THE IMPACT OF CHILD-CENTERED PLAY THERAPY ON ACADEMIC ACHIEVEMENT OF CHILDREN IN POVERTY

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Childhood poverty is a prevalent concern in the United States and is associated with poor psychological and academic outcomes. Psychosocial stressors associated with life in poverty may interrupt the development of a positive self-concept, ultimately hampering the academic achievement of children in poverty. As the therapeutic objectives of child-centered play therapy (CCPT) support the development of an increasingly positive self-concept, I explored the impact of CCPT on the academic achievement of children in poverty. Participants were composed of 55 students between the ages of 4-7 years old from seven Title 1 elementary schools in the southern United States. Of the 55 study participants, 12 (22%) were female and 43 (78%) were male. Regarding participant ethnicity, 7 (13%) were African American, 1 (2%) was Asian American, 5 (9%) were multi-racial, 35 (64%) were Latino, 6 (11%) were Caucasian, and 1 (2%) did not report ethnicity. Participants were randomly assigned to either a 16 session CCPT treatment group (n = 25) or a waitlist control group (n = 30). A mixed between-within ANOVA was conducted to evaluate improvement in academic achievement scores between treatment and control groups across time. Results indicated a statistically significant interaction effect on the Early Achievement Composite Score of the Young Children's Achievement Test (p = .042). The standardized difference between groups was Cohen's d = .53 indicating a medium effect size. Overall, findings from this study support CCPT as an effective intervention to promote improvements in the academic achievement of children in poverty.

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THE IMPACT OF CHILD-CENTERED PLAY THERAPY ON ACADEMIC ACHIEVEMENT OF CHILDREN IN POVERTY

An estimated 12.8 million U.S. children were living under the federal poverty line in 2017 (U.S. Census Bureau, 2018a), and this number more than doubles when accounting for children who live just above the federal poverty line (National Center for Children in Poverty, 2018). Beyond the stress of financial strain, numerous adversities are associated with life in poverty, including community violence, residential instability, and food insecurity (Carlson, 2006; Ihrke & Faber, 2012; U.S. Department of Agriculture, 2018). Researchers have established a pattern of high co-morbidity between the number of childhood adversities experienced, including child abuse and neglect, and socioeconomic status (Metzler, Merrick, Klevens, Ports, & Ford, 2017; Steele et al., 2016). These concerns, compounded by the environmental stressor of economic instability, contribute to poor psychological and educational outcomes for those living in poverty (Adam & Chase-Lansdale, 2002; Reiss, 2013).

Individuals living in poverty experience higher rates of mental health diagnoses in adulthood than their economically advantaged peers, including major depression, schizophrenia, and substance abuse disorders (Faris & Dunham, 1939; Hudson, 2005; Srole & Fischer, 1978). Poor mental health outcomes are consistent across the lifespan, with increased rates of externalizing and internalizing disorders occurring in children of low socioeconomic status (Reiss, 2013). In fact, a systematic review of contemporary childhood poverty research reveals young children are particularly vulnerable, with the strongest relationship between negative mental health outcomes and poverty occurring for children under the age of 12 years old (Reiss, 2013). Furthermore, research suggests that the experience of poverty in childhood influences

adulthood mental health outcomes, with childhood financial hardship serving as a significant predictor of the onset of mental health disorders (McLaughlin et al., 2011).

Poverty and Academic Achievement

Disparity in academic achievement exists between children living in poverty and those who do not, with higher income students scoring significantly higher on measures of academic achievement than their low-income peers (Chmielewski, 2019). Researchers compiled data from twelve nationally representative studies and identified a positive relationship between income and standardized test scores, emphasizing the correlation between income and academic achievement (Reardon, 2011). Further analysis of these studies revealed the most substantial gap occurring between children in families within the 90th percentile of income distribution and those at the 10th percentile (Reardon, 2011). Graduation rates reflect the persistence of these gaps, with research establishing a negative relationship between graduation and poverty (Baydu, Kaplan, and Bayar, 2013).

Federal aid programs have been developed in an attempt to address the educational needs of low-income children. Title 1 of the landmark Elementary and Secondary Education Act (ESEA), passed in 1965, allocated federal funds to low-income schools (United States, 1964). The U.S. Department of Education (2018) defines Title I schools as those whose student population is comprised of 40% or more children from low-income families, calculated based upon the number of students receiving free or reduced lunch. These Title 1 funds have been amended and expanded under the subsequent No Child Left Behind (NCLB, 2002) and the Every Student Succeeds Act (ESSA, 2015). Still, gaps in academic achievement for low income students in the United States persist (Chmielewski, 2019).

Many scholars propose that academic achievement and mental health are interconnected. Poverty is thought to negatively influence a child's self-concept, contributing to decreased self-esteem and diminished self-efficacy (Harrington, 1972; Jansen, 2015). This relationship has been established in the literature, with research revealing decreased academic self-efficacy in low-income children, as well as decreased educational aspirations communicated by their parents (Bandura, Barbaranelli, Caprara, & Pastorelli, 1996). Research emphasizes the importance of addressing academic achievement through a psychological perspective for low income students specifically, with a strong association existing between higher self-esteem and increased rates of school engagement for children in poverty (Kim, Bassett, Takahashi, Voisin, 2008). Despite this, there is a scarcity of research regarding the utilization of therapeutic approaches to support the academic achievement of children in poverty.

Difficulties in academic achievement are of particular concern for children in poverty. Interruptions in educational attainment in childhood may increase the risk for the continued experience of poverty into adulthood through diminished employment opportunities and minimized earning power (Reiss, 2013; Santiago, Kaltman, & Miranda, 2013). Scholars theorize poverty to be multi-generational in nature and emphasize that breaking the poverty cycle for one generation is critical to the goal of poverty reduction in later generations (Harper, Marcus, & Moore, 2003).

Research suggests that mental health influences academic achievement, with self-concept serving as a contributor to academic success for children in poverty (Kim et al., 2018). Scholars have theorized that children in poverty experience interruptions in their self-concepts in the form of low self-esteem and decreased self-efficacy due to the defeating nature of living in impoverished circumstances (Harrington, 1972; Jensen, 2009). There is substantial research to

support the negative impact of decreased self-concept on academic achievement (Huang, 2011; Marsh, 1990). Yet, there is a dearth of research exploring the use of therapeutic interventions to improve the academic achievement of children in poverty.

Child-Centered Play Therapy (CCPT) and Academic Achievement

CCPT is well established in the literature as a developmentally appropriate mental health intervention for children (Bratton, Ray, Rhine, & Jones, 2005; Lin & Bratton, 2015; Ray, Armstrong, Balkin, and Jayne, 2015). The therapeutic objectives of CCPT are centered around the growth and development of the child and the child's self-concept (Landreth, 2012). The CCPT therapist aims to provide an environment devoid of external evaluations to ensure the child is free to review and revise perceptions of self (Ray, 2011). Within the context of CCPT, the child begins to develop an internal locus of evaluation, perceiving experiences and self-concept within the context of his or her own beliefs, rather than those the child has internalized from others (Cochran, Nordling, & Cochran, 2010). Overall, the objectives of CCPT are intended to free the child from emotional tension and facilitate the child's ability to view him or herself as empowered, autonomous, and capable (Axline, 1947; Ray, 2011).

Previous research has consistently demonstrated the effectiveness of child-centered play therapy (CCPT) in improving academic achievement for children in low-income schools (Blanco & Ray, 2011; Blanco, Muro, Holliman, Stickley, & Carter, 2015; Blanco, Holliman, & Carroll 2020; Blanco, Holliman, Farnam, & Pena, 2018). Through a long-term research agenda, Blanco and colleagues established a consistent link between participation in CCPT and outcomes related to academic achievement, along with age, at-risk populations, typically functioning populations, and intrinsic motivation. Although CCPT appears to have positive impact on the academic

achievement of children, there has been little attention focused on linking outcomes specifically to children of poverty, limiting generalization of findings to this population in need.

Children in poverty experience persistent gaps in academic achievement when compared with their economically advantaged peers (Chmielewski, 2019). Scholars have highlighted that children in poverty experience interruptions to their self-concept due to the defeating nature of poverty, which may contribute to poor academic outcomes (Harrington, 1972; Jensen, 2009). Researchers have called for the need to explore innovative ways of supporting children in poverty persist academically and have recommended exploring mental health interventions as an avenue to do so (Le Floch et al., 2018). CCPT is a developmentally responsive mental health intervention in which the primary objectives are related to facilitating a more positive self-concept (Landreth, 2012; Ray, 2011). Based on the theoretical connection between the goals of CCPT and link between self-concept and academic achievement, the purpose of the current study was to explore the impact of CCPT on the academic achievement of children in poverty. Specifically, I sought to answer the following research question: How does participation in child-centered play therapy (CCPT) impact the academic achievement of children in poverty?

Method

Participants

Participants were recruited from 7 Title I primary and elementary schools in the southern United States. The inclusion criteria for children participating in this study were as follows: (a) Children were between the ages of 4 years 0 months -7 years 11 months old; (b) Children were enrolled in grades pre-kindergarten through 2nd grade; (c) Children were referred by school counselor or teacher for academic difficulties and/or problematic behaviors that may disrupt their ability to learn in the classroom; (d) Parents reported children were receiving free or reduced

priced lunch at school (e) Parents or guardians of referred children provided consent for children to participate in play therapy services and complete assessments; (f) Teachers of children agreed to their student's participation; (g) Children provided assent to participate in play therapy services and completed assessments; (h) Children did not receive additional mental health services during their participation in the study; (i) Children were fluent in English; (j) Children received a score below 85 on the Young Children's Achievement Test (YCAT; Hresko et al., 2000), which is one standard deviation below the mean and classified as "at risk" for academic failure.

Overall, 100 students between 4-7 years old were recruited for the study. Of those 100, 40 students did not qualify based on scoring better than one standard deviation below the mean, resulting in the inclusion of 60 participants. In the course of the treatment period, 4 participants (CCPT=2, Control =2) withdrew from the study and were unable to complete post-testing. Of the two participants in the CCPT group, one withdrew from school prior to the completion of the treatment period and another CCPT withdrew from the study for medical reasons. Of the two participants in the control group, one was removed from their home by child protective services, and another child in the control moved schools prior to the conclusion of the study. Finally, the data of one additional control participant was removed from the study due to missing demographic information necessary for accurate YCAT scoring. The remaining sample consisted of 55 participants (CCPT = 25, Control = 30).

Of the 55 study participants, 12 (22%) were female and 43 (78%) were male. Regarding participant ethnicity, 7 (13%) were African American, 1 (2%) was Asian American, 5 (9%) were multi-racial, 35 (64%) were Latino, 6 (11%) were Caucasian, and 1 (2%) did not report ethnicity. A total of 16 participants were enrolled in pre-Kindergarten, 22 in Kindergarten, 13 in first

grade, and 4 in second grade. Participant ages included 14 four-year-olds, 24 five-year-olds, 12 six-year-olds, and 5 seven-year-olds.

Instruments

The YCAT is an assessment of early academic achievement with children ages 4 years 0 months to 7 years 11 months old (Hresko et al., 2000). The measure produces an overall Early Achievement Composite score, designed to evaluate a student's progress relative to children their age. The measure was developed to assess levels of academic achievement across five related domains. These domains are General information, reading, mathematics, writing, and spoken language. Each of these domains comprise the the Early Achievement Composite score, which is normed by age. Participants with Early Achievement Composite scores below 85 are considered to be performing one standard deviation below the mean (Hresko et al., 2000).

Internal consistency reliability estimates for all subscales and the total composite scores are strong with Cronbach's coefficient alphas ranging between .80- to 89 on subscales and .96 on total composite. Strong internal consistency for total composite scores exists across ages ranging from .95 to .97. Cronbach's alpha for the current sample was .98.

Procedures

As part of a larger study with children participating in CCPT, approval was obtained from the university institutional review board, as well as the two school districts involved in the study. School counselors and teachers were asked to identify children within their schools who were academically at-risk due to low academic achievement, problem behaviors, and/or emotional concerns. Referrals were collected from the school counselor and informed consent forms were provided to parents/caregivers and teachers of identified children. All consent forms outlined the purpose, procedures, foreseeable risks, and potential benefits of the study, along

with participants' rights. The forms also included contact information where further questions regarding the study could be directed. Demographic forms were also obtained from parents/caregivers in which they specified their child's receipt of free or reduced lunch. Additionally, child assent forms were provided to children describing participation in developmentally appropriate language.

Upon receipt of all completed consent and assent forms, all participants were administered the YCAT. YCAT administrators consisted of 2 masters level and 7 doctoral level counseling students enrolled in a graduate counseling program. All 9 (100%) administrators were female. Regarding administrator racial identity/ethnicity, 1 (11%) identified as Latina/Hispanic, 1 (11%) identified as White/Hispanic, 1 (11%) identified as South Asian/Pakistan-American, 1 (11%) identified as Asian/Indian, and 5 (55%) identified as White/non-Hispanic.

An online random number generator was used to randomize participants into either CCPT treatment or waitlist control groups. All participants were block randomized by school. Children in the treatment group received sixteen 30-minute individual CCPT sessions while children in the waitlist control group were not administered intervention during this time. Upon the completion of play therapy, the YCAT was re-administered to all participants as a post-test measure.

Treatment Group Procedures

Children in the treatment group received CCPT, a developmentally responsive therapeutic intervention for children (Ray, 2011). CCPT is non-directive in nature in order to allow for children to freely express themselves through their most natural medium of communication: play (Landreth, 2012). Grounded in person-centered theory, CCPT is focused on the development of a therapeutic relationship characterized by authenticity, warmth, and

understanding (Landreth, 2012). CCPT therapists believe that it is within this therapeutic relationship that a child is free to move towards growth while exploring and revising their self-concept (Axline, 1947; Landreth, 2012).

Participants randomized into the CCPT treatment group received 16 thirty-minute individual play therapy sessions 2 times per week over the course of 8-10 weeks. Due to absences, 3 treatment participants received between 14-15 sessions, resulting in an overall treatment group mean of 15.80 sessions. Sessions were held in play therapy rooms constructed within the schools. Each play therapy room was equipped with materials intentionally selected to allow for children to engage in a wide range of self-expression as recommended by Landreth (2012) and Ray (2011). Materials were based on the toys and materials list provided by Landreth (2012). In order to ensure the playroom was facilitative of a broad range of emotional expression, all playrooms included toys from each of the three following categories put forth by Landreth (2012): (a) Real life toys; (b) Acting-out aggressive release toys; (c) Toys for creative expression and emotional release.

CCPT sessions were provided by 7 masters level and 10 doctoral level students trained in CCPT. All 17 (100%) counselors were female. Regarding counselors racial identity/ethnicity, 1 (6%) identified as Latina/Hispanic, 1 (6%) identified as White/Hispanic, 1 (6%) identified as White/Middle Eastern, 1 (6%) identified as South Asian/Pakistan-American, 1 (6%) identified as Asian/Indian, 1 (6%) identified as Asian, 1 (6%) identified as Mixed-Race, and 10 (59%) identified as White/non-Hispanic. All play therapists had successfully completed a minimum of two play therapy courses as well as at least one supervised clinical course in play therapy. Prior to beginning sessions, all play therapists received a one-hour training designed to orient them to working within the school environment and to review the CCPT treatment protocol. Within

CCPT sessions, play therapists utilized the verbal and non-verbal CCPT skills outlined in the CCPT treatment protocol (Ray, 2011). All CCPT sessions were video recorded. Throughout the administration of the CCPT treatment, all play therapists received weekly supervision utilizing their recorded sessions to ensure adherence to the CCPT protocol.

To confirm treatment fidelity, one session for each participant was randomly selected and evaluated using Ray, Purswell, Haas, & Aldrete's (2017) Child-Centered Play Therapy-Research Integrity Checklist (CCPT-RIC) by a research team member trained in fidelity procedures. The CCPT-RIC outlines 8 CCPT categories that a play therapist's response may fall into, and a 9th non-CCPT category, to indicate responses that do not align with the protocol. As recommended by Ray et al. (2017) a minimum of 90% of CCPT responses was required for sessions to be included into the study in order to ensure the integrity of the protocol. Fidelity for the current study was 95%.

