



Ignatius Ajuru University of Education, Port Harcourt, Nigeria
Research and Development Centre

1st International Conference and Exhibition on Research, Innovation and Development (ICERID 2026)
Proceedings URL: <https://iauejournals.com/index.php/ICERID> Website: <https://icerid.online>



ISBN: 978-978-63205-1-9

June 2026; Page No. 240-245

Play as a Therapeutic Tool for Child Development in Public Primary Schools in Rivers State

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Abstract

Adults and teachers often deprive children of opportunities to play and enjoy themselves, not realising that play is a way of learning and acquiring new ideas. Play, the natural language of children, is not just recreation; it is the main way cognitive, social, emotional, and physical development is enhanced. In child development centres, play serves a more specific purpose: it is a structured therapeutic tool that addresses a wide range of developmental, behavioural, and psychological challenges. This study examines play as a therapeutic tool for child development in public primary schools in Rivers State. Piaget's theory of cognitive development and Vygotsky's theory of socio-cultural development were adopted as the theoretical framework. This research covers major modalities, evidence-based outcomes, implementation frameworks and ethical considerations that guide current play therapy practice. It concludes that play builds the confidence of children, as well as their emotional, social and cognitive development. It is suggested that Rivers State government should establish and equip a therapeutic playroom that meets Association for Play Therapy (APT) standards for materials, space, and organisation. Also, parents should make themselves available and be willing to be trained by a play therapist; this will enable them to supervise their children and wards at home during play activities.

Keywords: Play, Children, Therapy, Development, Public Schools.

Introduction

Children's communication and interactions differ from adults; adults rely mainly on verbal and nonverbal communication to share their ideas and experiences. Children, on the other hand, express their emotional views and ideas through play, which they engage in to explore their environment. Play therapy recognises this basic developmental truth, and uses it as the core mechanism of change. Axline (1947), a pioneer of child-centred play therapy, noted that children engage in one form of play or the other daily. Play activities are not merely recreation but a powerful educational tool that promotes holistic development in children. Play is a voluntary, pleasurable, and self-directed activity in which children engage for happiness rather than for an external reward (Piaget, 1962). Play is the balanced diet a child needs for holistic development, as it contains nutrients for physical, social, emotional, and cognitive development. Play entails active commitment, exploration, creativity, and flexibility, enabling children to conduct tests and experiment with toys, objects, and play materials within their environs. It is on this premise that the researchers explained that play therapy is the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help children avert or resolve psychosocial difficulties and achieve optimal growth and development (APT, 2019). Several core principles unite the diverse approaches under this definition: Play therapy offers an approach that matches children's

development, it is non-threatening, and adapts easily to different needs. Rather than expecting young children to engage in adult-style verbal therapy, play therapy meets children where they are in their natural domain of symbolic play, creative expression, and imaginative exploration.

The significance of therapeutic play in this setting is result-oriented. As revealed by the Centres for Disease Control and Prevention, approximately 1 in 6 children aged 2 to 8 years have a diagnosed mental, behavioural, or developmental disorder (CDC, 2021). Access to early intervention greatly improves long-term outcomes, including educational achievement, mental health, and social functioning, yet these services remain critically underprovided in many communities. Play therapy, delivered within the familiar environment of a child's development centre, has the potential to bridge this gap and serve as a primary or additional intervention for a wide range of presenting concerns.

Theoretical Framework

This study is anchored in Jean Piaget's theory of cognitive development and Lev Vygotsky theory of socio-cultural development. Jean Piaget (1896–1980), a Swiss scholar, propounded the theory of Cognitive Development. The principle of this theory focused on providing insights into how children acquire knowledge, skills, information and understanding as they grow and develop. For Piaget, there are four different stages of cognitive development; they include; sensorimotor stage, preoperational stage, concrete operational stage, and formal operational stage. Children progress through these stages in a fixed sequence, with each stage building upon the achievements of the previous ones.

Piaget's work revolutionised our understanding of childhood cognition, emphasising the active role of children in constructing their understanding of the world. Play is the primary apparatus through which children take in new experiences and amend their thinking to match reality. Children's symbolic play, especially in the preoperational stage (ages 2 to 7), represents the highest form of egocentric cognitive activity. During this stage, children practice and strengthen their understanding of the world (Ajayi, 2024). The theory is relevant to this study because children acquire new knowledge by interacting with things and objects around them through play. Vygotsky gave some explanation as a play therapist.

Lev Vygotsky (1896-1934), a Russian psychologist, originated the theory of socio-cultural development. Vygotsky explained that children learn and acquire new information from a More Knowledgeable Other (MKO). In this context, the More Knowledgeable Other is the teachers and experienced persons (Ahmed, 2024). With playful experiences, children construct knowledge through exploration and interaction, there by educational goals are integrated. Play in childhood education is guided by educators who create supportive environments, provide appropriate materials, and observe children's play to facilitate learning. While children maintain control over their play, teachers may scaffold learning by asking questions, introducing new ideas, or extending play activities. Thus, play in childhood education serves both as a natural behaviour of children and as an instructional approach that promotes meaningful learning. This theory is relevant to the present study due to the interconnection between more knowledgeable persons and how children explore their environment through play activities.

