Play Therapy as a Tool for Enhancing Social Skills in Children with Disabilities: A Review

Mr. Kishan Lal Bairwa

Research Scholar, Department of Education, Mansarovar Global University Sehore (M.P)

Prof. (Dr.) Vijendra Mishra

Department of Education, Mansarovar Global University Sehore (M.P)

Abstract

Play therapy is commonly utilized to enhance social, emotional, and communicative development in children with disabilities. This narrative review compiles empirical data published from 2015 to 2025 regarding play therapy methodologies and their effects on social skills in children with intellectual disabilities (ID), autism spectrum disorder (ASD), and specific learning disabilities (SLD). We outline a conceptual framework that encompasses definitions, principles, and foundational concepts (e.g., person-centered, developmental, social learning, and naturalistic developmental behavioral therapies). We look at both directive and non-directive methods, as well as individual and group delivery formats and changes that are specific to ID, ASD, and SLD. Research demonstrates that various play therapy modalities, such as child-centered play therapy (CCPT), LEGO-based/group collaborative play, puppet and pretend play initiatives, and Learn to Play, can improve children's interpersonal relationships, communication abilities, empathy, collaboration, and playfulness with peers. Mechanisms include the organization of symbolic and imaginative play, peer mediation, therapist-child attunement, and the encouragement of prosaically behaviors in stimulating, low-risk settings. Even though the results are promising, methodological differences, small sample sizes, inconsistent outcome measurements, and not enough long-term follow-up make it hard to draw clear conclusions. We identify barriers to implementation, including training, fidelity, and contextual resources, ethical issues, and gaps in research. We propose solutions for practice, policy, and future research to enhance the evidence base and ensure equitable access.

Keywords: play therapy, social skills, children with disabilities, autism spectrum disorder, intellectual disability, specific learning disabilities, child-centered play therapy LEGO-based therapy, group play therapy, social communication.

Introduction

People need social skills like social communication, reciprocity, teamwork, emotional understanding, and peer interaction in order to be able to participate in home, school, and community settings. Children with disabilities, such as ASD, ID, and SLD, may have difficulties in one or more of these domains, hindering their ability to integrate, acquire knowledge, and maintain health. Babies learn how to take on social roles, figure out what is okay to do, and see things from other people's points of view by playing. Play therapy uses play-based methods and therapeutic relationships to help people adapt and improve their mental health.

Need for the Review

The research landscape on play therapy is wide, encompassing non-directive and directive modalities, individual and group formats, and many aims, such as joint attention, peer interaction, and social problem-solving. Research frequently differs in methodological rigor, sample size, and outcome measures, complicating the capacity of practitioners and policymakers to derive definitive findings on efficacy across various disability groups and circumstances. A comprehensive, disability-focused synthesis is required to elucidate mechanisms of action, address implementation challenges, and identify research deficiencies to improve evidence-based practice.

Research Significance and Aims

This review consolidates studies from 2015 to 2025 that examine play therapy as a method for improving social skills in children with impairments, namely those with ASD, ID, and SLD. Our objectives are to

(a) delineate a conceptual framework connecting play therapy principles and theories to social skills outcomes;
(b) contrast predominant methodologies (directive vs. non-directive; individual vs. group);
(c) synthesize evidence of efficacy and underlying mechanisms;
(d) pinpoint implementation challenges and research deficiencies; and
(e) provide recommendations for practice and research.

Conceptual Framework

Play therapy is generally defined as the systematic application of a theoretical framework to cultivate an interpersonal dynamic wherein trained therapists leverage the therapeutic

potential of play to aid clients in preventing or addressing psychosocial challenges and achieving optimal growth and development.

The following are some of the primary concepts that are common to all models:

    (a) Play is the natural method for children to communicate.

    (b) The environment is safe and open.

    (c) The therapist and child are in harmony and possess an accepting, empathetic attitude.

    (d) The child's agency and developmental needs are honored.

    (e) The practice is culturally responsive and family-centered.

    (f) Developmentally appropriate toys and activities are employed to assist children in expressing themselves, acquiring new skills, and establishing lasting relationships.