Data Analysis

To evaluate improvement in academic achievement scores between treatment and control groups across time, a mixed between-within ANOVA was conducted. Significance was tested at the .05 alpha level. The practical significance of change over time and between groups was explored using Cohen's *d* (1988) effect sizes to determine large (.08), medium, (.05) or small (.02) effects. Furthermore, improvement in children's Early Achievement Composite scores on the YCAT was examined to evaluate improvements in scores in order to determine clinical significance. An a priori power analysis for repeated measures ANOVA using G*Power 3.1 determined a sample size of 34 was required to achieve an effect size of f = .25, with a power of .80 and an alpha level of .05.

Results

In order to assess the impact of CCPT on the academic achievement of children in poverty at pre-intervention and post-intervention, a mixed between-within ANOVA was conducted. Data assumptions for random samples, independent observations, normality of distribution, homogeneity of variance, and homogeneity of intercorrelations were each met. The participation in CCPT treatment group served as the independent variable, and the Early Achievement Composite score on the YCAT (Hresko et al., 2000) served as the dependent variable. The mean scores for pre-test and post-test YCAT Early Achievement Composite scores are provided in Table 1.

Table 1

Means Scores on YCAT Early Achievement Composite Scores for Each Group

YCAT Early Achievement Composite	CCPT Treatment Group (n=25)		Waitlist Control Group (n=30)	
	M	SD	M	SD
Pre-Test	72.64	6.95	72.17	7.64
Post-Test	78.08	10.10	73.17	9.19

Results indicated a statistically significant interaction effect between time (pre-test, post-test) and group (CCPT experimental, waitlist control), Wilks' Lambda = .924, F (1, 53) = 4.34, p = .042. The standardized difference between groups was Cohen's d = .053 indicating a medium effect size. There was a statistically significant main effect for time, Wilks' Lambda = .853, F (1, 53) = 9.132, p = .004, η_p^2 = .147 and no statistically significant main effect for group, F (1, 53) = 1.72, p = .196, η_p^2 = .031. The results of the interaction effect indicated that children who participated in CCPT demonstrated statistically significantly higher scores on the YCAT from pretest to posttest when compared to the waitlist control group from pretest to posttest.

Examination of means and standard deviations indicates that the control group improved slightly while the CCPT group improved substantially. The results of the mixed between-within ANOVA can be found in Table 2.

Table 2

Summary for Mixed Between-Within ANOVA

Source	*Df*	*SS*	*MS*	*F*	*p*	η_p^2
Group	1	197.84	197.84	1.72	.196	.031
Time	1	282.78	282.78	9.13	.004	.147
Group*Time	1	134.41	134.41	4.34	.042*	.076
Within (Error)	53	1641.08	30.96			

Note. *indicates statistical significance at p < .05.

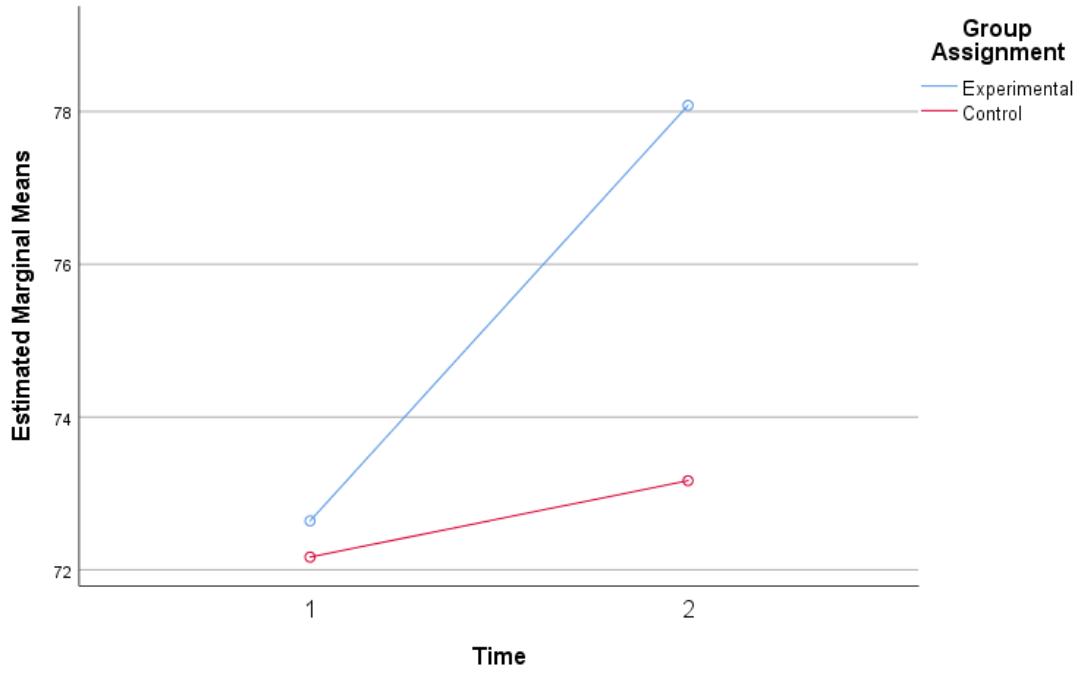

Figure 1. YCAT Early Achievement Composite Score means between groups over time.

In order to evaluate clinical significance, YCAT Early Achievement Composite Scores of study participants in the CCPT treatment group were reviewed to determine movement across

levels of academic concern. Hresko et al. (2000) defined Early Achievement Composite scores ranging between 80-89 as “Below Average”, between 70-79 as “Poor”, and between 35-69 as “Very Poor” (p.36). Scores that range between 90-110 are considered to be average (Hresko et al., 2000).

In total, 40% of the students in the experimental group demonstrated score improvements that moved them into a higher category of academic achievement, with 17% of students at post-test moving from scores that indicated risk of academic failure into the “Average” range. In comparison, 20% of students in the control group demonstrated improvement in scores that moved them into a higher category of academic achievement, with 3% of students at post-test moving into the “Average” range. Additionally, 23% of students in the control group experienced a decline in scores that moved them into category of increased academic concern, compared with 8% of students in the experimental group. The breakdown of score categories at pre-test and post-test are provided in Table 3.

Table 3

YCAT Score Ranges at Pre-Test and Post-Test

	CCPT Treatment Group (n=25)				Waitlist Control Group (n=30)			
	Very Poor	Poor	Below Average	Average	Very Poor	Poor	Below Average	Average
Pre-Test	8	11	6	0	9	14	7	0
Post-Test	6	8	7	4	10	14	5	1

Discussion

Within the current study, I sought to explore the impact of CCPT on the academic achievement of children in poverty. Results of the study revealed a statistically significant improvement in the academic achievement scores of children who participated in CCPT. These

findings appear to demonstrate the effectiveness of utilizing CCPT as an intervention to support the improved academic achievement for children in poverty. Results of this study were consistent with previous research exploring the impact of CCPT on academic achievement (Blanco, et al., 2018; Blanco et al., 2015; Blanco & Ray, 2011). While such research established the use of CCPT to support academic achievement with children, no prior study exclusively investigated the impact of CCPT on academic achievement specifically with children in poverty. Results of this study serve to expand evidentiary support regarding the benefit of CCPT on academic achievement to children in poverty.

Furthermore, results of this study contribute to existing research to further demonstrate the developmental appropriateness of CCPT, with participants between the ages of 4 to 7 years old demonstrating statistically significant improvements in academic achievement. Researchers within The National Center for Children in Poverty (NCCP; 2018) have highlighted the overrepresentation of young children in poverty, with an estimated 20% of children under the age of 9 years old living below the poverty line. Reiss (2013) emphasized the need for mental health supports for young children in poverty, noting the strongest statistically significant relationship between mental health concerns and poverty existed for children under the age of 12. Additionally, Smith, Brooks-Gunn, and Klebanov (1997) established the cognitive impacts of poverty were strongest between age 2 to 8 years old. As young children in poverty are particularly vulnerable to experiencing poor mental health and academic outcomes, scholars have highlighted the necessity of interventions that target both emotional and academic needs (Kim et al., 2018). CCPT is a developmentally appropriate mental health intervention that facilitates improvements in a child's self-concept. As positive integration of the self-concept is theorized

remain intact following the conclusion of session, CCPT appears to serve as early intervention that may prevent the escalation of future academic concerns for young children in poverty.

CCPT, Self-Concept, and Academic Achievement

Both early and modern researchers have theorized that CCPT supports academic achievement via the facilitation of an increasingly positive self-concept (Axline, 1949; Blanco et al., 2018; Ray et al., 2015). Scholars proposed that the psychosocial conditions of life in poverty both establish and reinforce low self-esteem and decreased self-efficacy (Callander & Schofield, 2016; Harrington, 1972; Jensen, 2009). The primary therapeutic objectives of CCPT are centered on fostering increased self-acceptance and self-reliance; therefore, it is plausible that children within the experimental group of the current study experienced therapeutic conditions which supported their self-concept, allowing them to move towards realizing their academic potential.

Several clinical examples throughout the study serve to support this theory. For example, treatment group children were likely to enter play therapy with cautious affect, appearing hesitant to engage with the materials in the playroom or the play therapist. One child asked repetitively for permission to utilize playroom materials in initial sessions while another child regularly engaged in negative self-talk which appeared to indicate a lack of belief in his own capabilities. In alignment with the CCPT treatment manual (Ray, 2011), the play therapist focused on returning responsibility to the children and providing esteem-building responses in order to facilitate the children's increased trust in their own inner direction. As sessions progressed, children began to use playroom materials in progressively constructive ways. Towards the end of the treatment period, children demonstrated increasingly confident play behaviors and verbalizations that suggested a heightened sense of self-assurance and self-responsibility. Perhaps, aligned with Axline's (1947) theory, children within the CCPT treatment

group experienced an increasingly positive self-concept and were thereby able to more freely express their academic capacities at the time of post-testing.

Both Landreth (2012) and Ray (2011) theorized that children's behavior can be best understood as an attempt to resolve unmet needs. Although play therapists cannot fully address unmet basic needs in session, the environment created by the play therapist allows them to "grant [a child] in fantasy what [they] cannot grant in reality" (Bratton & Landreth, 2019, p. 273). Simply put, play provides a process by which children can symbolically engage with their unmet needs. As children in poverty explore the full range of their needs in play, and are met with empathic understanding, they may experience a level of emotional resolve that progresses their capacity to engage with higher order esteem and self-actualization needs.

There were several instances throughout the study that children within the treatment group demonstrated movement towards expressing their needs and symbolically addressing them within play. One participant gravitated towards nurturing play behaviors, engaging primarily with toy food items. This child frequently engaged in fantasy play related to cooking large meals for herself and her family. Another participant described their experience of frequent moves between various apartments in their initial session and subsequently engaged in constructive play behaviors, building large homes and structures from toy blocks. Initially, each child demonstrated fixed play behaviors related to their respective themes; however, towards the conclusion of the treatment period, both children demonstrated increased spontaneity and creativity within their play. This suggests that children within the CCPT treatment group may have experienced some degree of emotional resolution regarding their unmet needs, freeing them to address needs related to self-esteem and enhanced self-concept. As previously theorized, this improvement in self-concept may have allowed children in the treatment group to engage more

fully in their learning, ultimately contributing to the improvement in academic achievement scores.

While the academic gains reflected in these results are encouraging, they do not suggest that CCPT eliminates the psychosocial impact of poverty. On the contrary, the stressors associated with life in poverty warrant further advocacy efforts in order to holistically address the needs of affected children. Instead, CCPT appears to foster a sense of self-efficacy and empowerment for children in poverty that may support them in utilizing their inner resources to more effectively navigate challenges inherent within their environment.

Multicultural Considerations

Further analysis of the demographic data within this study yields additional noteworthy findings. Prior to the completion of initial YCAT testing, 100 children in poverty were originally referred for the study. Following the scoring of the initial YCAT, 40 children were disqualified from the study as their scores did not fall at least one standard deviation below the mean YCAT score. Although Caucasian students only represented 24% of those children in poverty who originally qualified, they comprised 40% of those disqualified children who scored above the YCAT cutoff. This data suggests that minority children are not only disproportionality living in poverty, but also experiencing larger gaps in academic achievement when compared with their Caucasian peers in poverty. These findings are consistent with existing literature regarding the intersectionality of race and poverty, in which scholars have highlighted the compounding impact of racial and socioeconomic oppression (Collins, et al., 2009; Ragin & Fiss, 2017). The subsequent improvement of the academic achievement scores of minority students within the treatment group at post-testing suggests the cross-cultural efficacy of CCPT.

The cultural responsiveness of CCPT demonstrated within the current study aligns with the findings of previous outcome research (Garza & Bratton, 2005; Gonzalez & Bell, 2016; Lin & Bratton, 2015; Taylor, 2016). In their meta-analytic review of CCPT intervention research, Lin and Bratton (2015) explored variance in data between 52 controlled outcome studies when categorized by participant ethnicity. They discovered that the mean effect size for studies comprised of more than 60% racial minority children (.76) was statistically significantly higher than the mean effect size for studies comprised of more than 60% Caucasian children. Lin and Bratton (2015) proposed this was an indication of the cultural responsiveness of CCPT. In more recent research, Taylor (2016) conducted a randomized controlled trial to explore the impact of CCPT on the social emotional competencies of African American elementary school children. Results of parent reports revealed statistical and practical significance in the children's gains in empathy, along with practical significance in gains in self-regulation and social competence. Taylor (2016) theorized that the therapeutic conditions within CCPT allow African American children the opportunity to freely explore and express the way in which their racial identity impacts their lived experiences, and that the play therapists subsequent empathic responding facilitates increased emotional competence. Similarly, children within the current study may have experienced an environment in which they were free to express their cultural identity and experience empathic understanding from their CCPT play therapist.

Furthermore, data within the current study revealed a gender disparity within study participants. A higher percentage of males were represented in both the originally referred participants (male=68%, female= 32%), and those who qualified based on their YCAT score (male=78%, female= 22%). This data reveals an initial gender disparity among children referred to the study, which only became larger when accounting for academic achievement scores. In

their meta-analytic review of CCPT conducted in the schools, Ray et al. (2015) noted that male children are more frequently referred for counseling services than female children. Ray et al. (2015) suggested that behaviors of male children are often more externalized when compared with their female peers. As externalizing behaviors are more disruptive to classrooms than internalizing behaviors, male children may have been overidentified by teachers and counselors for this study.

Additionally, the gender imbalance aligns with existing research regarding gender and academic achievement (Matthews, Morrison, & Ponitz, 2009). Matthews et al. (2009) found statistically significant differences in the academic achievement of male and female kindergarten students. After controlling for age and socioeconomic circumstances, female students outperformed male students in all areas of early achievement measured (Matthews et al., 2009). Within the current study, male students may have been more likely to be experiencing academic concerns as well as more likely to score at least one standard deviation below the YCAT mean.

One way in which CCPT is responsive to varied gender needs is through the intentional selection of toys. Playroom materials selected for use within CCPT are facilitative of a diverse range of emotional expression (Landreth, 2012; Ray, 2011). As toys provide the opportunity for symbolic expression, varied materials are intentionally chosen to ensure children are free to express themselves however needed (Landreth, 2012; Ray, 2011). Ray et al. (2013, p. 48) identified four toy categories: Family/nurture, Aggressive/scary, Expressive, and Pretend/fantasy. Research conducted on the use of CCPT toys revealed that variance in toy use is predicted by gender, with male participants most frequently using aggressive/scary toys (Ray et al., 2013). Researchers emphasized the need for materials to be present from each identified category in order to accommodate a full range expression across genders (Ray et al., 2013). As

CCPT playrooms within the current study intentionally included materials from each category, it is probable that male participants were able to engage in the full range of expression necessary for them to feel fully understood within CCPT. Perhaps, as the CCPT therapist responded empathically to this thorough self-expression, the male children were able to perceive themselves in an increasingly positive manner, ultimately supporting the development of their self-concept and subsequent improvement in academic achievement.