Core Therapeutic Principles

Several core principles unite the diverse approaches under this definition:

- The therapeutic relationship is central. The quality of the child-therapist relationship is the primary vehicle of change across virtually all play therapy models (Landreth, 2023).
- Play is a child's natural language. Play bypasses the verbal and cognitive limitations of childhood and allows children to express experiences, fears, and wishes that they cannot yet put into words.
- Children have an inborn drive toward growth and healing. Carl Rogers' (1951) concept of actualising tendency, the organism's built-in drive toward growth and self-realisation, underlies the humanistic tradition in play therapy and forms the deep respect therapists give to children's self-directed play.
- The therapeutic setting provides safety and structure. The playroom, with its carefully selected materials and clear limits, functions as a predictable, accepting, and bounded environment that allows children to explore freely.

Major Procedures of Play Therapy

Child-Centred Play Therapy (CCPT)

Child-Centered Play Therapy is the most extensively researched form of play therapy; Axline (1947) developed it, and Garry Landreth (2023) further elaborates on it. CCPT is grounded in Carl Rogers' person-centred principles: unconditional positive regard, empathic understanding, and congruence. In CCPT, the therapist creates a safe, accepting pace in which the child leads the play entirely, without direction, suggestion, or interpretation from the therapist. The therapist reflects the child's feelings, tracks behaviour, and communicates a deep acceptance of the child.

CCPT rests on eight basic principles that Axline articulated. These include: building a warm relationship with the child; accepting the child exactly as they are; creating a permissive climate; reflecting feelings; maintaining non-directiveness; letting the child set the pace of therapy; not rushing the process; and establishing only necessary limits. Together, these principles communicate to the child that they are valued, capable, and free, a healing emotional experience for many children who face criticism, control, or neglect (Chung et al., 2023)

The evidence base for CCPT is the strongest of any play therapy modality. A landmark meta-analysis by Bratton et al. (2005), which synthesises 93 controlled outcome studies conducted between 1953 and 2000, finds a large overall effect size of 0.80. This indicates that children who receive play therapy substantially outperform treated comparison children. The meta-analysis finds play therapy to be effective across diverse populations, unaffected by age, gender, or presenting problem.

Cognitive-Behavioural Play Therapy (CBPT)

Cognitive-Behavioural Play Therapy, developed in 1998, integrated the evidence-based principles of cognitive-behavioural therapy with play-based techniques that are appropriate for young children. Unlike CCPT, CBPT is directive: the therapist takes an active role in structuring play activities to address specific unhelpful thoughts and behaviours. Puppets, books, drawings, and role-play are used to model adaptive thinking and coping strategies. CBPT is especially suited for children who manifest anxiety disorders, phobias, adjustment disorders, and trauma-related symptoms where specific cognitive distortions or maladaptive behaviours need direct attention. The structured, goal-directed nature of CBPT aligns well with accountability demands in managed care and educational settings. Research supports CBPT's effectiveness for children with separation and anxiety disorder (Knell & Dasari, 2011).

Filial Therapy (Parent-Child play therapy)

Filial Therapy was developed in the 1960s. It represents a major shift in play therapy practice: rather than conducting therapy directly with the child, the therapist trains and supervises parents to become therapeutic agents for their own children. Parents learn the core CCPT skills, empathic listening, reflecting feelings, structuring play, setting limits and conduct weekly 30-minute special play sessions at home with their child under therapeutic supervision. This approach makes use of the incomparable importance of the parent-child attachment relationship in promoting children's mental health. By strengthening this relationship while building parents' therapeutic skills at the same time, Filial Therapy creates a continuous therapeutic environment that extends well beyond the clinical hour. Research consistently shows its effectiveness in reducing children's behavioural problems, increasing parental empathy and acceptance, and improving parent-child relationship quality (VanFleet et al., 2005).

Sand Tray Therapy

In sand tray therapy, children are exposed to a rectangular tray partly filled with sand, alongside a large collection of little models such as images representing people, animals, buildings, and means of transportation, storybooks, and fantasy characters. Children create scenes in the sand, sometimes silently, sometimes narrating while the therapist observes without interruption. The resulting world' is understood as an externalisation of the child's inner experience, revealing relational patterns, emotional conflicts, and developmental themes.

Sand tray therapy is especially valuable for children who are struggling with social skills, traumatised and abused children, as well as children with language difficulties and autism spectrum disorder (Chase, 2022). The tactile quality

of sand tray is naturally grounding and regulating. Creating a bounded mini world gives a child a sense of mastery and control. It is observed that sand play therapy effectively reduces aggression and negative peer interactions among children.