In contrast to naturalistic and directive models, which focus on instructing, exemplifying, reinforcing, and systematically exercising social behaviors during play, Child-Centered Play Therapy (CCPT) emphasizes therapeutic interaction and a child-led methodology.

Theories Underpinning Play Therapy

Play therapy draws from multiple theoretical traditions:

Person-Centered/Humanistic (Rogers; Axline): Therapeutic change arises from an empathic, nonjudgmental, genuine relationship that supports the child's self-directed growth. CCPT operationalizes these conditions through reflective responding, tracking, limit setting (when necessary), and consistent presence.

Developmental (Piaget; Vygotsky): Pretend and symbolic play scaffold cognitive and socioemotional development; learning occurs within the zone of proximal development via guided participation and scaffolding by adults or peers.

Social Learning/Behavioral: Prosocial behaviors (e.g., sharing, turn-taking) can be taught and reinforced during play using modeling, prompting, shaping, feedback, and token systems.

Naturalistic Developmental Behavioral Interventions (NDBIs): Child-led, play-based interactions embedded in natural routines target joint attention, shared affect, and social communication through contingent responding and affective engagement.

Family Systems*:* Filial and parent-mediated play therapy leverages parent-child relationships to generalize skills across contexts and enhance caregiver competence.

These theories converge on the notion that play provides a motivating, low-threat context in which children can practice social cognition, emotion regulation, and interaction skills with intrinsic reinforcement and immediate feedback.

Play Therapy Approaches

Non-Directive: The child directs the session while the therapist provides empathetic comments and upholds explicit therapeutic boundaries when safety is compromised. Goals are focused on processes, such as enhanced autonomy, self-regulation, and relational ability. Non-directive tactics may be especially appropriate for youngsters who exhibit performance anxiety, sensory sensitivity, or a desire for autonomy. *Directive approaches:* include organized activities such as LEGO-based therapy groups, social play curricula, puppet-based emotion training, and peer-mediated play. Therapists or trained peers implement organized activities, roles, or games aimed at certain social behaviors (e.g., joint attention, conversational turn-taking). These methodologies frequently encompass explicit modeling, practice, and feedback, and may use visual aids or behavioral control techniques.

Clinical implication: When choosing a play therapy approach, it is crucial to evaluate the child's developmental stage, sensory profile, motivation, communication abilities, and familial preferences. Directive techniques offer structured guidance for certain social skills, whereas non-directive methods create a child-centered, safe environment that promotes trust and emotional regulation. Hybrid techniques attain a balance between deliberate skill enhancement and autonomy, first with unstructured play and progressing to targeted teaching. Involving the family guarantees that therapy stays pertinent and promotes the implementation of skills within the home setting. Cultural awareness improves involvement. A tailored, adaptable strategy optimizes results and fosters lasting enhancements in communication, empathy, collaboration, and social interaction.

Individual vs. Group Play Therapy

Individual: Facilitates meticulous observation of the child's signals, co-regulation, and tailored assistance. Beneficial for children experiencing significant anxiety, possessing sensory requirements, or struggling with behavioral regulation. Parental involvement, such as coaching or filial treatment, enhances generalization.

Group: Provides children the opportunity to immediately practice social skills such as sharing, negotiation, and problem-solving with peers. Defined group roles, such as those employed in LEGO-based therapy, facilitate collaboration and communication among individuals. Educational institutions or healthcare facilities may discover that group

formats are more efficient and economical; nonetheless, they must be meticulously designed, facilitated, and supervised to ensure fidelity.

Adaptations for Specific Disabilities

Autism Spectrum Disorder (ASD): Emphasize regular routines; mitigate sensory overload; utilize restricted interests; integrate visual aids; promote pragmatic communication, shared positive affect, and joint attention; and consider peer- or parent-mediated models to enhance generalization.

Intellectual Disability (ID): For children with intellectual disabilities (ID), employ simplified language, concrete materials, and repetitive, structured play sequences; integrate functional communication systems; emphasize peer modeling and cooperative games with clear and achievable roles; and utilize visual cues to support social norms and turn-taking.