Limitations

Although results provide promising data regarding the use of CCPT to support the academic achievement of children in poverty, they must be considered within the context of study limitations. Due to the restricted YCAT age range, participants were comprised of children aged 4 years 0 months – 7 years 11 months. Further, the study was conducted solely in public schools located in the southern United States. These factors limit the generalizability of results.

The study was intended to explore the impact of CCPT on children in poverty; however, the varying definitions of poverty make this a challenging construct to measure. The use of a child's qualification for free or reduced priced lunch as the operational definition of poverty prevents generalization to children experiencing other dimensions of poverty. Finally, the implementation of play therapy within a school setting prevented the ability to administer CCPT treatment in an identical format across participants. Although all children within the study received between 14-16 (M= 15.80) CCPT sessions, factors such as student absences, school functions, and school closures prevented some participants from receiving services at an identical consistency as others.

Implications

The academic success of students in poverty is a nationwide concern. In 2018, the U.S. Department of Education provided over 15.5 billion dollars via the Title 1 grant program to low-income schools in order to address the needs of economically disadvantaged students (Skinner & Rosenstiel, 2018). Within the Every Student Succeeds Act (ESSA) of 2015, which contains the most recent iteration of the Title 1 program, President Obama outlined the need for evidence-based interventions to be used in schools (ESSA, 2015). The U.S. Department of Education (2016) stated that an intervention may be considered at the highest tier (strong evidence), if it is supported by a "well-designed and well-implemented experimental study (e.g., a randomized controlled trial)" (U.S. Department of Education, 2016, p. 8). Furthermore, the study must involve a large, multi-site sample that overlaps with the population and setting for which the intervention is proposed and must demonstrate statistically significant favorable results that are not negated by other studies (U.S. Department of Education, 2016, p. 8). Based on this definition, the results of the current study appear to provide strong evidentiary support of the effectiveness of CCPT in improving the academic achievement of children in poverty and suggest that CCPT may be a viable option for Title 1 schools to consider when selecting interventions for their students.

Furthermore, the administration of CCPT directly within the school supports increased accessibility for children in poverty. Accessible mental health care is a prevalent concern for low-income individuals. There are numerous barriers preventing those in poverty from accessing mental healthcare, such as high costs and restrictive clinic hours (Hodgskinson, Godoy, Beers, & Lewin, 2017). Such barriers often prevent caregivers from obtaining mental health supports for their children. In an effort to increase the accessibility of mental health services for children in

poverty, researchers have highlighted the importance of integrating services into settings that children are already utilizing (Hodgskinson et al., 2017). Scholars have identified the public-school system as a structure into which therapeutic services for children in poverty can be successfully integrated (Cappella, Frazier, Atkins, Schoenwald, Glisson, 2008).

Finally, this study emphasizes the importance of integrating poverty awareness into current CCPT training programs. The needs of children in poverty are unique, as are their expressions of their experiences of poverty within the playroom. Jayne and Ray (2015) used a grounded theory approach to explore play therapists' communication of attitudinal conditions within CCPT. They discovered that a play therapists' understanding of contextual elements impacting a child promoted an enhanced communication of empathic understanding (Jayne & Ray, 2015). Since accurate empathic understanding is an essential component of CCPT, therapists are encouraged to be knowledgeable regarding the unique sociocultural context impacting children in poverty. As the rate of children under 9 years old living in poverty is an estimated 20% (NCCP, 2018), the likelihood of play therapists serving low-income children appears high; therefore, the integration of socioeconomic considerations into existing CCPT training programs may be the most feasible way disseminate knowledge to play therapists.

Outcomes of the current study illuminate numerous directions for future research. This study was the first randomized controlled trial to qualify participants on a measure of poverty when exploring the impact of CCPT on academic achievement. Children in poverty are at an increased risk of experiencing continued poverty into adulthood, and scholars have emphasized the role education attainment plays in interrupting this cycle (Santiago et al., 2013). Therefore, additional research that expands the evidence base for utilizing CCPT to support the academic achievement children in poverty is needed.

While the results of this study suggest the efficacy of CCPT on improving academic achievement of children in poverty, the mechanism by which CCPT impacts academic achievement remains unclear. Although scholars have suggested that improved self-concept may be the link between CCPT and improved academic achievement, attempts to provided empirical validation of this theory yield conflicting results (Baggerly, 2004; Blanco & Ray, 2011). Furthermore, no research to date has explored the ways in which CCPT may be uniquely effective for children in poverty. Future research empirically exploring the relationships between CCPT, self-concept, and the academic achievement of children in poverty is recommended.

The current study aimed to explore the impact of the CCPT on the academic achievement of children in poverty. Although considerable federal funding has been designated to programs supporting the academic success of children in poverty, an achievement gap between children in poverty and their economically advantaged peers remains. Children in poverty experience a unique set of psychosocial stressors that may interrupt the development of a positive self-concept. Scholars theorize that poor self-concept and low self-esteem may negatively impact the academic performance of economically disadvantaged children (Kim et al., 2018). CCPT provides children with the environment, relationship, and language to strengthen their self-concept as they are confronted by systemic barriers such as poverty. As children grow in personal sense of self-worth, they are more likely to be open to learning experiences and confident in academic tasks. Findings from the current study support CCPT as a viable intervention to improve academic achievement of children in poverty.

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APPENDIX A

EXTENDED LITERATURE REVIEW

The following is a review of literature and research relevant to the current study. It includes the following topics: (a) definitions and prevalence of poverty and childhood poverty, (b) negative mental health and academic achievement outcomes associated with poverty, (c) research exploring the use of child-centered play therapy with children in poverty, and (d) research examining the use of child-centered play therapy on self-concept and academic achievement. The review will conclude with a justification for research related to the use of child-centered play therapy to support the academic achievement of children in poverty.

Poverty

Individuals across the United States are impacted by the pervasiveness of poverty. According to the most recent annual report released by the U.S. Census Bureau (2018a), 39.7 million individuals across the United States were living in poverty in 2017. Increasing public attention has been paid to the struggle of poverty following the presidential declaration of a national "War on Poverty" in 1964 (United States, 1964). Since that time, researchers and policy makers alike have worked to define and measure poverty (Fisher, 1992), as well as identify programs to support individuals affected by poverty (Cancian & Danziger, 2009).

Definitions and Prevalence of Poverty

Poverty is a social construct with varying definitions throughout the literature. While it is most broadly defined as a "scarcity" or "dearth" (Merriam-Webster, 2019), poverty is generally understood from an economic framework. From this financial perspective, if an individual does not possess the income required to access resources necessary for living, they are considered impoverished (Wagle, 2002). However, the level of income needed to access such resources, and which resources are considered necessary, varies considerably across countries, regions, and communities. This complexity has led scholars to develop multiple definitions to address the

inconsistencies (Spicker, 2007). These definitions primarily exist within two distinct categories: relative poverty and absolute poverty.

Relative Poverty

An individual is considered to be living in relative poverty should their resources, monetary and otherwise, fall below that which is necessary to achieve a commonly accepted way of life in any given society (Townsend, 1979). Callan and Nolan (1991) theorized that a relative poverty line might be calculated utilizing a percentage of the median income within any given community. Townsend (1979) presented a more expansive theory, emphasizing that relative poverty should be measured by accounting for resource deprivation beyond income including living conditions, social supports, and education access. Townsend (1979) underscored that a fixed definition of poverty leads to inaccurate estimation of the impact of poverty, potentially deterring development in public policy and preventing those impacted by relative poverty from receiving social aid.

Using a relative approach to poverty measurement, Rank and Hirschl (2015) explored the likelihood of experiencing relative income poverty in the United States during one's lifetime. They conducted a life table analysis using nationally representative Panel Study of Income Dynamics (PSID) surveys from 1968-2011. In their analysis, an individual was considered to be in poverty if they fell in the bottom 20% of the income distribution. They found that over 61% of the U.S. population would live in the bottom 20% of income distribution for at least one year of their lives, while 42% would live in the bottom 10% of income distribution for at least one year of their lives (Rank & Hirschl 2015). Data from further multivariate analysis revealed level of education as a statistically significant predictor of relative poverty, with individuals receiving 12 years of education or less being more likely to experience poverty at both the bottom 20% and

the bottom 10% of income distribution. Overall, Rank and Hirschl (2015) proposed their results demonstrated the widespread prevalence of relative poverty and income inequality in the United States.

Critics of this relativistic perspective on poverty have argued that such measurements are "arbitrary" (Ringen, 1985, p.102), and that they fail to account for the absolutist nature of poverty (Sen, 1983). However, proponents of a relative definition of poverty argue that an absolute measurement of poverty is restrictive, and impedes the ability to account for individual experiencing deprivation within society while living above an absolute cut off point (Townsend, 2010). Across theorists, the essence of the definition of relative poverty is that it is flexible in nature and intended to transform as culture around it does (Callan & Nolan, 1991; Townsend, 2010). Due to this broad definition, relative poverty impacts a larger percentage of the population than absolute poverty (Rank & Hirschl, 2015). While more inclusive, this definition of relative poverty can prove difficult to measure objectively compared with a definition that allows for a fixed method of measurement (Callan & Nolan, 1991). Therefore, a more commonly utilized measure of poverty is absolute poverty.

Absolute Poverty

Absolute poverty is defined as a fixed level of income determined necessary to obtain basic resources needed for living (Notten & Neubourg, 2011). Shaw (1988) emphasized the importance of absolute poverty from a poverty research perspective, proposing that relative measures address the construct of economic inequality rather than poverty. Notten and Neubourg (2011) elaborated that absolute poverty is distinct in the way it reflects the inability to fulfill basic needs rather than societally common needs and is thereby more sensitive to measuring improvement in standard of living. Still, there is a relative component to even absolute measures,

as they are often based upon fixed values specific to each country (Ravallion, Datt, & Van De Walle, 1991). One exception to this is the international poverty line, developed by the World Bank (2018). Worldwide, the absolute poverty line is defined by the World Bank (2018) as the United States equivalent of $1.90 per day. Researchers have estimated that, as of 2015, 736 million individuals, or 10% of the global population, were living in this extreme state of poverty (World Bank, 2018).

Within the United States, poverty is most commonly defined through an absolute approach, utilizing the official poverty measure and associated income thresholds outlined by the U.S. Census Bureau. These thresholds compare the pre-tax income of individuals and families against a government-determined cost-of-living, and are adjusted annually for inflation (Fisher, 1992). As of 2018, the poverty threshold for a family of four, made up of two adults and two children, was $25,465 per year (U.S. Census Bureau, 2018b). For comparison, a single-parent household comprised of one adult and two children has a poverty threshold of $20,231 annually (U.S. Census Bureau, 2018b). Critics of the official poverty measure argue that it is incomplete and does not include economic data regarding the influence of government assistance programs designed to support low-income families (Ruggles, 1990).

In response to these criticisms, the U.S. Census Bureau released a supplemental poverty measure in 2011. This supplemental measure was designed to account for federally funded sources of resources and benefits, such as supplemental assistance programs for food and housing (U.S. Census Bureau, 2018c). According to this measure, 13.9% of the U.S. population were living in poverty in 2017, an increase from the 12.3% identified as living in poverty by the official poverty measure standards (U.S. Census Bureau, 2018c).

Childhood Poverty

Of the 39.7 million individuals living in poverty in 2017, 32.3%, or 12.8 million, were under 18 years of age (U.S. Census Bureau, 2018b). Analysts within The National Center for Children in Poverty (NCCP; 2018) approximate that this number is over double when considering children who live near poverty, between 100% and 199% of the federal poverty line. NCCP (2018) researchers also emphasize the overrepresentation of young children impacted by poverty, with approximately 1 of every 5 children under 9 years of age living below the federal poverty line. Children from single-parent households are particularly vulnerable to the experience of poverty (Smeeding & Thévenot, 2016). Single parents often serve as both sole wage earner and sole caregiver, resulting reduced household income and increased childcare expenses compared with dual-parent households (Maldonado & Nieuwenhuis, 2015). In 2017, over 66% of all children in poverty were living in single-parent households (National Center for Children in Poverty, 2018).

Clear racial and ethnic disparities exist among children in poverty. Researchers have outlined a racial gap in poverty avoidance for minority populations when compared to their white peers, even when the same advantages and disadvantages are held constant (Ragin & Fiss, 2017) Thus, minority children are overrepresented within the impoverished population, with 31.1% of American Indian/Alaska Native children, 28.7% of Black children, 25% of Hispanic children, and 12.2% of Asian/Native Hawaiian/Pacific Islander children living in poverty in 2017, compared with 10.9% of White children (Children's Defense Fund, 2018).

Scholars have emphasized that intersectionality between oppressed socioeconomic and racial minority status compound and reinforce the disadvantages associated with each (Collins, et al., 2009; Ragin & Fiss, 2017). Racial minority groups within the United States have experienced

political and systemic oppression in numerous forms including residential segregation, discrimination in the workplace, and societal racism (Lin & Harris, 2008). Such oppression has resulted in inequitable access to economic resources, which, in turn, reinforces decreased residential, occupational and social mobility (Lin & Harris, 2008). Lin and Harris (2008) proposed that acknowledging the ways in which race and poverty intersect allows for scholars to gain a more complete understanding of the multifaceted structure of poverty, and to identify approaches to addressing poverty and poverty related concerns that are cross-culturally effective.

Childhood Poverty-Related Concerns

Low-income children are impacted by a wide range of concerns associated with living in poverty and experience a higher prevalence of adverse childhood experiences than their economically privileged peers (Steele et al., 2016). One such poverty related concern is food insecurity, the lack of a consistent ability to obtain quality nutrition (U.S. Department of Agriculture, 2018). In 2017, over 36% of families living in poverty experienced low or very low food insecurity (U.S. Department of Agriculture, 2018). These numbers do not account for the number of families in poverty impacted by marginal food security, which the U.S. Department of Agriculture Economic Research Service (n.d.) defines as "anxiety over food sufficiency or shortage of food in the house [with] little or no indication of changes in diets or food intake" (How Are Food Security and Insecurity Measured, para. 3). In an effort to address food insecurity, the National School Lunch Program, operated by the U.S. Department of Agriculture, provides free or reduced school lunch to children in families with income at or below 185% of the federal poverty threshold (U.S. Department of Agriculture, 2018). As of 2017, over 30 million students nationwide were receiving free or reduced school lunch (U.S. Department of Agriculture, 2018).

Residential instability is also prevalent among children in poverty. In 2017, over 1.3 million children between 3 to 18 years of age were identified as living in a temporary form of housing such as a shelter, car, abandoned building, or motel (U.S. Department of Housing and Urban Development, 2018). Researchers within the U.S. Department of Housing and Urban Development (2018) note that this number does not account for those children who are not enrolled in school. For those children who do have access to permanent housing, frequent moves and transitions are common. Data from the U.S. Census Bureau collected between 2005 and 2010 revealed that individuals in poverty have the highest rate of residential instability, with individuals at or below the federal poverty threshold comprising over 52% of those who moved (Ihrke & Faber, 2012). Schafft (2006) conducted interviews with low-income parents living in rural New York regarding their residential history over a five-year period. Schafft (2006) discovered that over 78% of residential moves were involuntary, caused most commonly by housing related concerns (including eviction, inability to afford housing, or poor housing conditions) and interpersonal concerns (including domestic violence, drug-abuse, or incarceration). Subsequent researchers reported similar results when exploring residential instability in urban areas. Deluca, Wood, & Rosenblatt (2019) conducted longitudinal interviews with low-income African-American families and discovered that this instability is often involuntary, with eviction, housing quality concerns, and neighborhood violence often precipitating moves.

