellness: Catharsis, Abreaction, Positive Emotions, Countercondi tioning Fears , Stress Inoculation , Stress Management

c) Enhances Social Relationships: Therapeutic Relationship, Attachment, Social Competence, Empathy

d) Increases Personal Strengths: Creative Problem Solving, Resiliency, Moral Development, Accelerated Psychological Development, Self-Regulation, Self-Esteem

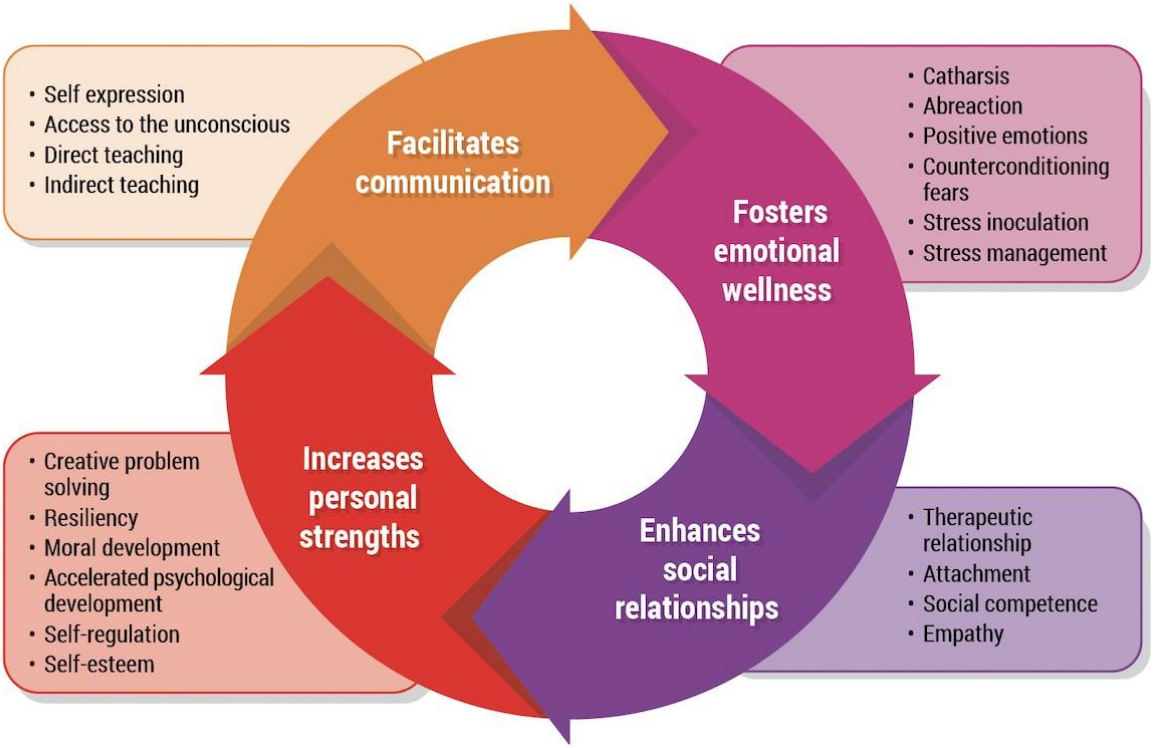

Figure 1: ***Therapeutic powers of play***

The use of play helps establish a working relationship with children, especially those who lack verbal self-expression, and even with older children who show resistance or an inability to articulate their feelings and issues (Haworth, 1964). In terms of trauma, the secure and comforting environment of a therapy session allows the child to act out worries and problems that otherwise could be too horrifying and allows them to directly confront or talk about, in the presence of a therapist who can make them feel heard and understood. In play therapy it is assumed that children will use play materials to directly or symbolically act out feelings, thoughts, and experiences that they are not able to meaningfully express through words and hence play is viewed as the vehicle for communication between the child and the therapist. This allows children to bridge the gap between their experiences and understanding, thereby providing the means for insight, learning, problem solving, coping, and mastery (Bratton, Ray, Rhine,& Jones 2005). Play draws children and adolescents who are resistant into a working alliance as they are more willing to engage in the therapeutic process in a non threatening environment (Homeyer & Morrison, 2008). Children use a variety of toys and materials to experience a cathartic release of tension and affect. Children are also able to play out negative life experiences by breaking them into smaller parts, releasing feelings that accompany each part, assimilating each experience back into the view they have of themselves, and obtaining a new level of mastery (Homeyer & Morrison, 2008). The physical and sensorimotor play within the therapeutic relationship provides corrective emotional experiences, leading to new attachment formations enabling children to enhance relationships. In these relationships, children learn to accept and solidify their sense of self. Through play, children weaken the stimulus-anxiety connections as they learn new, more functional and adaptive responses which are incompatible with previous responses.