Specific learning disabilities (SLD): The subsequent strategies may assist students with specific learning disabilities address concomitant social skills and self-efficacy challenges; implement game-based cooperative activities pertinent to academic content (e.g., story enactment, literacy-themed play); enhance metacognitive awareness through reflective discussions during and post-activity; and involve parents and educators to integrate social objectives with classroom practices.

Overview of the Evidence Base

The quantity of research and assessments about play-based social communication treatments has risen during the past decade. A wide array of therapies is found through scoping and systematic reviews; randomized controlled trials constitute a minor fraction of research, and other investigations employ diverse metrics and limited sample sizes. Nonetheless, mounting data indicates that play-based and play-therapeutic methodologies can improve social interaction, communication, imaginative play, and peer involvement. Consistently implementing them, obtaining assistance from peers or guardians, and situating them in practical contexts markedly improves their efficacy.

Autism Spectrum Disorder (ASD)

Child-Centered/Non-Directive Models: Studies on CCPT and DIR/Floortime indicate enhancements in social interaction, joint attention, and emotional control among autistic children. The emphasis is on therapist sensitivity and parent-mediated elements as catalysts for transformation.

Structured/Directive Group Models: LEGO-based therapy and peer-mediated collaborative play groups have shown moderate improvements in social communication and peer interaction in certain studies; however, these effects may wane with time without continued programming. Peer-mediated, theater-based activities demonstrate enhancements in social competence and significance.

Mechanisms: Play therapy for individuals with ASD often emphasizes social motivation (enhancing the rewards of social engagement), joint attention, shared affect, and practical skills through controlled yet intrinsically engaging activities and responsive assistance from adults or peers.

Intellectual Disability (ID)

Group play therapy and puppet/pretend play therapies for children with mild-to-moderate intellectual impairments have shown improvements in social skills sub domains, such as collaboration, assertiveness, and self-regulation. Direct training in social norms, peer modeling, and frequent practice in uniform settings may enhance progress. Engaging parents or educators facilitates generalization.

Specific Learning Disabilities (SLD)

Few studies examine the impact of play therapy on enhancing social skills in children with specific learning disabilities; however, recent research indicates that play-based occupational therapy and parent-child play therapy can enhance self-esteem, engagement, and collaboration. These alterations in social-emotional competencies may enhance children's academic performance, particularly in reading. Collaborative, narrative, and game-based activities linked to literacy goals, such as story enactment and role-playing games, provide children with authentic scenarios to enhance their communication and teamwork skills.

Outcomes and Mechanisms of Action

Social Interaction and Communication

Increased initiations and responses: Play therapy provides children numerous opportunities to initiate and respond to social interactions in a low-pressure environment. A therapist or peer can demonstrate turn-taking and facilitate ongoing dialogue.

Pragmatic language and joint attention: Naturalistic play environments elicit deictic gestures, eye contact, pointing, and shared focus. Visual and role-based frameworks, such as "builder-supplier-engineer" roles, facilitate communication clarity.

Fostering Empathy, Emotional Understanding, and Cooperative Skills

Pretend and symbolic play: Engaging in role-playing and storytelling aids children in comprehending others' perspectives and empathizing with their emotions. Puppet and social play instruction educates children on how to identify and regulate their emotions.
Collaborating to resolve issues: When children engage in play, they must negotiate, strategize, and cooperate. Upon achieving success, they acquire prosaically skills and have a sense of belonging within a community.

Generalization and Maintenance: Generalization is facilitated by classroom integration, peer and parent mentoring, and parent and teacher mediation. In order to maintain progress over time, booster sessions and maintenance programs might be necessary.

Barriers to Implementation

Training and supervision: To make sure that play therapy is done ethically and correctly, practitioners need to get special training and be supervised on an ongoing basis.

Measuring fidelity and outcomes: Different manuals, therapist behaviors, and outcome tools make it harder to compare results. We need standardized fidelity checklists and validated social skill measures.

Limited resources: Schools and places with few resources may not be able to keep dedicated playrooms, materials, time for parent coaching, and the right number of cases.

Fairness and being aware of different cultures: Girls and kids from different backgrounds are not well represented; interventions need to be culturally and linguistically appropriate.