As the aforementioned research regarding residential instability revealed, violence is yet another prevalent concern for individuals in poverty. Carlson (2006) conducted a study with 476 children living in rural poverty to explore their exposure to violence and related concerns. The Life Experiences Survey (Singer, Anglin, Song, & Lunghofer, 1995) was used to measure

exposure to violence. Carlson (2006) found that poverty was a statistically significant predictor of a child's direct exposure to violence, specifically within their educational environment. Ultimately, Carlson (2006) theorized that a lack of funding, particularly for mental health professionals within the schools, may contribute to the high prevalence of school violence. She suggested that an increase in school counseling personnel may allow for increased development and implementation of violence prevention programs within school settings. Carlson (2006) further noted ways in which mental health professionals can engage in violence prevention at the community level, by advocating for programs that directly address poverty-related concerns such as hunger and homelessness. Additional scholars have further emphasized the importance of mental health professionals in school violence prevention (Volungis & Goodman, 2017). Volungis and Goodman (2017) theorized that school counselors provide students with a trusted interpersonal relationship, which they identified as a protective factor against engaging in violent behaviors.

In further research regarding poverty and school violence, Cedeno, Elias, Kelly, and Chu (2010) explored the prevalence and outcomes of exposure to school violence among low-income African American fifth graders. Results revealed that over 82% of students experienced direct victimization and over 93% of students witnessed violence or aggression at school during a three-month period. Further analysis indicated that direct victimization was positively correlated with both externalizing and internalizing behaviors, and negatively associated with self-concept and academic competence (Cedeno, Elias, Kelly, and Chu, 2010). Cedeno et al. (2010) theorized that school violence might make it difficult for students to concentrate on their academics, as well as increase feelings of powerlessness and diminish self-esteem.

Childhood Poverty Outcomes

Children in poverty experience numerous adversities above and beyond financial hardship (Metzler, Merrick, Klevens, Ports, & Ford, 2017; Steele et al., 2016). Scholars have theorized that poverty and poverty related concerns compound one another to create an environment of chronic stress (Evans & Kim, 2013). The chronic stress of poverty is thought to contribute to poor outcomes in a variety of areas, including mental health and academic achievement.

Mental Health Outcomes

Early research conducted by Faris and Dunham (1939) was among the first to explore the correlation between mental health and income. In this landmark study, researchers reviewed the cases of 34,864 individuals admitted to 12 mental hospitals in Chicago between 1922-1934. Through ecological mapping analysis, they discovered the highest rates of mental health diagnoses concentrated within impoverished neighborhoods. Among the hypotheses they presented regarding these results, Faris and Dunham (1939) theorized that sociocultural stressors associated with living in impoverished areas, such as social isolation and lack of community supports, may result in higher rates of mental health concerns. Srole and Fischer (1978) found similar results in their review of 2,240 individuals across various levels of mental health care in Manhattan. Their correlational analysis revealed that as an individual's childhood socio-economic status decreased, the rate of psychiatric impairment increased. Srole and Fischer (1978) suggested that the multitude of sociocultural concerns that accompany low socioeconomic status within a child's environment may culminate to contribute to poor mental health outcomes.

Contemporary research further establishes the way in which the inverse relationship

between socioeconomic status and mental health pertains to children specifically. Reiss (2013) conducted a systematic review of literature published between 1990 to 2011 to explore the relationship between mental health concerns and poverty in children. A total of 55 cross-sectional and longitudinal studies comprised of participants between the ages of 4 to 18 years old were included in the analysis. Reiss (2013) noted that 53 of the 55 studies demonstrated statistically significant associations between low household income and poor mental health outcomes, including increased rates of internalizing and externalizing disorders, antisocial behaviors, and attention deficit disorders. Furthermore, Reiss (2013) discovered that this relationship between mental health concerns and income were strongest for children younger than 12 years of age. Reiss (2013) suggested that increased environmental adversities related to low socioeconomic status as well as decreased financial resources to access mental health supports may contribute to higher rates of mental health concerns among those in poverty.

There are numerous theories as to why the link between poor mental health outcomes and poverty may exist, with many scholars suggesting that it is the combination of poverty related concerns that overlap to negatively impact children (Metzler et al., 2017; Reiss, 2013; Srole & Fischer, 1978; Steele et al., 2016;). Indeed, these theories are supported within the literature. Residential instability has been associated with increased rates of emotional, behavioral, and academic concerns (Adam & Chase-Lansdale, 2002). Parents of children experiencing food insecurity, even when marginal, have reported increased anxiety, depression, and externalizing behaviors in their children, as well as a decreased sense of self-worth (Knowles, Rabinowich, Ettinger de Cuba, Cutts, & Childon, 2016). Children who experience violence in their schools and communities demonstrate statistically significant decreases in measures of academic achievement (Milam, Furr-Holden, & Leaf, 2010).

Academic Outcomes

Scholars have long emphasized the essential role of education in the eradication of poverty (Tierney, 2015). As interruptions in educational attainment may increase the risk for the continued experience of poverty, poor academic outcomes for children in poverty are often noted as being of particular concern (Santiago et al., 2013). Yet, the ecology is cyclical, as poverty and poverty-related concerns are frequently associated with negative impacts on academic achievement.

In 1966, Coleman and colleagues conducted a milestone academic achievement study designed to explore the causes of educational inequity for black students in public schools. Prompted by national desegregation efforts following the adoption of the Civil Rights Act, Coleman and colleagues (1966) used data collected by the National Center for Educational Statistics and various consulting state universities to explore the impact of segregation, school structure, and family characteristics, including socioeconomic status, on academic achievement. Although it had been theorized that school resources had been the primary cause of the significant academic achievement gap between racial minority students and their white peers, researchers discovered that the achievement gap was influenced primarily by socioeconomic status of the students family and community (Coleman et al., 1966). Later scholars suggested the results of this study prompted further research into the influence of socioeconomic status on academic achievement (Gamoran & Long, 2007).

In subsequent research, Smith, Brooks-Gunn, and Klebanov (1997) established similar findings for young children. Using two longitudinal data sets, the National Longitudinal Survey of Youth, and the Infant Health and Development Project, researchers explored the relationship between poverty and cognitive ability for children under the age of 8. Three categories of

cognitive ability were established: IQ, verbal ability, and academic achievement. The Bayley Scales of Infant Development (Bayley, 1969), Stanford-Binet Intelligence Scale (Terman & Merrill, 1973), and the Wechsler Preschool and Primary Scale of Intelligence (Wechsler, 1967) were used to measure full-scale IQ. The Peabody Picture Vocabulary Test-Revised (PPVT-R, Dunn & Dunn, 1981) was used to measure verbal ability, the Peabody Individual Achievement Test (PIAT) was used academic achievement. Family income was calculated using the U.S. poverty threshold and number of family members. Based off of the resulting income ratio, participants were categorized as poor, near poor, middle income, or affluent (Smith, et al., 1997).

Results of Smith, Brooks-Gunn, and Klebanov's study (1997) revealed that statistically significant effects of income were found from ages 2 to 8 years old, with researchers reporting consistent results across cognitive ability measures. When controlling for family structure, ethnicity, mother's education, and child's age, researchers identified that for every 1 unit increase in income above the poverty line, there was a 3 to 3.7 unit increase in child's cognitive scores. Researchers determined that negative cognitive outcomes were strongest for children who experienced continuous poverty, with cognitive scores ranging from 6 to 9 points below the scores of children who had never experienced poverty. Furthermore, researchers noted the enhanced impact of poverty as children age, with scores of older children experiencing continuous poverty showing the strongest negative effects (Smith et al., 1997). Results also demonstrated similar cognitive impacts for children living near poverty, or those with incomes falling above the poverty line but below middle class. Specifically, children in the near poor group had cognitive scores approximately 4-6 points lower than their affluent counterparts. Smith et al. (1997) emphasized that raising the income of families living in poverty would likely raise the cognitive performance of children as young as 2 years old.

A compilation of national research further emphasizes the relationship between income and academic achievement. Reardon (2011) compiled data from 19 national studies in order to explore achievement gaps based on socioeconomic status. Analysis revealed a substantial gap between children whose families had incomes within the 90th percentile of income distribution and those at the 10th percentile. Furthermore, data revealed that this achievement gap does not narrow as children age. Reardon (2011) theorized that middle- and upper-class families have access to a larger variety of resources to support children's cognitive development.

The impact of poverty on academic achievement appears in graduation rates as well. Using data from the U.S. Census Bureau and the National Center for Educational Statistics, Baydu, Kaplan, and Bayar (2013) explored the relationship between graduation rates and poverty rates. They reviewed data collected from all 50 states within the U.S. between 2007 and 2008. Their analysis determined a statistically significant negative relationship between graduation rates and poverty rate; as the poverty rate increased, graduate rates decreased (Baydu, Kaplan, and Bayar, 2013). Baydu, Kaplan, and Bayar (2013) theorized a lack of interpersonal supports, along with increase financial pressures and decreased opportunities to build strong social networks, as contributing to increased dropout rates for youth in poverty.

Numerous scholars theorize that the academic achievement gap is ultimately the result of gap in equitable opportunity (Gorski, 2013; Milner, 2012; Verstegen, 2013). Beyond discrepancies in financial resources, impoverished children experience inequity in their opportunity to access the same academic resources as their economically privileged peers (Gorski, 2013). These resources are often impacted by the discrepancies in funding for low-income schools, which are disproportionately comprised of students of color, compared with schools positioned in economically privileged neighborhoods (Verstegen, 2013).

Furthermore, educators who fail to acknowledge the opportunity gap may inaccurately attribute academic to deficits in the individual student rather than the system at large (Milner, 2012). This may lead to decreased expectations for a students learning capacity, and ultimately result in less rigorous education practices for diverse students (Milner, 2012). Overall, the inequity present within the education system contributes to decreased opportunity for all students to achieve to their full potential (Gorski, 2013; Milner, 2012; Verstegen, 2013).

Academic Related Interventions

Government initiatives have been put into place to address the needs of low-income students in educational settings. One of the first, and largest, of these programs was the Elementary and Secondary Education Act (ESEA). Passed by President Johnson in 1965 as part of his 'War on Poverty' initiative, Title 1 of the ESEA designated educational funding to low-income schools with the intention of improving programming for economically disadvantaged children through targeted assistance (Moffitt, 2016). Later adaptations in 1978 allowed for Title 1 funds to be integrated school wide in an effort address the needs of all students within high poverty schools. Modern iterations of the ESEA, including No Child Left Behind (NCLB) and the most recent Every Student Succeeds Act (ESSA), continue to reauthorize and expand education-related funding for low-income schools, with each upholding the Title 1 provision.

The U.S. Department of Education (2018) defines Title I schools as those in which the student population is comprised of 40% or more children from low-income families. Children qualify as low income if they are receiving free or reduced lunch through the National School Lunch Program. As of 2016, over 66% of public elementary schools received Title 1 funds (U.S. Department of Education, 2018). These funds are utilized to implement various support

programs within low-income schools, including tutoring resources, increased staffing, and after-school programs.

Le Floch et al. (2018) conducted research for the U.S. Department of Education designed to explore the ways in which school districts utilized Title 1 funding. Researchers conducted surveys of 1,421 schools across 404 Title 1 districts, exploring differences between schools that implement school wide programming (SWP) and those that utilize targeted assistance programs (TAP). Le Floch et al. (2018) identified that, for both SWP and TAP schools, a majority of Title 1 expenditures were spent primarily on teachers (67% in SWP and 76% in TAP). Although authors noted that counseling and guidance services is an approved used of Title 1 funds, they referred to such use as "novel", stating that only 4 of 26 schools involved in the case study utilized funds for this purpose. Le Floch et al. (2018) invited Title 1 schools to consider counseling and other social emotional programming as "innovative strategies that might better meet the varied needs of their students." (p. 65)

The most recent ESSA education act, signed by President Obama in 2015, emphasized the need for evidence-based interventions to be utilized in Title 1 schools. Indeed, researchers across disciplines have emphasized the need for further research addressing interventions that support individuals in poverty and reduce the negative impact of poverty-related concerns (Francis, DePriest, Wilson, & Gross, 2018). However, due to the multi-dimensional nature of poverty, it may be challenging for policy makers, educators, and practitioners to determine where best to direct their interventions. The connections between poor mental health and academic achievement suggest it may be worthwhile to consider the psychological impacts of poverty when selecting interventions to support academic achievement.

Poverty and Self-Concept

The cause of the academic achievement gap for children in poverty is complex in nature; however, many scholars have theorized that self-concept plays a role in the internalized messages children receive from their environment when living in poverty. Harrington (1972) highlighted the detriments of life in poverty on an individual's aspirations and belief in their capabilities. Jensen (2015) further theorized that this relationship is externally reinforced, and that low expectations for children in poverty from others in their environment contribute to a decreased sense of self-esteem.

There is research to support the notion that individuals in poverty experience lower self-efficacy than those with economic privilege. A study of longitudinal data collected in an Australian population survey of 4,933 individuals was used to explore the relationship between poverty and self-efficacy (Callander & Schofield, 2016). Researchers explored both income poverty, defined as household income falling at income less than 50% of the population, and multi-dimensional poverty, encompassing both income poverty and low mental or physical health and education attainment. Results revealed a significant relationship between both income poverty and multi-dimensional poverty and low self-efficacy (Callander & Schofield, 2016). Researchers theorized that low self-efficacy influenced mental health, physical health, income, and education, and may reinforce itself through decreased vocational performance to perpetuate the experience of poverty (Callander & Schofield, 2016).

Additional research has been conducted regarding the relationship between self-concept and academic achievement for individuals in poverty. In a study of behavioral health among youth in poverty, researchers administered a survey to 638 low-income African American male adolescents (Kim et al., 2018). Their results revealed that higher reports of self-esteem were

associated with increased rates of school engagement, which measured students' emotional, behavioral, and academic investment into school. Higher self-esteem was also correlated with decreased risk behaviors, including decreased substance use, sexual behaviors, and delinquent behaviors that may negatively impact school engagement. Researchers identified self-esteem as a protective factor for low-income students that may moderate the ramifications of negative behavioral health factors and suggested the implementation of programs that support the development of self-esteem to promote improved academic outcomes (Kim et al., 2018).

Scholars have theorized that negative self-concept may prevent a child from perceiving their academic effort as worthwhile, which leads to poor academic outcomes that reinforce decreased self-efficacy (Conger, Conger, & Elder, 1997). Researchers have recommended that further exploration is needed into interventions that promote increased self-concept in children in poverty as a way to address academic achievement (Conger et al., 1997; Kim et al., 2018). Child-centered play therapy (CCPT), a developmentally responsive mental health intervention for children, has been widely utilized in academic settings to support both self-concept and academic achievement (Blanco & Ray, 2011, Blanco, Ray, & Holliman, 2012; Blanco et al., 2017; Cochran & Cochran, 2017; Ray et al., 2015).

Child-Centered Play Therapy (CCPT)

Play is conceptualized as being the most natural form of communication for children. Developmentally, young children do not yet possess the capacities to understand their worlds through the abstract use of language. Rather, children engage in self-expression symbolically, using "toys as their words and play as their language." (Landreth, 2012, p. 12). Born out of the recognition of need for developmentally responsive therapeutic interventions, child-centered play

therapy (CCPT) is grounded in the understanding of play as a developmentally appropriate form of expression for children.

History/Characteristics

The theoretical foundations of CCPT are rooted in the principles of Carl Rogers' person-centered theory (Rogers, 1951). Rogers believed that six core conditions were necessary for change to occur within the therapeutic process:

1. The client and therapist are in psychological contact.
2. The client is in a state of incongruence, being vulnerable or anxious.
3. The therapist is congruent in the therapeutic relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences empathic understanding for the client's inner world and attempts to communicate such to the client.
6. The client perceives, to a minimal degree, the communication of empathic understanding and unconditional positive regard from the therapist. (Rogers, 1957, p. 96)

Rogers (1957) theorized that, when provided with these therapeutic conditions, a client is free to move from a state of psychological maladjustment towards psychological wellbeing and growth in a way that is self-enhancing. Rogers (1951) hypothesized that such conditions allow for a client to experience decreased threat to their self-structure, which allows the opportunity for the client to engage in self-exploration, reevaluation, revision, and integration.