In her book on child centred play therapy Virginia Axline (1947) introduced 8 principles of non directive play therapy. These included establishing rapport, accepting the child, establishing a feeling of permissiveness, recognition and reflection of feelings, maintaining respect for the child, child leading the way, not hurrying therapy and valuing of limitations.

1.5 Play therapy interventions for children

1.5.1 Child centered Play Therapy

Child centered play therapy (CCPT), developed by Virginia Axline in 1947, is based on person centred theory in the humanistic tradition. The inner dynamics of the child's process of relating to and discovering the self that the child is capable of becoming form the theoretical constructs of CCPT (Sweeney & Landreth, 2009). The belief that children can grow and heal when a growth-producing climate is provided for them is central in CCPT. Each child is seen as a system that is striving towards self actualisation through a continuous dynamic intrapersonal interaction. The development and maintenance of the therapeutic relationship determines success or failure of therapy. The play therapy relationship is not a completely permissive relationship. The child is not allowed to do just anything he or she may want to do and limits are set in a therapeutic relationship in CCPT. The play material promotes self-directed activity and facilitates a wide range of feelings and play activity.

1.5.2 Release Play Therapy

Release Play Therapy (RPT) is an extension of the work of David M. Levy, known as release therapy. In order to treat children's problems by capitalizing on children's own methods of healing themselves, release play therapy was introduced. On the basis of the individual child, situation, and goals, the play therapist chooses techniques or therapeutic modes of RPT (specific or situational). Anxiety provoking situations over which a child has no control lead them to either show fear or shut down. The shutting down which is often termed as being brave by caretakers presents the possibility of developing posttraumatic stress disorder (PTSD) as they are unable to release their feelings for many reasons. RPT involves pretend play, play activities and techniques, to help children to express their feelings through the play allowing them to release their aggression, anxiety, or sadness through playing and having fun. When children are in latency age or older or when their symptoms are behavioural (externalising or internalising) general release play therapy (GRPT) is used. On the other hand abreactive play and creation of specific situations that children have experienced are used in specific release play therapy (SRPT).

1.5.3 Cognitive behavioral Play Therapy

Cognitive-behavioral play therapy (CBPT) is based on cognitive therapy (CT) as conceptualized by Aaron Beck (1964, 1976). Cognitive methods in play therapy deal with changes in thinking. Children identify, modify and build more adaptive cognitions replacing older maladaptive cognitions with the help of the play therapist leading to reduced maladaptive behaviour. CBPT is brief, structured, directive, time limited, psychoeducational and problem oriented in nature with the need of a collaborative sound therapeutic relationship. Generally CBPT is conducted in a playroom equipped with appropriate play materials however depending on the needs of the child treatment may also take play outside. An important part of this play therapy modality is establishment of goals and movement towards these goals. Direction can be provided by the therapist through introduction of certain themes. Behaviour therapy techniques like systematic desensitisation, relaxation techniques, self monitoring and activity scheduling are used after modification in cognitive behavioural play therapy..

1.6 Effectiveness of Play Therapy

Children's emotional and behavioral problems can be treated by play therapy because of its responsiveness to their unique and varied developmental needs (Bratton, Ray, Rhine,& Jones 2005). Most children below the age of 11 lack a fully developed capacity for abstract thought, which is a prerequisite to meaningful verbal expression and understanding of complex issues, motives, and feelings (Piaget, 1962). Thus, unlike adults who communicate naturally through words, children more naturally express themselves through the concrete world of play and activity (Bratton, Ray, Rhine,& Jones 2005). Play therapy is found to be very effective especially in children. In a meta analysis Post, Phipps, Camp & Grybush (2019) indicated that CCPT is effective with marginalized children. Garza and Bratton (2005) found that parents of hispanic students perceived significant reductions in externalizing behaviors of participating students after 15 sessions of CCPT as compared to a curriculum-based group intervention. However the same was not reported by teachers**.** Post (1999) examined the impact of CCPT on self- esteem, ability to assume responsibility for their academic work, and anxiety and found that it helped maintain an internal locus of control moreover the students who did not participate in play therapy showed a decrease in both self-esteem and internal locus of control over the course of a school year. In a meta-analysis testing efficacy of play therapy (n=93) by Bratton, Ray, Rhine,& Jones (2005) it was established that play therapy is a statistically viable intervention. Further humanistic approaches yielded higher outcomes than nonhumanistic treatments and filial play therapy conducted by parents produced larger treatment effects than did play therapy conducted by a professional. After play therapy, the average treated child was functioning at 0.80 standard deviations better than children not treated (Bratton, Ray, Rhine,& Jones 2005). It has been also found release play therapy and child-centred play therapy are effective types of play therapy for traumatised children with release play focusing on the issue and child centered play promoting self actualisation (Ogawa, 2004).