Research Gaps
Varied data formats and limited samples: Numerous researches utilize small sample sizes and single-site methodologies.
Long-term results: Few studies examine outcomes post-intervention; little research has been conducted on maintenance measures.
Comparative effectiveness: Limited head-to-head comparisons exist between directive and non-directive techniques across various disability categories.
Mechanisms: Further investigation is required to evaluate mediators (such as the sophistication of pretend play and parental responsiveness) and moderators (including linguistic proficiency and sensory profile).

Practice Recommendations

Evaluation-based selection: Consider hybrid models while aligning the methodology with the child's profile (developmental stage, interests, and sensory needs).

The engagement of parents and educators: Incorporate parent coaching and filial components; collaborate with educators to facilitate opportunity for classroom integration and natural application.

Peer mediation: Demonstrate and encourage pro social actions in group contexts through the application of peer-mediated strategies.

Information and accuracy: Utilize proven social communication instruments, manuals, session checklists, and ongoing progress monitoring.

Equity-centered adaptation: Provide adaptable delivery modalities, linguistic assistance, and culturally relevant resources.

Research Recommendations

Strict designs: Add additional RCTs and pragmatic trials that have enough power. Add follow-ups (6–12 months) and studies on cost-effectiveness.

Standardized outcomes: Use the same basic outcome sets for social skills and engagement. Include both reported and observed assessments from caregivers.

Testing the mechanisms: Use pretend play, joint attention, and the therapist's and parent's responsiveness to test the suggested routes.

Contextual research: Look at how implementation works in different cultural and resource-limited settings, and on a broad scale, look at training and supervision methods.

Conclusion

Play therapy is an engaging and developmentally suitable method to assist children with impairments in enhancing their social skills. Data from 2015 to 2025 indicates that both non-directive and directive methodologies, including individual and group formats and tailored modifications for ASD, ID, and SLD, can enhance social interaction, communication, empathy, and collaboration. This is particularly accurate when programs are implemented with accuracy, include parents and peers, and are integrated into daily contexts. To advance the field ahead and make sure that play therapy lives up to its

potential as a tool for inclusive engagement and well-being, it will be vital to increase scientific rigor, standardize outcomes, and address equity and implementation hurdles.

References

Abid, N., Elloumi, S., & Mellouli, M. (2024). Effectiveness of a training program among parents of children with autism spectrum disorder (ASD): A randomized controlled trial. *Humanities and Social Sciences Communications*, 11, Article 473. https://doi.org/10.1057/s41599-024-02827-7

Angelìs, L. O., et al. (2024). LEGO®-based therapy in school settings for social behavior and mental health in children with ASD. *Brains*, 14(11), 1114. https://doi.org/10.3390/brains14111114

Asjad, S., & Naqvi, I. (2017). Effectiveness of play therapy in management of autism spectrum disorder. *Rawal Medical Journal*, 42(2), 223–226.

Barghi, F., & Amini, M. (2023). Effectiveness of DIR/Floortime play therapy on social skills and emotion regulation of children with ASD. *Middle East Journal of Rehabilitation and Health Studies*, 10(4), e138491. https://doi.org/10.5812/mejrh-138491

Bent, C. A., et al. (2022). Common and specific factors in manualized play-based interventions for autistic children: A narrative review. *Journal of Autism and Developmental Disorders*, 52(12), 5161–5180. https://doi.org/10.1007/s10803-021-05333-7

Chan, K. L. R., et al. (2024). Impact of child-centered play therapy on autistic children: Behavioral and neurophysiological outcomes. *Infant Behavior and Development*, 67, 101852. https://doi.org/10.1016/j.infbeh.2024.101852

Choy, S. W., & Lee, H. (2024). To fill the gap: A systematic literature review of group play programs for children with autism. *Analytrics Journal*, 3(2), 1–18.

Divya, K. Y., et al. (2023). DIR/Floortime in engaging autism: A systematic review. *Indian Journal of Psychiatry*, 65(Suppl. 2), S300–S311. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_405_22

Gibson, J. L., Pritchard, E., & de Lemos, C. (2021). Play-based interventions to support social and communication development in autistic children aged 2–8 years: A scoping review. *Autism*, 25(8), 2266–2287. https://doi.org/10.1177/13623613211024373

Gupta, D., & Sinha, R. (2023). Play therapy for children with autism spectrum disorder: A case report. *Indian Journal of Mental Health*, 10(2), 167–171.