Virginia Axline, who studied under and alongside Carl Rogers, integrated these foundational tenets into her approach with child clients. Axline (1947) mirrored Rogers'

emphasis on the therapist's relationship with and attitudes towards the client in her creation of eight basic principles in non-directive play therapy. They are paraphrased as follows:

1) The therapist develops a warm, caring relationship with the child.
2) The therapist accepts the child without wishing the child were different in some way.
3) The therapist creates a feeling of safety and permissiveness in the relationship, so the child feels free to explore and express self completely.
4) The therapist is attuned to child's feelings and reflects those back to the child to support the child's understanding of their own behavior.
5) The therapist believes in and respects child's capacity to act responsibly and problem solve, and allows the child to do so.
6) The therapist trusts the child's ability to self-direct,
7) The therapist does not attempt to hurry the therapeutic process.
8) The therapist only sets limits that are necessary to anchor the therapy to the world of reality or to make the child aware of his responsibility in the relationship (Axline, 1947, p. 73-74)

Ultimately, these principles emphasize the cultivation of a therapeutic relationship which is warm, accepting, empathic, and permissive, while creating an atmosphere in which the child is able to self-direct and be trusted to progress at their own pace (Axline, 1947).

Objectives of CCPT

The objectives of CCPT are firmly centered around the growth and development of the child and the child's self-concept (Landreth, 2012). A primary objective is supporting the child in developing an increasingly positive self-concept, or the child's ability to perceive his or herself as being competent and capable. Further, the CCPT therapist aims to facilitate the child's

sense of self-direction and self-responsibility, supporting the child in feeling empowered to act in ways that are internally rewarding. Yet another objective of CCPT is self-acceptance, which is a focus on increasing a child's sense that they are inherently worthwhile while decreasing self-judgment. Finally, the CCPT therapist endeavors to increase a child's sensitivity to their internal coping processes, encouraging increased regulation in times of emotional intensity (Landreth, 2012).

These CCPT objectives are predicated upon Rogers' (1951) theory that, in order for individuals to modify their current self-concept, they must first experience the absence of threat to their self-structure. The CCPT therapist aims to provide an environment devoid of external evaluations to ensure the child is free to review and revise perceptions of self (Ray, 2011). Within the context of CCPT, the child begins to develop an internal locus of evaluation, perceiving experiences and self-concept within the context of his or her own beliefs, rather than those the child has internalized from others (Cochran, Nordling, & Cochran, 2010). Overall, the objectives of CCPT are intended to free the child from emotional tension and facilitate the child's ability to view him or herself as empowered, autonomous, and capable (Axline, 1947; Ray, 2011).

In order to facilitate the objectives of CCPT, the child-centered play therapist provides therapeutic responses within session that are intended to communicate four healing messages: "I am here. I hear you. I understand. I care." (Landreth, 2012, pp. 209-210). These facilitative responses include reflections on play behaviors, verbal content, and feelings, as well as self-esteem building responses, and those that encourage the child's decision making and return responsibility to the child (Landreth, 2012). CCPT responses are brief, personal, and non-

evaluative in order to ensure they do not interrupt the child's natural tendencies towards self-enhancement (Landreth, 2012).

CCPT Research

The overall efficacy of play therapy and CCPT is well established in the literature. Research supports the utilization of play therapy as an intervention with a variety of presenting concerns. Bratton, Ray, Rhine, and Jones (2005) conducted a meta-analytic review of 93 experimental play therapy studies published between the years of 1953-2000. They discovered a large treatment effect size (.80) for play therapy interventions, noting larger outcomes for humanistic approaches than non-humanistic approaches. They determined these outcomes to be consistent across age and gender and noted no significant difference in treatment effect across presenting concerns including internalizing and externalizing behaviors, academic achievement, adaptive behaviors, and social concerns. Bratton, Ray, Rhine, and Jones (2005) concluded that play therapy was demonstrated to be an effective intervention for various presenting concerns, while also emphasizing the importance of producing further research to continue exploration into the efficacy of play therapy.

In a later meta-analysis, Lin and Bratton (2015) looked specifically at the effectiveness of CCPT on various presenting concerns. A total of 52 controlled outcome studies conducted between the years of 1995 and 2010 were included in their research. Results revealed a large effect size, with children who received CCPT performing an average of half of one standard deviation better on outcome measure than those who did not receive CCPT. Furthermore, participants 7 years old and younger experienced larger treatment effects, suggesting enhanced benefits of CCPT for younger children. Lin and Bratton (2015) concluded that findings supported the utilization of CCPT as a developmentally responsive therapeutic intervention

across a wide range of presenting concerns, including behavioral concerns, self-efficacy, and academic performance.

Most recently, Ray, Armstrong, Balkin, and Jayne (2015) conducted a meta-analysis which examined the results of 23 studies of CCPT within elementary school settings. Their results revealed statistically significant differences in constructs measured, including internalizing problems, externalizing behaviors, academic issues, and self-efficacy for children who received CCPT as compared to those who received no intervention. Ray et al. (2015) emphasized that academic outcomes demonstrated the largest effect size (d=0.36), and concluded that CCPT appears to address emotional concerns that may be impeding a child's academic abilities.

CCPT and Self-Concept

As previously outlined, the therapeutic objectives of CCPT are intended to promote integration and growth within children. Rogers' (1951) theorized that such integration of the self-structure precedes emotional, cognitive, and behavioral changes. In order to capture this internal process in children, play therapy researchers have utilized various measures of self-concept to better explore ways in which CCPT impacts the beliefs children hold about themselves.

Crow (1990) investigated the effect of CCPT on the reading achievement, self-concept, and locus of control of 22 1st grade students. Students were referred to play therapy for low reading achievement and assigned to either a CCPT treatment group or a nontreatment control group. Students in the treatment group received one 30-minute play therapy session weekly for 10 weeks. The Gates MacGinite Reading Test (MacGinite, 1978) was used to measure reading achievement. The Piers-Harris Children's Self-Concept Scale (Piers, 1984) was used to measure self-concept and the Intellectual Achievement Responsibility questionnaire (Crandall, et al.

1965) was used to assess for locus of control. Results indicated statistically significant increases in self-concept for those in the experimental group compared with the control group, as well as gains in their internal locus of control. Both experimental and control groups demonstrated improvement in reaching achievement. Crow (1990) theorized that a longer period of treatment may be necessary to yield improvement in reading achievement, while highlighting the need for integrating CCPT within the academic process to support student's academic self-concepts.

Post (1999) conducted research exploring the impact of CCPT on self-concept, locus of control, and anxiety among 180 elementary school students in a high-poverty school. The majority of participants were identified as performing below grade level, referred to special education services, and/or living in homes impacted by poverty, neglect, residential instability, or violence. The Coopersmith Self-Esteem Inventory (SEI) (Coopersmith, 1981) was used to measure self-concept, the Intellectual Responsibility Scale (IAR) (Crandall, Katkovsky, & Crandall, 1965) was used to measure locus of control regarding achievement, and the State-Trait Anxiety Inventory (STAI) was used to measure anxiety. All instruments were administered to both the experimental and control group at pre and post treatment periods. The mean number of CCPT sessions provided to the treatment group was 4, with the actual session number ranging from 1 to 25 for participants. Although results did not indicate a statistically significant increase in self-esteem or locus of for the CCPT treatment group, they did demonstrate that students who did not receive CCPT experienced a decrease in their self-esteem and locus of control. Post (1999) concluded that CCPT may have supported students in maintaining the level of self-esteem they started with and prevented them from further externalizing their locus of control. Post (1999) suggested that, given relationships between self-esteem and academic achievement,

CCPT could be utilized to support the academic achievement of at-risk students in disadvantaged settings.

Baggerly (2004) explored the effectiveness of child-centered group play therapy (CCGPT) on improving self-concept in children who were homeless. A total of 37 participants received between 9 and 12 sessions of CCGPT. The Joseph Pre-School and Primary Self Concept Screening Test (Joseph, 1979) was used to measure self-concept pre and post CCGPT intervention. Results revealed statistically significant improvements on Global Self-Concept scores, with a moderate effect size in the Competence domain. Baggerly (2004) highlighted the clinical significance of improved competence scores considering its contribution to academic achievement.

Cochran and Cochran (2017) investigated the impact of CCPT on the disruptive behavior and learning-related self-efficacy of 65 elementary school students in high poverty schools. Students were assigned to treatment and waitlist control groups. Students in the treatment group received CCPT sessions for 30 minutes, twice weekly. The number of CCPT sessions received at time of post-test ranged from 9-22 with a mean of 17 sessions. The Teacher's Report Form for Ages 6-18 (TRF;Achenback & Resforla, 2011) was used to measure behaviors and the Self-Efficacy Scale for Children – Teacher Version (SES: Fall & McLeod, 2011) was used to measure learning related self-efficacy. Results revealed statistically significant improvements in overall problem behaviors, externalizing behaviors, attention problems, and learning-related self-efficacy in the CCPT treatment group. Cochran and Cochran (2017) underscored the implications of CCPT creating such significant changes for children in poverty, noting the reinforcing nature of poverty and related social factors that may render other attempts at intervention less successful. They theorized that the focus of CCPT on supporting the child in

developing self-direction and altering negative self-perceptions was a missing component in previous attempted interventions with this population, and ultimately the factors that led to positive outcomes.

CCPT and Academic Achievement

Several researchers have recommended the use of CCPT to support improved academic achievement for children (Post, 1999; Baggerly, 2004; Cochran & Cochran, 2017). Early CCPT research provided a theoretical basis regarding how CCPT objectives may support children in factors related academic achievement (Axline ,1949). Recently, modern experimental and quasi-experimental research has been conducted which further establishes the relationship between CCPT and increased academic achievement outcomes (Blanco & Ray, 2011; Blanco et al., 2012; Blanco et al., 2015, Blanco et al., 2017; Blanco, Holliman, & Carroll, 2019).

History

Early research in play therapy explored the impact of play therapy on intelligence. Axline (1949) conducted research designed to explore the relationship between emotions and intelligence. She believed that children, when provided the opportunity to engage in self-expression within freeing therapeutic conditions, would be able to express their intellectual capacities. Participants within Axline's (1949) study consisted of 15 children between 6-7 years old, referred to play therapy for behavioral, emotional, and speech related concerns. Children were administered the Stanford Binet at both pre and post testing to evaluate changes in their intelligence quotient (IQ). While formal statistical analysis was not utilized within this study, pre and posttest mean scores indicated that there were no decreases in IQ scores as a result of play therapy and that some children appeared to experience an increase in IQ score following play therapy. Axline separated children into three groupings: 1) children with low IQ scores that did

not change after therapy; 2) children with low IQ scores that demonstrated an increase after therapy; 3) children with average IQ scores both before and after therapy.

In reviewing each group, Axline (1949) highlighted the navigation of self-concept and personality adjustment within play therapy. She theorized ways in which the children whose IQ did not improve had experienced interruptions to their self-concept in the form of "emotional deprivation" (p.318) and were unable to engage freely in self-expression as a result. Axline (1949) noted that play therapists working with children in this group believed additional play therapy was needed. In children whose IQ demonstrated improvement, she suggested these children were able to make further movement within the therapeutic process demonstrated by increased symbolic play and release of negative emotions, which progressed into positive play behaviors. Axline revisited these concepts in her summary of all groups, stating that all children demonstrated shifts in emotional self-expression and utilized sessions to "state their self" (p. 326). Axline theorized that the child's play served as a representation of where they were within the process of self-concept reorganization and emphasized the need to integrate more responsive educational interventions to allow for children to obtain "healthy adjustment" (p. 327).

Modern Research

The impact of child-centered play therapy on academic achievement has also been established in contemporary research. In a pilot study, Blanco and Ray (2011) researched the effect of CCPT on academic achievement with children at-risk for school failure. Participants in the study included 43 students from four Title I elementary schools with low-income populations between 61% and 72.5%. Students were randomly assigned into CCPT treatment and waitlist control groups. The Young Children's Achievement Test (YCAT) was utilized to measure changes in academic achievement from pre to post testing. While results indicated that both

CCPT treatment and control groups demonstrated statistically significant improvements, the CCPT treatment group demonstrated an effect size twice as large as the control group.

In a follow up to the Blanco and Ray (2011) pilot study, Blanco, Ray, and Holliman (2012) explored the relationship between long-term CCPT and academic achievement. Participants included 18 students from the original study's experimental group who continued in CCPT for an additional 10 sessions. After students received 26 total CCPT sessions, researchers administered the YCAT to measure changes in academic achievement pre, mid, and post intervention. Results indicated statistically significant improvements in academic achievement following additional play therapy sessions. Researchers were also able to establish clinical significance using cutoff scores within the YCAT Early Achievement Composite to determine children at-risk for academic failure, with 67% of children scoring at-risk at pre-test compared with 50% at mid-testing, and 28% of children at post-testing. Blanco et al. (2012) emphasized the need for practitioners to consider the enhanced effects of long-term play therapy for optimum treatment outcomes. Furthermore, they theorized that gains in academic achievement may be related to students developing an increased sense of academic self-competence through CCPT (Blanco et al., 2012).

Further studies on CCPT and academic achievement have demonstrated similar results. Blanco, Muro, Holliman, Stickley, & Carter (2015) explored the effects of CCPT on performance anxiety and academic achievement in typically functioning students. Researchers in this study randomized 29 first grade students across 3 Title I schools into either a CCPT experimental group or waitlist control. Changes in anxiety were measured using the Revised Children's Manifest Anxiety Scale, 2nd Edition (RCMAS-2), while academic achievement was measured using both the Young Children's Achievement Test (YCAT) and the Woodcock

Johnson III Total Brief Achievement (WJIII ACH). The RCMAS-2 indicated that CCPT did not have a significant different in decreasing anxiety when compared with the control group; however, researchers noted that the RCMAS-2 measured clinical levels of anxiety rather than performance anxiety. Results of the YCAT indicated a statistically significant difference in academic achievement for children in the CCPT group as compared with control. Although the WJIII ACH did not indicate a statistically significant difference, mean scores for the treatment group did demonstrate increase over those of the waitlist control. Researchers highlighted that WJIII ACH is a brief measure, and theorized that it may not be as sensitive to change as the YCAT, a more comprehensive measure (Blanco et al., 2015).

In a follow up study, Blanco, Holliman, Muro, Toland, and Farnam (2017) provided 23 students in the CCPT experimental group from the Blanco et al. (2015) study with an additional 10 sessions of CCPT. Blanco et al. (2017) utilized the Young Children's Achievement Test (YCAT) to explore changes in academic achievement from pre, post, and follow up testing. From pre to follow up, participants in the treatment group demonstrated statistically significant improvement in academic achievement scores. Blanco et al. (2017) emphasized the value of CCPT as a long-term treatment, noting children's scores on the Spoken-Language and Mathematics subscales of the YCAT only demonstrated statistically significant change after receiving long-term treatment. They theorized that various academic skills may require longer durations of CCPT treatment to receive full benefits from the intervention (Blanco et al., 2017).

The relationship between CCPT and academic achievement has also been explored in older children. Blanco, Holliman, Farnam, and Pena (2018) investigated of the impact of CCPT on the academic achievement of typically functioning second grade students. Participants included 50 students, between the ages of 7 and 8 years old, from Title 1 elementary schools.

Students were randomly assigned to CCPT treatment or waitlist control groups. The CCPT treatment group received a total of 16 30-minute CCPT sessions, twice weekly for 8 weeks. Blanco et al. (2018) utilized the Woodcock Johnson III Total Brief Achievement (WJIII ACH; Mather & Woodcock, 2001) to assess academic achievement. Results indicated a statistically significant increase in achievement scores for children in the CCPT treatment compared to the waitlist control. Researchers theorized that the treatment goals of CCPT, including improved self-concept and self-determination, also serve to enhance academic achievement (Blanco et al., 2018).