A systematic review examining the effectiveness of play therapy in hospitalized children with cancer proved beneficial in reducing hospitalization days using play modalities such as drawing, painting, solving puzzles, and story-telling utilizing cognitive behavioral therapeutic play with 20–60 minutes of play therapy sessions (Ibrahim, Arbianingsih, Amal & Huriati, 2020). Another study focusing on chronically ill children found that play therapy was an effective intervention in children affected with insulin-dependent diabetes mellitus (IDDM) and helped them adapt to their illness (Jones & Landreth, 2002). In another systematic review of literature (n=16) it was found that play therapy has beneficial effects on psychological issues, particularly anxiety, despair, stress, and physical problems (fatigue and pain) in children with leukemia alleviating some physical and psychosocial problems (Ramdaniati et al., 2023). Gupta et al. (2023) through 5 cases established that play therapy may be effective in working with children with emotional and behavioral problems. A wide range of issues can be addressed through play therapy, including behavioral problems, life transitions, trauma, and difficulties related to relationships. Group play therapy is also found to be effective in improving social emotional skills like self-regulation social interaction, empathy, adoptability of pre school children (Chinekesh et al., 2013)

1.7 Trauma informed Practice

It can be seen that play therapy is an effective modality among children with a wide range of issues and has many benefits as well. However trauma acts as an additional layer in the lives of children in child care institutions and it is very important that these systems are trauma informed. The Office of Health

Improvement and Disparities, United Kingdom (2022), defined trauma informed practice as an approach to health and care interventions which is grounded in the understanding that trauma exposure can impact an individual's neurological, biological, psychological and social development. The approach emphasizes a paradigm shift and asks, " help me understand what has happened to you" rather than asking " what is wrong with you." Trauma informed Principles were developed through discussions with people with lived experiences. The six widely accepted trauma informed principles include: Safety (physical, emotional and psychological safe environments), Choice & Clarity (enabling dissemination of information in a way that is accessible and understandable) , Collaboration (involving people in discussion that affect them), Trustworthiness (being consistent, reliable and honest), Empowerment (supporting individual and community strengths in order to claim/reclaim power) and Inclusivity (paying attention to accessibility and inequalities and context along with accepting people as they are).

1.8 Integrating Principles of Trauma informed Practice with Principles of Play Therapy

While play has been beneficial in processing of trauma in a non verbal manner (Taylor, 2019; Bratton, Ray, Rhine,& Jones 2005; Homeyer & Morrison, 2008), currently the literature does not exclusively depict a trauma informed approach in any of the play modalities which may be beneficial for children in CCIs. There is also a dearth of literature depicting effectiveness of play therapy in institutionalised children. Due to the way trauma is entangled in the lives of institutionalised children, an intersection of play therapy with trauma informed approach may be an appropriate approach for children in child care institutions.

The principles of trauma and play therapy when integrated leads to creation of a space which is safe, supportive and empowering enabling the child to process trauma through play. The integration of these principles emphasise the need for a safe environment which enables individuals to open up and express themselves. Integration of these principles will allow practitioners to focus on trauma through play which can be especially helpful to the child in childcare institutions.