Art Therapy in Play-Based Contexts

Art therapy uses visual arts such as drawing, painting, and sculpture as the primary mode for expression and therapeutic change. In child development centres, art therapy is most commonly integrated into a broader play therapy framework rather than practised as a standalone discipline. Art therapy gives children a tangible, permanent record of their inner experience and allows for the gradual development and transformation of difficult emotional content over time.

A systematic review examining the effectiveness of play therapy in hospitalised children with cancer finds that art-based play modalities including drawing, painting, solving puzzles, and storytelling are beneficial in reducing hospitalization days and managing distress. Research on the TOTEM therapeutic play intervention programme, tested with earthquake survivor preschoolers in 2024, finds that art-based project activities significantly reduce anxiety- withdrawal symptoms in children aged 4 to 6.

Group play therapy

Group play therapy is another important modality in child development centres. It offers unique advantages for children whose main concerns relate to peer relationships, social skills, and belonging. In group formats, children benefit from peer modelling, reality testing, there cognition that other children share their experiences and the practice of newly learned social and emotional skills in a safe, supervised setting.

Conditions applied by Play Therapist in Child Development Centres

There are so many conditions addressed by play therapists, for this study few of them are explained below:

Trauma and Adverse Childhood Experiences (ACEs)

Among the most important applications of play therapy is its use with children who experience trauma. Adverse childhood experiences, including abuse, neglect, domestic violence, parental substance use, community violence, and poverty, are extremely common. Children who experience ACEs have strong dose-dependent effects on health and development: the more adverse experiences a child faces, the greater their risk for mental health disorders, thereby creating a lacuna for educational difficulties, as well as causing depression among children. A skilled play therapist recognises these challenges, and intervenes gently to help the child move from repetitive reenactment toward resolution. A 2024 network meta-analysis published in BMC Psychiatry, examining psychological interventions for children and adolescents exposed to disaster trauma, finds play therapy to be significantly more effective than inactive control conditions in reducing depression symptoms (Xie et al., 2024).

Anxiety Disorders

Anxiety is the most common mental health challenge among children worldwide. In young children, anxiety often shows up through behavioural avoidance, separation distress, physical complaints, sleep disturbances, and excessive worry. These presentations are sometimes mistaken for shyness or developmental immaturity. Play therapists address childhood anxiety in various ways: it provides a safe, predictable environment; it allows the child to exercise control in a space where all choices are accepted; it facilitates symbolic expression; and it builds self-efficacy through mastery experiences.

Behavioural Problems

Behavioural problems such as aggression, anti-social behaviours, hyperactivity, and impulsivity are the most common reasons children are referred to child development centres. These externalising presentations often signal underlying deregulation, unmet attachment needs, exposure to chaotic home environments, or emerging neurodevelopment conditions. Play therapists address behavioural problems by building emotional awareness and vocabulary, strengthening self-regulation capacities, and, in the case of filial and parent-child therapies, improving the relational context that is often at the root of behavioural difficulties (Parker et al., (2021). Observation shows that play therapy is effective in reducing aggression, anxiety, depression, and social withdrawal.

Developmental Delays and Neuro-developmental Conditions

Child development centres frequently serve children with autism spectrum disorder (ASD), intellectual disability, developmental delays, language disorders, and attention-deficit/hyperactivity disorder (ADHD). Play therapy is increasingly recognised as a valuable intervention for these populations, though adaptations are often necessary to match each child's sensory, communicative, and cognitive profile. For children with ASD, play therapy goals may include expanding play complexity and spontaneity, developing joint attention and reciprocal interaction, reducing anxiety, and supporting social communication (Baktashian et al., 2025).

Social-Emotional Development and School Readiness

Beyond clinical intervention, play therapy has significant implications for preventive and universal programming in child development centres. Social-emotional learning (SEL), which covers self-awareness, self-management, social awareness, relationship skills, and responsible decision-making, is recognized as a foundational component of school readiness and long-term academic success. Play-based therapeutic programming can be integrated into classroom and centre-based contexts to support these competencies across entire child populations, not only those with identified diagnoses.

Conclusion

Play therapy is an effective treatment across many contexts, presenting problems, and populations. Scholars have used play therapy over time in solving different behavioural challenges among pupils in the public primary schools. As a measure of curbing these behavioural difficulties in children, the government, teachers, and parents need to work as a team to actualise this societal and academic challenge.

Suggestions

The following suggestions are made:

1. The Universal Basic Education Board should provide a properly designed and equipped therapeutic playroom that meets APT standards for materials, space, and organisation in the public primary schools across Rivers State.
2. The Rivers State government should employ Professional Play Therapists (PPT) who will support and coach children with various disorders through a play-based approach.
3. Parents should make themselves available to be trained by play therapists; this will enable them to supervise their children and wards at home during play activities
4. Funding play therapy centres is capital intensive; therefore, Rivers State government should provide enough funds that will cater to and sustain the play therapy approach.
5. As Virginia Axline, the pioneer of child-centred play therapy, advocated that the child's play is his talk, and the toys are his words.' In view of the above assertion, child development centres that promote play therapy should apply the fundamental act of respect and care to children under their tutelage.

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