Later research conducted by Blanco, Holliman, Ceballos, & Farnam (2019) identified similar results in younger students. Researchers randomly assigned 36 kindergarten students from Title 1 schools into a bi-weekly, 16 session CCPT treatment group or waitlist control group. Blanco et al. (2019) utilized the Young Children's Achievement Test (YCAT) to measure academic achievement of all participants pre and post intervention. Results in this study yielded a statistically significant increase in the CCPT treatment group as compared with the waitlist control with a moderate effect size. Blanco et al. (2019) theorized that the relational nature of CCPT is supportive to academically at-risk children.

In an effort to explore the mechanism by which CCPT impacts academic achievement, Blanco, Holliman, and Carroll (2020) investigated the effect of CCPT on both academic achievement and academic self-regulation. Researchers randomized 42 first grade students identified as academically at-risk into either a CCPT treatment group or a waitlist control group. The treatment group received 30-minute CCPT sessions twice weekly for 8 weeks, totaling 16 sessions. Blanco et al. (2020) utilized the Young Children's Achievement Test (YCAT) to measure academic achievement pre and post intervention, and the Academic Self-Regulation

Questionnaire Learning Disorder Version (SRQ-A LD; Deci, Hodges, Pierson, & Tomassone, 1992) to measure academic self-regulation pre and post intervention. YCAT Early Achievement Composite scores yielded statistically significant improvements with a large effect size. Analysis of SRQ-A LD scores did not indicate a statistically significant difference between treatment and control groups; however, researchers noted that Intrinsic Motivation subscale scores remained stable for the CCPT treatment group while decreasing within the waitlist control. Blanco and colleagues (2020) theorized that CCPT may serve to prevent a decrease in intrinsic motivation, thereby promoting academic success.

Additional research specifically supports the utilization of CCPT in addressing academic achievement concerns directly in the school setting. Ray et. al (2015) conducted a meta-analysis designed to explore the impact of CCPT within elementary schools. Results revealed a statistically significant difference with small to medium effect in academic achievement outcomes between children who received CCPT in the schools versus no intervention. Outcomes related to academic issues produced the largest effect size (d= 0.36). Ray et al. (2015) theorized that CCPT addressed emotional concerns that would otherwise impede a child's ability to reach full academic potential. They concluded that CCPT is an effective intervention through which to address children's academic performance and self-concept within their educational environment (Ray et al., 2015).

Conclusion

Children living in poverty are faced with a multitude of hardships early on in their development. Economic disadvantage exists in high co-morbidity with other chronic environmental concerns including food insecurity, family and community violence, and residential instability (Carlson, 2006; Ihrke & Faber, 2012; U.S. Department of Agriculture,

2018). Considering the compounded stressors children in poverty experience daily, it is essential to identify approaches to treatment that effectively support their unique needs.

Academic achievement has distinctively meaningful implications for children in poverty. Education is an essential factor in breaking the cyclical ecology of poverty, as it provides opportunities for individuals to secure economic opportunities that are not otherwise accessible to them (Santiago et al., 2013). Unfortunately, an achievement gap exists between children in poverty and their economically privileged peers (Reardon; 2011). Despite federal funding and educational support programs designed to support the academic success of children in poverty, the achievement gap persists.

Although the exact reasons for poor academic achievement outcomes among impoverished children have yet to be isolated in research, scholars suggest that self-concept is a notable component in a child's academic performance (Kim et al., 2018). CCPT has been demonstrated to be an effective approach to improving academic achievement in children; however, while many studies of CCPT and academic achievement have drawn their participants from low-income schools, it appears that none have utilized poverty or low-income as an inclusion criterion for participants (Blanco & Ray, 2011; Blanco et al., 2015; Blanco et al., 2018; Blanco, et al., 2019). This lack of specificity prevents the generalization of results to children in poverty. The current study aims to explicitly examine the effects of CCPT on the academic achievement of children in poverty.

APPENDIX B

DETAILED METHODOLOGY

The focus of this study was to investigate the impact of child-centered play therapy (CCPT) on the academic achievement of children living in poverty. A randomized controlled trial research design was implemented in order to compare the CCPT treatment group with a waitlist control group. The following research methodology includes the research question, definition of constructs, participants, instrumentation, procedures, statistical analysis of data, and an exploration of study limitations.

Research Question

The primary research question was: How does CCPT impact the academic achievement of children in poverty?

Definition of Constructs

The following is a definition of constructs utilized in this research. It includes an operational definition for each construct.

Poverty

The National School Lunch Program, administered by the U.S. Department of Agriculture (USDA; 2017), is a government funded meal program that provides free or reduced-price school lunches to qualifying students. The U.S. Census Bureau (2018b) poverty thresholds are utilized to determine a student's qualification for NSLP. At the time of the study, the USDA (2018) requirements specified that children in families with income up to 185% of the federal poverty level were eligible for NSLP. In the current study, poverty was operationalized as the child's qualification for free or reduced-price school lunch through the National School Lunch Program.

Child-Centered Play Therapy (CCPT)

Child-centered play therapy (CCPT) is a developmentally responsive therapeutic modality for counseling children (Ray, 2011). In the current study, CCPT was operationalized using the protocol outlined in Ray's (2011) CCPT treatment manual.

Academic Achievement

In the current study, Academic Achievement is operationalized as the overall composite Early Achievement score on the Young Children's Achievement Test (Hresko, Peak, Herron, & Bridges, 2000). This composite score is comprised of subtest scores which measure general information, reading, mathematics, writing, and spoken language (Hresko et al., 2000).

Participants

Participants within this study included children enrolled in 7 local Title I primary and elementary schools in the southern United States. The U.S. Department of Education (2018) defines Title I schools as those whose student population is comprised of 40% or more children from low-income families, calculated based upon the number of students receiving free or reduced lunch.

The inclusion criteria for children participating in this study were as follows: (a) Children were between the ages of 4 years 0 months -7 years 11 months old; (b) Children were enrolled in grades pre-kindergarten through 2nd grade; (c) Children were referred by school counselor or teacher for academic difficulties and/or problematic behaviors that may disrupt their ability to learn in the classroom; (d) Parents reported children were receiving free or reduced priced lunch at school (e) Parents or guardians of referred children provided consent for children to participate in play therapy services and complete assessments; (f) Teachers of children agreed to their student's participation; (g) Children provided assent to participate in play therapy services and

completed assessments; (h) Children did not receive additional mental health services during their participation in the study; (i) Children were fluent in English; (j) Children received a score below 85 on the Young Children's Achievement Test (YCAT; Hresko et al., 2000), which is one standard deviation below the mean and classified as "at risk" for academic failure. An a priori power analysis for repeated measures ANOVA using G*Power 3.1 determined a sample size of 34 was required to achieve an effect size of f = .25, with a power of .80 and an alpha level of .05.

Overall, 100 students between 4-7 years old were recruited for the study. Of those 100, 40 students did not qualify based on their YCAT score, with 60 students qualifying. In the course of the treatment period, 4 participants (CCPT=2, Control =2) withdrew from the study and were unable to complete post-testing. Of the two participants in the CCPT group, one withdrew from school prior to the completion of the treatment period and another CCPT withdrew from the study for medical reasons. Of the two participants in the control group, one was removed from their home by child protective services, and another child in the control moved schools prior to the conclusion of the study. Finally, the data of one additional control participant was removed from the study due to missing demographic information necessary for accurate YCAT scoring. The remaining sample consisted of 55 participants (CCPT = 25, Control = 30).

Of the 55 study participants, 12 (22%) were female and 43 (78%) were male. Regarding participant ethnicity, 7 (13%) were African American, 1 (2%) was Asian American, 5 (9%) were multi-racial, 35 (64%) were Latino, 6 (11%) were Caucasian, and 1 (2%) did not report ethnicity. A total of 16 participants were enrolled in pre-Kindergarten, 22 in Kindergarten, 13 in first grade, and 4 in second grade. Participant ages included 14 four-year-olds, 24 five-year-olds, 12 six-year-olds, and 5 seven-year-olds. The breakdown of demographics among treatment and waitlist control groups are provided in Table B.1.

Table B.1

Demographics of Student Participants

Demographic		CCPT Treatment Group (n=25)	Waitlist Control Group (n=30)
Gender	Female	5	7
	Male	20	23
Ethnicity	African American	5	2
	Asian American	1	0
	Multi-racial	2	3
	Latino	14	21
	Caucasian	3	3
	Ethnicity not reported	0	1
Grade	Pre-Kindergarten	6	10
	Kindergarten	12	10
	First	6	7
	Second	1	3
Age (in years)	4	6	8
	5	12	12
	6	6	6
	7	1	4

Instruments

I utilized the Young Children's Achievement Test (YCAT; (Hresko et al., 2000) as the primary assessment instrument for academic achievement to measure the effectiveness of CCPT with children in poverty.

Young Children's Achievement Test (YCAT)

The YCAT is an assessment of early academic achievement with children ages 4 years 0 months to 7 years 11 months old (Hresko et al., 2000). The measure produces an overall *Early Achievement Composite* score, designed to evaluate a student's progress relative to children their age.

The measure was developed to assess levels of academic achievement across five related domains. These domains are general information, reading, mathematics, writing, and spoken language. Similar to the *Early Achievement Composite* score, each subtest score is normed by age. The *General Information* (GI) subtest measures overall common knowledge and general concepts. The *Reading* (RE) subtest assesses a child's ability to identify letters and words, as well as engage in reading and reading comprehension. The *Mathematics* (MA) subtest evaluates child's conceptual understanding of mathematics, ranging from number identification to counting to addition and subtraction. The *Writing* (WR) subtest measures a child's abilities in fine motor skills and writing. The *Spoken Language* (SL) subtest assesses a child's spoken language comprehension.

Regarding administration, the YCAT takes approximately 25-45 minutes to complete; however, as subtests are not timed, an exact administration time cannot be calculated. It is recommended that the assessment examiners receive formal training in the administration of the measure prior to implementation. The YCAT requires administrators ask children to respond to various questions in oral, non-verbal, or written formats. Participants with *Early Achievement Composite* scores below 85 are considered to be performing one standard deviation below the mean (Hresko et al., 2000).

Internal consistency reliability estimates for all subscales and the total composite scores are strong with Cronbach's coefficient alphas ranging between .80- to 89 on subscales and .96 on total composite. Strong internal consistency for total composite scores exists across ages ranging from .95 to .97. Test-retest reliability is also strong, with coefficients ranging between .97 to .99 across subscales. Interscorer reliability is strong as well, with coefficients ranging between .97 to .99 across subscales. The construct-identification validity reveals strong relationship to academic achievement and school related abilities, with correlations as high as .99 with other assessments of academic achievement. Cronbach's alpha for the current sample was .98.

Procedures

As part of a larger study with children participating in CCPT, I obtained approval from the university institutional review board, as well as the two local school districts involved in the study. I met with school counselors and administrators to discuss the purpose of the research and the procedures governing the study. I asked school counselors and teachers to identify children within their schools who were academically at-risk due to low academic achievement, problem behaviors, and/or emotional concerns. I collected referrals from the school counselor and provided informed consent forms to parents/caregivers and teachers of identified children. All consent forms outlined the purpose, procedures, foreseeable risks, and potential benefits of the study, along with participants' rights (see Appendix E). The forms also included contact information where further questions regarding the study could be directed. Parent/caregiver forms were sent home with referred children. Along with these consent forms, demographic forms were obtained from parent/caregivers, in which parents specified if their child was receiving free or reduced lunch. Additionally, child assent forms were provided to children describing participation in developmentally appropriate language.

I requested the return of consent forms no later than the 8th week of the academic semester in order to allow for the administration of the Young Children's Achievement Test (YCAT) prior to and following the 8-week CCPT treatment or wait list control period, and for the CCPT treatment to be completed before the conclusion of the semester. Upon receipt of all completed consent and assent forms, all participants were administered the YCAT.

YCAT administrators consisted of 2 masters level and 7 doctoral level counseling students within a counseling graduate program. All 9 (100%) administrators were female. Regarding administrator racial identity/ethnicity, 1 (11%) identified as Latina/Hispanic, 1 (11%) identified as White/Hispanic, 1 (11%) identified as South Asian/Pakistan-American, 1 (11%) identified as Asian/Indian, and 5 (55%) identified as White/non-Hispanic. All administrators had successfully completed a minimum of one course regarding child and adolescent assessment. Prior to the delivery of these assessments, each administrator received formal training on YCAT administration procedures. Training was delivered in accordance with the YCAT manual, and administration materials were thoroughly reviewed with administrators. All YCAT assessments were proctored within quiet locations within each school. These testing locations were outside of the students' classroom and play therapy room and provided privacy for the administrator and student in order to minimize potential distractions during the assessment period.

Following the completion of initial YCAT administration, I reviewed scores and documentation to ensure that all participants met inclusion criteria. An online random number generator was used to randomize participants into either CCPT treatment or waitlist control groups. All participants were block randomized by school.

Children in the treatment group received sixteen 30-minute individual CCPT sessions held twice weekly. The children in the waitlist control group were not administered intervention

during this time. Upon the completion of play therapy, the YCAT was re-administered to all participants as a post-test measure.

Any information that was collected during the course of the study remained confidential. Names of children, teachers, therapists, and schools were excluded from documentation and reports of the study. Pre-test and post-test data was recorded using a unique code number for each participant. All client records were kept in accordance of IRB human subjects' approval procedures.

Treatment Group Procedures

Children in the treatment group received CCPT, a developmentally responsive therapeutic intervention for children (Ray, 2011). CCPT is non-directive in nature in order to allow for children to freely express themselves through their most natural medium of communication: play (Landreth, 2012). Grounded in person-centered theory, CCPT is centered around the development of a therapeutic relationship characterized by authenticity, warmth, and understanding (Landreth, 2012). CCPT therapists believe that it is within this therapeutic relationship that a child is free to move towards growth while exploring and revising their self-concept (Axline, 1947; Landreth, 2012).

Participants randomized into the CCPT treatment group received 16 thirty-minute individual play therapy sessions 2 times per week over the course of 8-10 weeks. Due to absences, 3 treatment participants received between 14-15 sessions, resulting in an overall treatment group mean of 15.80 sessions. Sessions were held in play therapy rooms constructed within the schools. Each play therapy room was equipped with materials intentionally selected to allow for children to engage in a wide range of self-expression as recommended by Landreth (2012) and Ray (2011). Materials were based on the toys and materials list provided by Landreth

(2012). In order to ensure the playroom was facilitative of a broad range of emotional expression, all playrooms included toys from each of the three following categories put forth by Landreth (2012): (a) Real life toys; (b) Acting-out aggressive release toys; (c) Toys for creative expression and emotional release.

CCPT sessions were provided by 7 masters level and 10 doctoral level students trained in CCPT. All 17 (100%) counselors were female. Regarding counselors racial identity/ethnicity, 1 (6%) identified as Latina/Hispanic, 1 (6%) identified as White/Hispanic, 1 (6%) identified as White, Middle Eastern 1 (6%) identified as South Asian/Pakistan-American, 1 (6%) identified as Asian/Indian, 1 (6%) identified as Asian, 1 (6%) identified as Mixed-Race, and 10 (59%) identified as White/non-Hispanic. All play therapists had successfully completed a minimum two play therapy courses as well as at least one supervised clinical course in play therapy. Prior to beginning sessions, all play therapists received a one-hour training designed to orient them to working within the school environment and to review the CCPT treatment protocol. Within CCPT sessions, play therapists utilized the verbal and non-verbal CCPT skills outlined in the CCPT treatment protocol (Ray, 2011). All CCPT sessions were video recorded. Throughout the administration of the CCPT treatment, all play therapists received weekly supervision utilizing their recorded sessions to ensure adherence to the CCPT protocol.