The child's age and the type of trauma experienced by the child will likely impact the therapeutic and healing process. Through the medium of play, children may open up and express emotions about the trauma. Positive outcomes through therapeutic play depend on a secure environment for the child to work through the traumatic event. After a traumatic event, children often lose their sense of safety and may feel scared of the world, weak or defenceless. Therefore, it is critical for the therapist to create a safe and nurturing environment, help the child build or regain self-control, facilitate the occurrence of the event so the child can cognitively rework it, and help the child feel satisfied with the play therapy process (Ogawa, 2004). Children who have experienced trauma usually lose their sense of security and control, both of which are important to healthy mental and emotional development. Play therapy holds that the therapist should have deep respect for the child's ability to solve his own problems and that responsibility to make choices and to institute change is the child's. Additionally the therapeutic process in play should not be hurried. These principles enforce the trauma principles of choice and clarity. The play principle of establishing a feeling of permissiveness and child leading the way corroborates with the trauma principle of collaboration as a child is invested in designing, implementation and evaluation of the intervention that they are exposed to. Play therapy requires the practitioners to establish rapport which uplifts the trauma principle of trustworthiness as it helps in building trust with the client . The play principle of recognition and reflection of feelings, accepting the child and child leading the way also lead to empowerment and inclusivity as these principles allow the child to guide the process of therapy and being comfortable with their identity. Understanding the trauma helps the therapist implement the right therapeutic play process (Ogawa, 2004). Thus, combining play with trauma informed principles can be beneficial for clients primarily struggling with trauma related issues like institutionalised children.

RATIONALE

It is very important to focus on mental health and psychosocial health of children, especially children facing traumatic events early on in life. With laws and acts in place many of such children reside in child care institutions in India. However, institutionalisation has long term consequences in the life of children and the process is further complicated by traumatic events experienced prior and post institutionalisation. A need for interventions for institutionalised children has been recognised in the literature and it has also been noted that while verbal therapy is beneficial play therapy is shown to be especially effective with children and helps in processing of trauma that is deeply entrenched in the lives of institutionalised children. However despite the overlap in play principles and trauma principles, no play therapy modality and very less institutional systems in India are shown to be trauma informed in the literature present currently. There is a need for overlap in trauma informed and play practices to benefit children in CCIs. Further a gap in literature can be seen in application of play therapy in the Indian context and its effectiveness in child care institutions. The literature also does not comprehensively identify limitations of play therapy and provide potential ways in which these limitations can be addressed and avoided especially in the context of child care institutes.

The aim of this paper is to provide a comprehensive overview of the literature regarding play therapy in India and its effectiveness in the context of child care institutions. The paper will also identify the limitations of play therapy and in order to overcome these limitations the paper will advocate for trauma play modality especially in the context of child care institutions.

2.1 Objectives

a) To give an overview of play therapy in Indian context.

b) To understand effectiveness of play therapy interventions in the context of child care institutions using secondary literature.

c) To understand the limitations of play therapy and how trauma play is instrumental in overcoming these limitations.

METHODOLOGY

To assess the literature PubMed, ScienceDirect, and ProQuest databases were searched. Additionally, manual searches on Google Scholar and Google Web were performed using key words like play therapy, India, child care institutions. Inclusion criteria for all the objectives were different. For overview of play therapy in India, only studies on play therapy in India were included while those conducted in other countries or other therapeutic modalities were excluded. 5 studies meeting this criteria were included in the overview. With regards to effectiveness of play therapy in CCIs, studies which focused solely on play therapy in CCIs were included and studies in other contexts and modalities were excluded. 6 studies met this criteria. For limitations studies which specifically highlighted limitations of play therapy were included. 6 studies met this criteria. Therefore this overview consisted of 17 studies based on different inclusion and exclusion criteria.

RESULTS

The tables depict the studies found in line with the objectives of the overview

4.1 Play therapy in India

S.no.	Title	Author and year	Description of study
1	Effect of non-directive play therapy on development among mentally challenged children in selected Institutions of Coimbatore	Jacob& Brinda 2017	A quasi experimental with pretest-posttest control group design was used in the study to understand effects of non-directive play therapy on development among mentally challenged children (n=16). Results indicated that in the experimental group (n=8) there was a significant difference in development level of children pre and post play therapy. There was also a significant difference in the experimental and control group after play therapy. Non directive play therapy enhanced the self help skills and social skills of mentally challenged children
2	A Study to Assess the Effectiveness of Play Therapy on Anxiety among Hospitalized Children (6-12 Years), at Selected Hospital Rajkot	Pajapati, Samprasad & Doss. K 2019	A pre experimental one group pre-test post-test design was used to assess the impact of play therapy on levels of anxiety of hospitalised children (n=40). It was found that play therapy led to a significant reduction in anxiety of hospitalized children.
3	Effectiveness of Group Play Therapy in Behavioural Problems of	Sri.V et al. 2023	Experimental design was used to study if play therapy was effective in reducing behavioural problems in children with autism (n= 30). A significant difference