Humble, J. J., et al. (2018). Child-centered play therapy for youths who have experienced trauma. *Children*, 5(3), 40. https://doi.org/10.3390/children5030040

Jacob, U. S., et al. (2022). Strategies for enhancing social skills of individuals with intellectual disability: A systematic review. *Frontiers in Rehabilitation Sciences*, 3, 968314. https://doi.org/10.3389/fresc.2022.968314

Kascsak, T. M. (2012). The impact of child-centered group play therapy on social skills for kindergarten children (Doctoral dissertation, UNC Charlotte). (Included for background on CCPT group processes.)

Koh, S. H., et al. (2024). Physical exercise interventions and social skills in children with ASD: A meta-analysis. *Frontiers in Psychology*, 15, 1399902. https://doi.org/10.3389/fpsyg.2024.1399902

Lindsay, S., et al. (2017). A scoping review of the role of LEGO® therapy for improving social communication in autism. *Autism*, 21(6), 634–650. https://doi.org/10.1177/1362361316675315

Mirahmadi, Z., et al. (2016). The effectiveness of group play therapy on social skills of students with intellectual disability. *Physical Treatments*, 6(3), 153–160.

O'Keeffe, F. S., et al. (2023). I-SOCIALISE: Cluster randomized controlled trial of LEGO®-based therapy in schools for autistic children. *BMJ Open*, 13(10), e030471. https://doi.org/10.1136/bmjopen-2019-030471

Parker, M. M., et al. (2021). Exploring the impact of child-centered play therapy on social, emotional, and academic outcomes: A meta-analytic review. *Evidence-Based Child Therapy Review*, 8(1), 1–22.

Rautenbach, G., et al. (2025). Play-based occupational therapy and social participation in autistic children: A randomized trial. *Journal of Occupational Therapy, Schools, & Early Intervention*, 18(1), 45–62. https://doi.org/10.1080/19411243.2024.2360414

Ray, D. C., & Landreth, G. L. (2015). Child-centered play therapy in schools: Review and meta-analysis. *Psychology in the Schools*, 52(2), 107–123.

Wright, B., et al. (2023). I-SOCIALISE: Cluster randomized controlled trial investigating LEGO®-based therapy in schools. *Autism*, 27(1), 161–173.

Xu, T., & colleagues. (2025). Parent–child play therapy for improving reading performance in students with specific learning disabilities: Evidence from BMC Psychology. *BMC Psychology*, 13, Article 2436.

(Additional programmatic/definition sources for play therapy principles and best practices may include: Association for Play Therapy (A4PT) definitions and best practice statements; Learn to Play Therapy implementation guidance; and evidence summaries from recognized professional bodies.)

Corbett, B. A., et al. (2023). A peer-mediated, theatre-based intervention improves social competence in autistic youth: Randomized controlled trial. *Journal of Autism and Developmental Disorders*, 53, 4365–4380. https://doi.org/10.1007/s10803-022-05802-5

Gibson, J. L., Pritchard, E., & de Lemos, C. (2021). Play-based interventions to support social and communication development in autistic children aged 2–8 years: A scoping review. *Autism*, 25(8), 2266–2287. https://doi.org/10.1177/13623613211024373

Association for Play Therapy. (n.d.). Why play therapy? https://www.a4pt.org/page/WhyPlayTherapy

Humble, J. J., et al. (2018). Child-centered play therapy for youths who have experienced trauma. *Children*, 5(3), 40. https://doi.org/10.3390/children5030040

Asjad, S., & Naqvi, I. (2017). Effectiveness of play therapy in management of autism spectrum disorder. *Rawal Medical Journal*, 42(2), 223–226.

Divya, K. Y., et al. (2023). DIR/Floortime in engaging autism: A systematic review. *Indian Journal of Psychiatry*, 65(Suppl. 2), S300–S311. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_405_22