To confirm treatment fidelity, one session for each participant was randomly selected and evaluated using Ray, Purswell, Haas, & Aldrete's (2017) Child-Centered Play Therapy-Research Integrity Checklist (CCPT-RIC) by a research team member trained in fidelity procedures. The CCPT-RIC outlines 8 CCPT categories that a play therapist's response may fall into, and a 9th non-CCPT category, to indicate responses that do not align with the protocol. As recommended by Ray et al. (2017) a minimum of 90% of CCPT responses was required for sessions to be

included into the study in order to ensure the integrity of the protocol. Fidelity for the current study was 95%.

Data Analysis

Based on the research question, I selected a mixed between-within ANOVA to analyze data. Upon the completion of the study, all pre-test and post-test YCAT assessments were hand scored by the researcher and research team using the instructions outlined in the YCAT assessment manual. All scores were input into IBM SPSS Statistics in order to examine descriptive statistics, Levene's test, and Box's M to ensure assumptions for normality of distribution, homogeneity of variance, and homogeneity of intercorrelations were met.

The mixed between-within ANOVA allowed for the examination of differences in the dependent variable (YCAT scores) both between group assignment (CCPT treatment and waitlist control) and across time (pre-test and post-test). Significance was tested at the .05 alpha level. The interaction effect (Wilks' Lambda) was first reviewed to determine statistical significance of the impact of group assignment across time. Main effect for time was then reviewed to examine the changes of scores across time for all participants. The practical significance of change over time and between groups was explored using Cohen's *d* (1988) effect sizes to determine large (.08), medium, (.05) or small (.02) effects. Furthermore, improvement in children's Early Achievement Composite scores on the YCAT was examined to evaluate improvements in scores in order to determine clinical significance.

APPENDIX C

UNABRIDGED RESULTS

The following results are intended to answer the selected research question: How does participation in child-centered play therapy (CCPT) impact the academic achievement of children in poverty? In order to assess the impact of CCPT on the academic achievement of children in poverty at pre-intervention and post-intervention, a mixed between-within ANOVA was conducted. Data assumptions for random samples, independent observations, normality of distribution, homogeneity of variance, and homogeneity of intercorrelations were each met. The participation in CCPT treatment group served as the independent variable, and the Early Achievement Composite score on the YCAT (Hresko et al., 2000) served as the dependent variable. The mean scores for pre-test and post-test YCAT Early Achievement Composite scores are provided in table C.1.

Table C.1

Means Scores on YCAT Early Achievement Composite Scores for Each Group

YCAT Early Achievement Composite	CCPT Treatment Group (n = 25)		Waitlist Control Group (n = 30)	
	M	SD	M	SD
Pre-Test	72.64	6.95	72.17	7.64
Post-Test	78.08	10.10	73.17	9.19

Results indicated a statistically significant interaction effect between time (pre-test, post-test) and group (CCPT experimental, waitlist control), Wilks' Lambda = .924, F (1, 53) = 4.34, p = .042. The standardized difference between groups was Cohen's d = .053 indicating a medium effect size. There was a statistically significant main effect for time, Wilks' Lambda = .853, F (1, 53) = 9.132, p = .004, η_p^2 = .147 and no statistically significant main effect for group, F (1, 53) = 1.72, p = .196, η_p^2 = .031. The results of the interaction effect indicated that children who

participated in CCPT demonstrated statistically significantly higher scores on the YCAT from pretest to posttest when compared to the waitlist control group from pretest to posttest. Examination of means and standard deviations indicates that the control group improved slightly while the CCPT group improved substantially. The results of the mixed between-within ANOVA can be found in table C.2.

Table C.2

Summary for Mixed Between-Within ANOVA

Source	*df*	*SS*	*MS*	*F*	*p*	η_p^2
Group	1	197.84	197.84	1.72	.196	.031
Time	1	282.78	282.78	9.13	.004	.147
Group*Time	1	134.41	134.41	4.34	.042**	.076
Within (Error)	53	1641.08	30.96			

Note. **indicates statistical significance at p < .05.

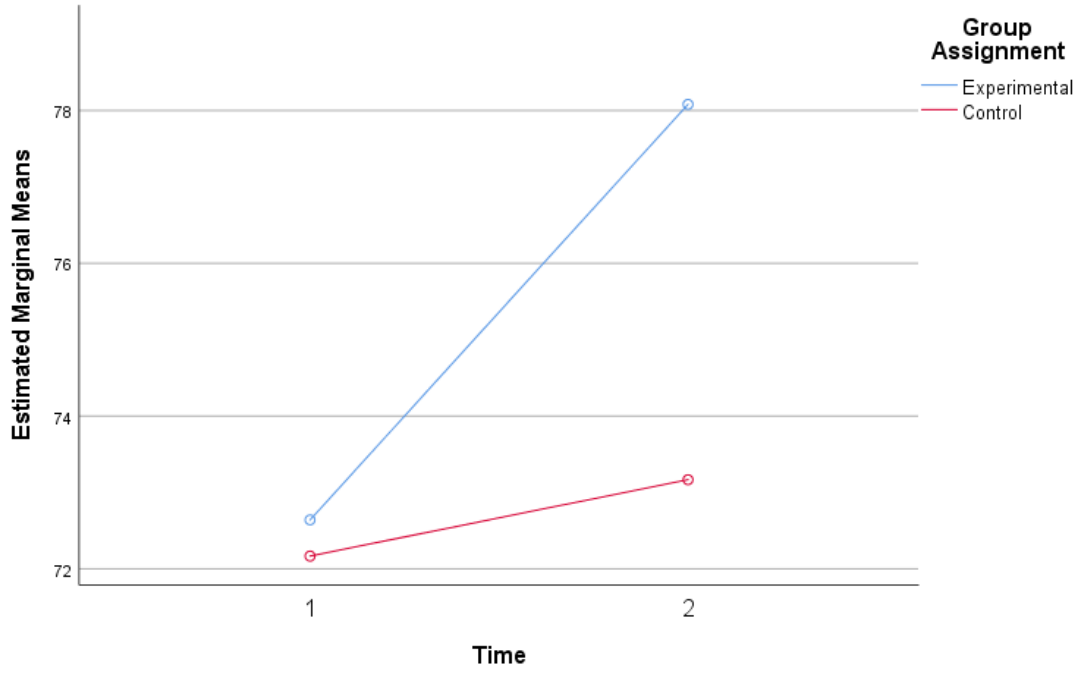

Figure C.1. YCAT Early Achievement Composite Score means between groups over time.

In order to evaluate clinical significance, YCAT Early Achievement Composite Scores of study participants in the CCPT treatment group were reviewed to determine movement across levels of academic concern. Hresko et al. (2000) defines Early Achievement Composite scores ranging between 80-89 as “Below Average”, between 70-79 as “Poor”, and between 35-69 as “Very Poor” (p.36). Scores that range between 90-110 are considered to be average (Hresko et al., 2000).

Within the control group, 9 students scored within the “Very Poor” range, 14 within the “Poor” range, and 7 within the “Below Average” range. Among the students who scored within the “Very Poor” range at pre-test, 5 remained in the “Very Poor” range at post-test, while 4 moved into higher levels of performance, with 3 student scores improving to the “Poor” range, and 1 student score improving to the “Below Average” range. Among the students who scored within the “Poor” range at pre-test, 4 student scores declined to “Very Poor” at post-test, and 9 remained “Poor” while 1 improved to “Below Average”. Finally, of the 7 students who scored “Below Average” at pre-test, 1 declined to “Very Poor”, 2 declined to “Poor”, and 4 remained “Below Average”. Only 1 of the students in the experimental group demonstrated an improvement in score that moved them from the “Below Average” to “Average” range.

Within the experimental group, 8 students scored within the “Very Poor” range, 11 within the “Poor” range, and 6 within the “Below Average” range. Among the students who scored within the “Very Poor” range at pre-test, 4 remained in the “Very Poor” range at post-test, while 4 demonstrated moved into higher levels of performance, with 3 student scores improving to the “Poor” range, and 1 student score improving to the “Below Average” range. Among the students who scored within the “Poor” range, 2 student scores at post-test declined to “Very Poor”, 5 remained “Poor”, and 2 improved to “Below Average”. Additionally, 2 students who

originally scored within the “Poor” range at pre-test demonstrated “Average” scores at post-test, moving them out of the range of “at-risk for academic failure”. Finally, of the 6 students who scored “Below Average”, at pre-test, 4 remained “Below Average”, while 2 demonstrated “Average” scores at post-test, moving them out of the range of “at-risk for academic failure”.

In total, 40% of the students in the experimental group demonstrated score improvements that moved them into a higher category of academic achievement, with 17% of students at post-test moving from scores that indicated risk of academic failure into the “Average” range. In comparison, 20% of students in the control group demonstrated improvement in scores that moved them into a higher category of academic achievement, with 3% of students at post-test moving into the “Average” range. Additionally, 23% of students in the control group experienced a decline in scores that moved them into category of increased academic concern, compared with 8% of students in the experimental group. The breakdown of score categories at pre-test and post-test are provided in Table C.3.

Table C.3

YCAT Score Ranges at Pre-Test and Post-Test

	CCPT Treatment Group (n=25)				Waitlist Control Group (n=30)			
	Very Poor	Poor	Below Average	Average	Very Poor	Poor	Below Average	Average
Pre-Test	8	11	6	0	9	14	7	0
Post-Test	6	8	7	4	10	14	5	1

APPENDIX D

EXTENDED DISCUSSION

Within the current study, I sought to explore the impact of CCPT on the academic achievement of children in poverty. Specifically, I examined the changes of Early Academic Achievement Composite YCAT scores across pre-test and post-test for children in poverty who participated in 16 sessions of CCPT compared to those in a waitlist control group. Results of the study revealed a statistically significant improvement in the academic achievement scores of children who participated in CCPT. Practical significance was established using Cohen's *d* (1988), which indicated a medium effect size for CCPT in improving academic achievement scores of children in the treatment group when compared to children in the control group. Furthermore, the data established clinical significance, with a higher percentage of children who received CCPT demonstrating improvements that transitioned them from scoring within "at risk" categories to scoring within the average range. These findings appear to demonstrate the effectiveness of utilizing CCPT as an intervention to support the improved academic achievement for children in poverty.

Results of this study were consistent with previous research exploring the impact of CCPT on academic achievement (Blanco, et al., 2018; Blanco et al., 2015; Blanco & Ray, 2011). While such research established the use of CCPT to support academic achievement with children, no prior study exclusively investigated the impact of CCPT on academic achievement specifically with children in poverty. Results of this study serve to expand evidentiary support regarding the benefit of CCPT on academic achievement to children in poverty.

Furthermore, results of this study contribute to existing research to further demonstrate the developmental appropriateness of CCPT, with participants between the ages of 4 to 7 years old demonstrating statistically significant improvements in academic achievement. Researchers within The National Center for Children in Poverty (NCCP; 2018) have highlighted the

overrepresentation of young children in poverty, with an estimated 20% of children under the age of 9 years old living below the poverty line. Reiss (2013) emphasized the need for mental health supports for young children in poverty, noting the strongest statistically significant relationship between mental health concerns and poverty existed for children under the age of 12. Additionally, Smith et al. (1997) established the cognitive impacts of poverty were strongest between ages 2 to 8 years old. As young children in poverty are particularly vulnerable to experiencing poor mental health and academic outcomes, scholars have highlighted the necessity of interventions that target both emotional and academic needs (Kim et al., 2018). CCPT is a developmentally appropriate mental health intervention that facilitates improvements in a child's self-concept. As positive integration of the self-concept is theorized remain intact following the conclusion of session, CCPT appears to serve as early intervention that may prevent the escalation of future academic concerns for young children in poverty.

CCPT, Self-Concept, and Academic Achievement

Both early and modern researchers have theorized that CCPT supports academic achievement via the facilitation of an increasingly positive self-concept (Axline, 1949; Blanco et al., 2018; Post, 1999; Ray et al., 2015). Scholars proposed that the psychosocial conditions of life in poverty both establish and reinforce low self-esteem and decreased self-efficacy (Callander & Schofield, 2016; Harrington, 1971; Jensen, 2015). The primary therapeutic objectives of CCPT are centered on fostering increased self-acceptance and self-reliance; therefore, it is plausible that children within the experimental group of the current study experienced therapeutic conditions which supported their self-concept, allowing them to move towards realizing their academic potential. This theory aligns with early research on CCPT and intelligence conducted by Axline

(1947), in which she posited that CCPT facilitates improvements to the self-concept that allowed children to more fully express their intellectual capabilities.

Several clinical examples throughout the study serve to support this theory. For example, treatment group children were likely to enter play therapy with cautious affect, appearing hesitant to engage with the materials in the playroom or the play therapist. One child asked repetitively for permission to utilize playroom materials in initial sessions while another child regularly engaged in negative self-talk which appeared to indicate a lack of belief in his own capabilities. In alignment with the CCPT treatment manual (Ray, 2011), the play therapist focused on returning responsibility to the children and providing esteem-building responses in order to facilitate the children's increased trust in their own inner direction. As sessions progressed, children began to use playroom materials in progressively constructive ways. Towards the end of the treatment period, children demonstrated increasingly confident play behaviors and verbalizations that suggested a heightened sense of self-assurance and self-responsibility. Perhaps, aligned with Axline's (1947) theory, children within the CCPT treatment group experienced an increasingly positive self-concept and were thereby able to more freely express their academic capacities at the time of post-testing.

Another mechanism by which CCPT may support the self-concept of children in poverty is by allowing for the expression and exploration of unmet needs. Maslow (1943, 1987) theorized that human needs exist in a motivational hierarchy. In accordance with this hierarchy, human motivation to address lower tier needs, including physiological needs, safety, and belonging, takes precedence over the motivation to engage with higher order needs related to self-esteem and self-actualization (Maslow 1943, 1987). Children in poverty experience interruptions to basic needs in varying forms, such as food insecurity, residential instability, and

community violence (Carlson 2006; Schafft, 2006). Thus, children in poverty may have limited opportunity to engage with higher order needs, such as cultivating increased self-esteem and positive self-concept.

Both Landreth (2012) and Ray (2011) theorized that children's behavior can be best understood as an attempt to resolve unmet needs. Although play therapists cannot fully address unmet basic needs in session, the environment created by the play therapist allows them to "grant [a child] in fantasy what [they] cannot grant in reality" (Bratton & Landreth, 2019, p. 273). Simply put, play provides a process by which children can symbolically engage with their unmet needs. As children in poverty explore the full range of their needs in play, and are met with empathic understanding, they may experience a level of emotional resolve that progresses their capacity to engage with higher order esteem and self-actualization needs.

There were several instances throughout the study that children within the treatment group demonstrated movement towards expressing their needs and symbolically addressing them within play. One participant gravitated towards nurturing play behaviors, engaging primarily with toy food items. This child frequently engaged in fantasy play related to cooking large meals for herself and her family. Another participant described their experience of frequent moves between various apartments in their initial session and subsequently engaged in constructive play behaviors, building large homes and structures from toy blocks. Initially, each child demonstrated fixed play behaviors related to their respective themes; however, towards the conclusion of the treatment period, both children demonstrated increased spontaneity and creativity within their play. This suggests that children within the CCPT treatment group may have experienced some degree of emotional resolution regarding their unmet needs, freeing them to address needs related to self-esteem and enhanced self-concept. As previously theorized, this

improvement in self-concept may have allowed children in the treatment group to engage more fully in their learning, ultimately contributing to the improvement in academic achievement scores.

While the academic gains reflected in these results are encouraging, they do not suggest that CCPT eliminates the psychosocial impact of poverty. On the contrary, the stressors associated with life in poverty warrant further advocacy efforts in order to holistically address the needs of affected children. Instead, CCPT appears to foster a sense of self-efficacy and empowerment for children in poverty that may support them in utilizing their inner resources to more effectively navigate challenges inherent within their environment.