	Children with Autism			was found in the pretest and posttest results of experimental group (n=15) indicating that play therapy leads to a reduction in behavioural problems there was also a significant different in the post test scores of experimental group and control group (n=15) indicating greater reduction in behavioural problems among children who underwent group play therapy.
4	Effect of Non-Directive Play Therapy on Strengths and Difficulties of Private and Government School Students	Jayaprakash & Niraimathi 2024		Using a quantitative experimental research design without a control group, the research aimed to study the effect of Non-Directive Play Therapy (NDPT) in enhancing the strengths and reducing the difficulties of school children (n=12). It was found that in both government and private schools there was a significant difference in strengths and difficulties. In particular significant differences in desired directions were observed in conduct problems, hyperactivity, overall difficulties, emotional and peer problems and prosocial behaviour.
5	Effectiveness of play therapy in level of pain among hospitalized children in selected hospital, Chennai.	Binipaul & Hemavathy 2025		The study aimed to evaluate the effectiveness of play therapy in the level of pain among hospitalized children (n=120) using a pre experimental research design. It was found that play therapy led to a reduction in pain levels of children who were hospitalised

4.2 Effectiveness of play therapy in child care institutions

S.no.	Title	Author and year	Description of study
1	Not by bread alone': impact of a structured 90-minute play session on development of children in an orphanage	Taneja et al. 2002	Using a pretest-posttest intervention design the study aimed to understand the effectiveness of play therapy in psychosocial development in otherwise healthy institutionalized children (n=30) through a 3 month intervention. The post intervention results showed that the infants were more responsive, active and had better head and body control after the intervention. The older children became more active, independent and responsive There was a significant improvement in motor, mental and social quotients.
2	Efficacy of Play Therapy on Self-Healing and Enhancing Life-skills of Children Under Difficult Circumstances: The Case of Two Orphanages in Addis Ababa, Ethiopia	Nigussie 2014	The aim of the study was to know whether play therapy can facilitate the selfhealing process, to improve the academic performance, increase the attentive level, and to ensure self-confidence and esteem of children under difficult circumstances (n=17). A longitudinal design was used (2 years) and it was found play therapy improved the conditions of the children with respect to paying attention, concentration, communication skills, interactive behaviour, academic performance, assertiveness, self-confidence and self-esteem. The study concluded that play therapy is a powerful counselling model with high level of self-healing efficacy
3	Play Therapy-based Counseling Intervention on the Spiritual Wellness of	Jamaludin, Johari & Amat 2019	Using a qualitative design, the study aimed to explore the views of counselor practitioners (n=10) about conducting counseling interventions based on the Adlerian play therapy approach to improve the

	Neglected Children: An Exploratory Study			spirituality wellness of neglected children. The findings indicate that counselors utilize play therapy to effectively increase the spiritual wellness of children. Play therapy can indirectly change the experience of children and enhance their coping self attributes like self-esteem, stress management abilities, and reality beliefs, which are able to create pleasant and desirable experiences. Additionally play therapy has also enabled children to attain a sense of empowerment and facilitates improvement in social selves and social skills.
4	Effectiveness of the Group Play Therapy on the Insecure Attachment and Social Skills of Orphans in Ahvaz City	Mousavi Safarzadeh & 2016		The study aimed to understand the effectiveness of the group play therapy on the insecure attachment and social skills of orphans (n=30). It was reported that group play therapy is effective and satisfactory on the insecure attachment, social skills including collaboration, assertiveness, and self-control in children residing in orphanages .
5	Expressing through Creativity: An Intervention for the Mental Health of Children Living at Child Care Institutions in Goa, India	Prakashan Banerjee & 2024		Using a pretest and posttest design with a mixed methods approach the study aimed to assess the effectiveness of expressive art therapy as an intervention program on mental health, emotion regulation and resilience of destitute children residing at two Child Care Institutions (n=43). Children receiving full intervention (n=18) showed significant increase in emotional stability, overall adjustment, autonomy, security-insecurity and self-concept. Through qualitative interviews themes like self-concept, motivation,

			expressing and sharing, and self-love emerged. Children receiving partial intervention (n=25) also showed positive outcomes in a few constructs like emotional stability, security insecurity, self-concept and overall mental health.
6	The effectiveness of art therapy in addressing emotional and behavioral issues and enhancing self-esteem of children living in residential childcare institutions: a feasibility study in Kerala, India	Yohannan, Pathrose & Devassy 2025	The study aimed to test the feasibility of a structured art therapy intervention to address emotional and behavioral issues and enhance self-esteem of children in residential childcare institutions. It was found that art therapy led to a significant improvement in emotional problems, conduct disorders, hyperactivity and augmented prosocial behavior. An improvement in self-esteem is also reported in comparison to the control group.

4.3 Limitations

S.no.	Title	Author and year	Limitations highlighted in the study
1	The Efficacy of Play Therapy With Children: A Meta-Analytic Review of Treatment Outcomes	Bratton et al. 2005	The influence of parents can impact the outcome of play therapy which is beneficial in most cases however, when parents are experiencing a significant amount of emotional stress it is often difficult to focus on the needs of their children. Such parents need to undergo therapy themselves before they can be considered capable of learning

			and facilitating play therapy for children. It has also been found that many parents are unwilling or unmotivated to participate in their child's therapy due to guilt, resentment, time, money, and effort. Such limitations inhibit use of certain strategies with children like filial play.
2	Play therapy: a review	Porter, Hernandez- Reif & Jessee 2007	Play therapists face cultural related limitations like differences between the assumptions of some play therapy models and the values of particular cultural groups. They often believe that play behaviour is alike across cultures. For eg. play therapists support children in expressing their feelings through play and verbalisation. However, many cultures place limitations on directly expressing their emotions through indirect or subtle means. Additionally many parents in different cultures have difficulty understanding that a therapist is playing with their child, and how this will help their child resolve problems. Play therapy is based on children and parents willingly communicating with the therapist. Several cultures consider discussing private matters inappropriate and against the values and customs. Unlike the west's logical and methodological problem-solving, many

			non-European cultures use a holistic approach Some errors can also be made on the part of the therapists. Play therapists may overestimate or underestimate the significance of one or more cultural factors in their clients' lives. Therapists may not be able to differentiate among cultural subgroups
3	Play Therapy: Practice, Issues, and Trends	Homeyer & Morrison 2008	It was noted that there is a requirement for the play therapists to be responsive to their clients' culture. Since play therapy is recognised globally, the application of Western play therapy theories and practices in other cultures is concerning as well. Some cultural adjustments like types of toys and materials are easily accomplished however others are difficult to identify.
4.	Therapeutic intervention for children through play: An overview	Shrinivasa et al. 2018	Play therapy faces a number of issues and is challenged by the critics on many grounds. Research on the topic often consists of small samples causing difficulty in generalising results. Along with regulating the field, there is also a need to increase trained professionals to conduct and supervise sessions. Long-term play therapy sessions may not be feasible due to the scarcity of infrastructure, untrained workforce and pressure of time especially in

			resource-constrained countries. There is also unavailability of culturally appropriate toys hindering the growth and use of play therapy.
5.	Effectiveness of Child-Centered Play Therapy Among Marginalized Children	Post, Phipps & Camp 2019	Marginalised children who experienced ACEs and exhibit internalising behaviours like social withdrawal, anxiety or depression are not included in research on CCTP and thus efficacy of play therapy on such children has not been established effectively. There is also a need to assess the impact of CCTP on children's resilience.
6.	Exploring Child-Centered Play Therapy and Trauma: A Systematic Review of Literature	Parker et al. 2021	Limitations highlighted in the review highlight that there is a need for more rigorous research in the field of play and adverse childhood experiences. Play therapists have not been recognising children's problematic behaviour as a trauma reaction, however, this shift is beginning to occur in practice and in empirical inquiry. Focusing on maladaptive behaviour with causes and not diagnosis may be more beneficial for researchers. Through this practice researchers will strengthen the knowledge base for CCPT with children after they experience potentially traumatic events. Future research is warranted in this area as the relational nature of CCPT could potentially address childhood trauma stemming from peer isolation and/or

DISCUSSION

The aim of this paper is to give an overview of play therapy in the Indian context and understand the effectiveness of play therapy interventions in children in child care institutions. The paper also aims to understand limitations of play therapy and how some of these limitations can be overcome through trauma play.

5.1 Play therapy in Indian Context

There is limited research on play therapy in the Indian context. Researchers in India have focused on children

in hospital settings and it has shown a reduction in anxiety symptoms (Pajapati, Samprasad & Doss. K, 2019) of children along with alleviation of physical pain (Binipaul & Hemavathy, 2025). In India group play therapy is also shown to be effective in reducing behavioural problems among children with autism (Sri.V et al. , 2023). Non-directive play therapy is shown to enhance the self help skills and social skills of mentally challenged children in Coimbatore (Jacob & Brinda, 2017). Play therapy has also been shown to be effective in school as it has been shown to reduce conduct problems, hyperactivity, overall difficulties, emotional and peer problems and enhance prosocial behaviour (Jayaprakash & Niraimathi , 2024). These findings have been reported in other countries and samples as well. For example hospitalised children suffering from cancer (Höglund et al., 2024; Ramdaniati, 2023; Ibrahim et al., 2020), children with depression (Burgin, 2022) and children with ADHD (Roghani, Jadidi &
Peymani, 2022).

The effectiveness of play therapy in various settings in India like hospitals, schools, mental health shows that play therapy can be adapted to Indian context and is suited to the multiple cultures and backgrounds that the country offers.

5.2 Effectiveness of Play Therapy in Children in Childcare Institutions

With reference to the childcare institutions play therapy has proven to be effective over a period of time. In a study conducted in an Indian orphanage it was found that post play sessions the infants were more responsive, active and had better head and body control after the intervention. They began to reach out for objects, crawl and play with toys. They started enjoying music, laughing and babbling.The older children became more active, independent and responsive. There was a significant improvement in motor, mental and social quotients (Taneja et al., 2002). Two other studies in the Indian context were found however they mentioned use of art therapy in child care institutions and suggest that expressive art leads to increase in emotional stability, overall adjustment, autonomy, security-insecurity, self love, motivation and self-concept (Prakashan & Banerjee, 2024).

Play therapy has proven to be effective in the self healing process of children which may be a protective factor in the face of trauma they face. With respect to self healing it was found that play therapy improved the conditions of the children with respect to paying attention, concentration, communication skills, interactive behaviour, academic performance, assertiveness, self-confidence and self-esteem (Nigussie, 2014). It was suggested that play therapy is a powerful counselling model with a high level of self-healing efficacy. Spiritual wellness has also been explored to determine the efficacy of play therapy in childcare settings. Therapists have utilised play therapy to effectively increase the spiritual wellness of children. Play therapy can indirectly change the experience of children and enhance their coping self attributes like self-esteem, stress management abilities, and reality beliefs, which create pleasant and desirable experiences (Jamaludin, Johari & Amat, 2019). Play therapy has also enabled children to attain a sense of empowerment and facilitates enhancement of social skills and social selves (Jamaludin, Johari & Amat, 2019). Group play therapy is also shown to be effective in resolving insecure attachments, improving social skills, collaboration, assertiveness and self control in children residing in orphanages (Mousavi & Safarzadeh, 2016).

5.3 Limitations of Play Therapy

Like all the other modalities, play therapy and research generated by it suffers from several limitations. Researchers like Porter, Hernandez- Reif & Jessee (2007) have highlighted cultural limitations in play therapy. Therapists often make the error of assuming play behaviour is alike across cultures. While play therapists support children in expressing their feelings, many cultures may not be open to directly expressing their emotions. Parents belonging to different cultures have difficulty understanding that a therapist is playing with their child, and how this will help their child resolve problems. Play therapy involves open communication with the therapist however, several cultures consider discussing private matters inappropriate and against the values and customs. Play therapists may overestimate or underestimate the significance of one or more cultural factors in their clients' lives and may not be able to differentiate among cultural subgroups. These cultural issues were also brought forward in a study by Homeyer & Morrison (2008) where they recognised that while some cultural adjustments like types of toys and material can be made it is difficult to identify other cultural challenges in play. These limitations need to be kept in mind with regards to the Indian context. Shrinivasa et al. (2018) suggests that play therapy when implemented as a long term intervention may not be feasible in a resource constrained country like India due to lack of infrastructure, untrained workforce and time pressure. This is true for many child care institutions in India as suggested by Majumdar & Andaluri (2023) and Wanglar (2021).

There are also certain limitations which are more suited to the context of childcare institutions. Parents who are generally beneficial may inhibit the process of play if they are themselves emotionally unstable (Bratton et al., 2005). They can also be unwilling and unmotivated to participate in their child's therapy due to guilt, resentment, time, money, and effort (Bratton et al., 2005). According to J.J. act in India, parental factors play a huge role in children ending up in the institution. The act states that institutional care is essential for taking care of children who do not have parents, whose parents are not suitable to raise them, or whose parents are unable or incapacitated to take care of their children (Kumari, 2017). Prior to entering an institution, many

children are exposed to traumatic experiences such as growing up without a father, witnessing domestic violence, paternal substance abuse, parental divorce and family dissolution (Ismayilova, Claypool &Heidorn, 2023). Many modalities of play therapy support parental role, given these limitations and the negative role of parents in the life of children in CCIs suggest a form of play modality that takes family conditions of children in CCIs into account.

The limitations in research also show that marginalised children exhibiting internalising behaviours like social withdrawal, anxiety or depression and those who have experienced adverse childhood experiences are often excluded in the research criteria of several papers and meta-analyses (Post, Phipps & Camp, 2019). Parker et al. (2021) highlighted that there is a need for more rigorous research in the field of play and adverse childhood experiences. Children's problematic behaviour should be recognised as a trauma reaction and focus should be on causes and and not diagnosis. This is true for institutionalised children. The field needs to expand its sample to children after they have experienced potentially traumatic events.

Given the increasingly high incidence and potential devastating impact of ACEs, early identification as well as targeted intervention with trauma-informed care is essential and given the effectiveness of play therapy in childcare institutions and in Indian context there is a need for a modality which combines play therapy with trauma informed care. This has been achieved in the form of trauma play which takes into account several limitations faced in play modality and can be potentially effective in children in childcare institutions. Since it is based on trauma principles it takes into account traumatic events like adverse childhood experiences and behaviours related to these events.

TRAUMA PLAY THERAPY

Trauma-informed play therapy facilitates recovery of children by taking into account the neurobiological and developmental impacts of trauma and combining it with the healing powers of play and other expressive activities. A safe space, essential in processing emotions and reestablishing a sense of self control, is provided to children in order to rebuild positive connections with objects and people around them. For trauma-affected children and adolescents non verbal approaches are found to be effective (Goodman, Chapman, & Gantt, 2009). These approaches encompass art making and play in order to create a supportive safe relationship which is essential for the client to freely express and discover their experiences. It enables them to consider creative problem solving, imagination and participatory action (Malchiodi, 2005).

The understanding about disruption of emotional well being, attachment and cognitive development as a by-product of trauma is central to trauma-informed play modality. Trauma Play is a components-based, comprehensive approach to using play therapy with trauma affected children and their caregiving systems. Neurobiology of play, trauma as well as the power one holds to heal the other form the basis of trauma play which was also known as Flexibly Sequential Play therapy. It is ensured that the therapist is well trained in terms of meeting the child or family whenever therapeutic needs arise. Clinicians can employ a variety of interventions using a sequential framework of therapeutic treatment goals that serves as a guide. The framework takes into account both client and their caregivers as various components can be persuaded with either through shared narratives. By harnessing the rich heritage of play therapy trauma play offers nuanced ways of integrating nondirective and directive approaches and highlights clinically nuanced, child focused and need driven approaches for children and families to overcome complex trauma (Goodyear-Brown, 2009, 2019a, 2021).

In 2012 another trauma focused play modality was developed by Eliana Gil. The model is based on Judith Herman's model (1992, 1997) used to work with adults with complex trauma. A goal-oriented, structured process made to promote supportive relationships, address traumatic experiences, enable caregivers to provide guidance and support and facilitate the reintegration into the social environment, is presented to clients and their families (Gil, 2012). The model has three phases namely Establishment of Safety and Relationship Building, trauma processing and social reconnection. The phases allow for a therapeutic relationship, exploration of resources, creation of trauma narrative, building affiliations with others and development of positive coping strategies. Overall, trauma-informed play therapy is a flexible approach that addresses the complex needs of traumatized children by harnessing their innate capacity for play and creativity, fostering healing, resilience, and post-traumatic growth.

Future Implications

Presently available literature on use of different play therapy in childcare institutions is limited and can be looked into. The use of trauma- informed play and effectiveness of trauma-informed play intervention should also be looked into by the future researchers especially in Indian context and in childcare institutions. Trauma informed modality can also be compared with other play modalities in future. Limitations like lack of training in therapists and lack of regulation in the field and small sample size can be kept in mind while creating play interventions.

Conflict of interest

Authors reported no conflict of interest.

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