Multicultural Considerations

Further analysis of the demographic data within this study yields additional noteworthy findings. Prior to the completion of initial YCAT testing, 100 children in poverty were originally referred for the study. Following the scoring of the initial YCAT, 40 children were disqualified from the study as their scores did not fall at least one standard deviation below the mean YCAT score. Although Caucasian students only represented 24% of those children in poverty who originally qualified, they comprised 40% of those disqualified children who scored above the YCAT cutoff. This data suggests that minority children are not only disproportionality living in poverty, but also experiencing larger gaps in academic achievement when compared with their Caucasian peers in poverty. These findings are consistent with existing literature regarding the intersectionality of race and poverty, in which scholars have highlighted the compounding impact of racial and socioeconomic oppression (Collins, et al., 2009; Ragin & Fiss, 2017). The subsequent improvement of the academic achievement scores of minority students within the treatment group at post-testing suggests the cross-cultural efficacy of CCPT.

The cultural responsiveness of CCPT demonstrated within the current study aligns with the findings of previous outcome research (Garza & Bratton, 2005; Gonzalez & Bell, 2016; Lin & Bratton, 2015; Taylor, 2016; Post, Phipps, Camp, & Grybush, 2019). In their meta-analytic review of CCPT intervention research, Lin and Bratton (2015) explored variance in data between 52 controlled outcome studies when categorized by participant ethnicity. They discovered that the mean effect size for studies comprised of more than 60% racial minority children (.76) was statistically significantly higher than the mean effect size for studies comprised of more than 60% Caucasian children. Lin and Bratton (2015) proposed this was an indication of the cultural responsiveness of CCPT.

Research focused exclusively on racially diverse children demonstrates similar findings. Garza and Bratton (2005) explored the impact of school based CCPT with 29 Hispanic elementary school children. Results revealed statistically significant improvements with a large effect size in externalizing behaviors for children participating in CCPT compared with children participating in a culturally competent curriculum-based small group. Garza and Bratton (2005) emphasized their use of an intervention-based control group and concluded that their results demonstrated the cultural sensitivity of CCPT. In more recent research, Taylor (2016) conducted a randomized controlled trial to explore the impact of CCPT on the social emotional competencies of African American elementary school children. Results of parent reports revealed statistical and practical significance in the children's gains in empathy, along with practical significance in gains in self-regulation and social competence. Although statistical significance was not established in teacher report, practical significance was established with a medium effect size. Taylor (2016) theorized that the therapeutic conditions within CCPT allow African American children the opportunity to freely explore and express the way in which their

racial identity impacts their lived experiences, and that the play therapists subsequent empathic responding facilitates increased emotional competence. Similarly, children within the current study may have experienced an environment in which they were free to express their cultural identity and experience empathic understanding from their CCPT play therapist.

Furthermore, data within the current study revealed a gender disparity within study participants. A higher percentage of males were represented in both the originally referred participants (male=68%, female= 32%), and those who qualified based on their YCAT score (male=78%, female= 22%). This data reveals an initial gender disparity among children referred to the study, which only became larger when accounting for academic achievement scores. As demographic data on children living in poverty does not suggest that poverty disproportionally impacts male children, other explanations for the imbalance must be considered.

First, the overrepresentation of male participants is consistent with previous CCPT research (Blanco & Ray, 2011; Ray et al., 2015). In their meta-analytic review of CCPT conducted in the schools, Ray et al. (2015) noted that male children are more frequently referred for counseling services than female children. Ray et al. (2015) suggested that behaviors of male children are often more externalized when compared with their female peers. As externalizing behaviors are more disruptive to classrooms than internalizing behaviors, male children may have been overidentified by teachers and counselors for this study.

Finally, the gender imbalance within study participants aligns with existing research regarding gender and academic achievement (Duckworth & Seligman, 2006, Matthews, Morrison, & Ponitz, 2009). Matthews, Morrison, and Ponitz (2009) found statistically significant differences in the academic achievement of male and female kindergarten students. After controlling for age and socioeconomic circumstances, female students outperformed male

students in all areas of early achievement measured (Matthews et al., 2009). Within the current study, male students may have been more likely to be experiencing academic concerns as well as more likely to score at least one standard deviation below the YCAT mean.

One way in which CCPT is responsive to varied gender needs is through the intentional selection of toys. Playroom materials selected for use within CCPT are facilitative of a diverse range of emotional expression (Landreth, 2012; Ray, 2011). As toys provide the opportunity for symbolic expression, varied materials are intentionally chosen to ensure children are free to express themselves however needed (Landreth, 2012; Ray, 2011). Ray et al. (2013, p. 48) identified four toy categories: Family/nurture, Aggressive/scary, Expressive, and Pretend/fantasy. Research conducted on the use of CCPT toys revealed that variance in toy use is predicted by gender, with male participants most frequently using aggressive/scary toys (Ray et al., 2013). Researchers emphasized the need for materials to be present from each identified category in order to accommodate a full range expression across genders. Furthermore, they emphasized that the exclusion of aggressive/scary toys would disproportionately limit the expression of male children (Ray et al., 2013). As CCPT playrooms within the current study intentionally included materials from each category, it is probable that male participants were able to engage in the full range of expression necessary for them to feel fully understood within CCPT. Perhaps, as the CCPT therapist responded empathically to this thorough self-expression, the male children were able to perceive themselves in an increasingly positive manner, ultimately supporting the development of their self-concept and subsequent improvement in academic achievement.

Limitations

Although the results provide promising data regarding the use of CCPT to support the academic achievement of children in poverty, they must be considered within the context of the limitations to this study. Due to the restricted age range within the YCAT, participants were comprised of only of children aged 4 years 0 months – 7 years 11 months. This limits the generalizability of these results to children who fall above or below this age range. Further, as the study was conducted solely in public schools located in the southern United States, the generalizability of results to alternate treatment settings and geographic locations is also impacted.

The study was intended to explore the impact of CCPT on children in poverty specifically; however, the varying definitions of poverty make this a challenging construct to measure. The use of a child's qualification for free or reduced priced lunch as the operational definition of poverty prevents generalization to children experiencing other dimensions of poverty. Using an additional measure of relative poverty may have allowed additional children to qualify for the study and provided a broader perspective regarding the use of CCPT to support children experiencing multidimensional poverty. Also contributing to limitations of the study is the use of a no treatment control group. This approach prevents the ability to assess if differences demonstrated between treatment and control groups are due to CCPT specifically rather than another intervention. Additionally, as participants were randomly assigned by school, it was not possible to implement true random assignment to experimental and control groups. Finally, the implementation of play therapy within a school setting prevented the ability to administer CCPT treatment in an identical format across participants. Although all children within the study received between 14-16 CCPT sessions (M= 15.80), factors such as student absences, school

functions, and school closures prevented some participants from receiving services at an identical consistency as others.

Clinical Implications

The academic success of students in poverty is a nationwide concern. Since the establishment of the Elementary and Secondary Education Act (ESEA) in 1965, the U.S. government has allocated educational funding to high poverty schools under the Title 1 grant program (Moffitt, 2016). In 2018, the U.S. Department of Education provided over 15.5 billion dollars of Title 1 funding to low-income schools in order to address the needs of economically disadvantaged students (Skinner & Rosenstiel, 2018). Within the Every Student Succeeds Act (ESSA) of 2015, which contains the most recent iteration of the Title 1 program, President Obama outlined the need for evidence-based interventions to be used in schools (ESSA, 2015).

The U.S. Department of Education (2016) outlines four tiers of consideration for evidence-based approaches: demonstrates a rationale, promising evidence, moderate evidence, and strong evidence. In accordance with their definition, an intervention may be considered at the highest tier (strong evidence), if it is supported by a "well-designed and well-implemented experimental study (e.g., a randomized controlled trial)" (U.S. Department of Education, 2016, p. 8). Furthermore, the study must involve a large, multi-site sample that overlaps with the population and setting for which the intervention is proposed and must demonstrate statistically significant favorable results that are not negated by other studies (U.S. Department of Education, 2016, p. 8). Based on this definition, the results of the current study appear to provide strong evidentiary support of the effectiveness of CCPT in improving the academic achievement of children in poverty.

In their research regarding the use of Title 1 funding, Le Floch et al. (2018) discovered that resources are rarely allocated towards mental health related interventions, although such services are an approved use of funding. Le Floch et al. (2018) recommended that schools consider increasing their funding of therapeutic interventions to meet the unique needs of low-income students. The results of the current study suggest that CCPT may be a viable option for Title 1 schools to consider when selecting interventions for their students.

Furthermore, the administration of CCPT directly within the school supports increased accessibility for children in poverty. Accessible mental health care is a prevalent concern for low-income individuals. There are numerous barriers preventing those in poverty from accessing mental healthcare, such as high costs and restrictive clinic hours (Hodgskinson, Godoy, Beers, & Lewin, 2017). Such barriers often prevent caregivers from obtaining mental health supports for their children. In an effort to increase the accessibility of mental health services for children in poverty, researchers have highlighted the importance of integrating services into settings that children are already utilizing (Hodgskinson et al., 2017). Scholars have identified the public-school system as a structure into which therapeutic services for children in poverty can be successfully integrated (Cappella, Frazier, Atkins, Schoenwald, Glisson, 2008).

CCPT is uniquely positioned as an intervention that can both address mental health concerns and support academic achievement. The current study further contributes to the large body of existing research demonstrating the successful integration of CCPT into school settings. The 8-week, 16 session treatment formatting used in the current study allowed for children to be seen with minimal interruption to their regular academic schedules. The abbreviated nature of this treatment further lends to the feasibility of integrating CCPT into the school setting to support the needs of children in poverty.

Finally, this study emphasizes the importance of integrating poverty awareness into current CCPT training programs. The needs of children in poverty are unique, as are their expressions of their experiences of poverty within the playroom. Jayne and Ray (2015) used a grounded theory approach to explore play therapists' communication of attitudinal conditions within CCPT. They discovered that a play therapist's understanding of contextual elements impacting a child promoted an enhanced communication of empathic understanding (Jayne & Ray, 2015). Because accurate empathic understanding is an essential component of CCPT, therapists are encouraged to be knowledgeable regarding the unique sociocultural context impacting children in poverty. As the rate of children under 9 years old living in poverty is an estimated 20% (NCCP, 2018), the likelihood of play therapists serving low-income children appears high; therefore, the integration of socioeconomic considerations into existing CCPT training programs may be the most feasible way disseminate knowledge to play therapists.

Implications for Future Research

Outcomes of the current study illuminate numerous directions for future research. This study was the first randomized controlled trial to qualify participants on a measure of poverty when exploring the impact of CCPT on academic achievement. Children in poverty are at an increased risk of experiencing continued poverty into adulthood, and scholars have emphasized the role education attainment plays in interrupting this cycle (Santiago et al., 2013). Therefore, additional research that expands the evidence base for utilizing CCPT to support the academic achievement children in poverty is needed.

While the results of this study suggest the efficacy of CCPT on improving academic achievement of children in poverty, the mechanism by which CCPT impacts academic achievement remains unclear. Although scholars have suggested that improved self-concept may

be the link between CCPT and improved academic achievement, attempts to provided empirical validation of this theory yield conflicting results (Baggerly, 2004; Blanco & Ray, 2011). Furthermore, no research to date has explored the ways in which CCPT may be uniquely effective for children in poverty. Future research empirically exploring the relationships between CCPT, self-concept, and the academic achievement of children in poverty is recommended.

Finally, the current study demonstrated statistically significant results of CCPT on the academic achievement of children in poverty using a 16-session model. Although research supports the efficacy of CCPT as a short-term intervention (Ray et al., 2009), Bratton et al. (2005) suggest that 35-40 sessions may be needed to obtain optimal effects. Previous studies of CCPT and academic achievement utilized a similar 16 session approach to initially establish efficacy. Follow-up studies conducted beyond the initial treatment periods demonstrated continued improvement for participants who received additional CCPT sessions. Research exploring the impact of additional CCPT sessions for children in poverty is recommended.

Conclusion

The current study aimed to explore the impact of the CCPT on the academic achievement of children in poverty. Although considerable federal funding has been designated to programs supporting the academic success of children in poverty, an achievement gap between children in poverty and their economically advantaged peers remains. Children in poverty experience a unique set of psychosocial stressors that may interrupt the development of a positive self-concept. Scholars theorize that poor self-concept and low self-esteem may negatively impact the academic performance of economically disadvantaged children (Kim et al., 2018). Despite this theory, there is a dearth of current research that explored interventions that support the academic performance of children in poverty through a mental health perspective.

As education attainment is an essential component in breaking generational poverty cycles, the importance of identifying effective interventions for supporting the academic achievement of children in poverty is paramount. The current study demonstrated CCPT as an effective intervention for improving the academic achievement of children in poverty. Statistically significant improvement in academic achievement scores were found for children who participated in 16 sessions of CCPT when compared to a waitlist control group.

The Every Student Succeeds Act (ESSA, 2015) calls for the use of evidence-based approaches in schools receiving Title 1 funding. Further, researchers who investigated the current use of Title 1 funding highlighted the underutilization of funds for counseling related interventions and recommended the use of such funds to address the unique needs of children in poverty (Le Floch et al., 2018). Findings from the current study support CCPT as a viable intervention to improve academic achievement of children in poverty.

APPENDIX E

ADDITIONAL MATERIAL

University of North Texas Institutional Review Board

Parent Informed Consent Form

Before agreeing to your child's participation in this research study, it is important that you read and understand the following explanation of the purpose, benefits and risks of the study and how it will be conducted.

Title of Study: Play for the Future: Linking Mental Health to Academic Achievement for Young Children

Investigators: Dr. Dee Ray, Dr. Natalya Lindo, and Dr. Peggy Ceballos, University of North Texas (UNT) Department of Counseling and Higher Education.

Purpose of the Study: You are being asked to allow your child to participate in a research study which involves determining if play therapy is effective in helping children improve academic achievement and the way they act, feel, and interact with others at school and home.

Study Procedures: Your child will be asked to participate in play therapy. Play therapy is designed for children to express themselves in their natural way of playing with toys. Some elementary-age children have difficulty working through problems with words, so play therapy can help facilitate the process by providing a play environment from which they can work through those issues that may limit their academic progress. Through interactions with the therapist, we hope your child will become increasingly aware of his or her own and others' feelings, thoughts, and needs, as well as learn to interact in socially appropriate ways.

Your child decides what materials to play with and what to discuss in play therapy. Your child will not be asked any questions that are not intended to facilitate his/her awareness or growth. Your child will not be forced to play. The play sessions will be video-recorded. The research team will observe the recordings to ensure the quality of play therapy services and the integrity of the study.

For this study, your child will be placed in play therapy immediately or will be placed on a waitlist of eight weeks before receiving play therapy.

You will be asked to complete three brief assessments which require approximately 10 minutes each to complete. The assessment/s will be sent home to you through your child for you to complete. The assessment/s will need to be completed at two points in the study, the beginning and end of the 8 week period. The entire study will require approximately 30 minutes of your time to complete assessments. On assessments, some questions will be personal in nature such as experiences with trauma, abuse, and neglect.

Your permission allows a researcher to administer three assessments to your child to determine your child's academic progress and level of self-concept at the beginning and end of the study. This assessment will require approximately 45 minutes to complete. The assessments will need

to be completed at two points in the study, the beginning and end of the 8 week period. The entire study will require approximately 90 minutes of your child's time to complete assessments. Additionally, your permission allows your child to be observed in the classroom to assess on-task behaviors. Observation requires no participation from your child or distraction from classroom instruction.

Your permission also allows your child's homeroom teacher to fill out an assessment which asks the teacher to report perceptions of your child's social and emotional development. The assessments will be delivered to your child's teacher by the therapist. Your child's teacher will be asked to complete this instrument before and after the 8 week period.

Foreseeable Risks: There are no significant personal risks expected from involvement in this study. Your participation is completely voluntary. You may discontinue participation at any time while completing the assessments. One possible risk to participation is discomfort when answering some of the personal questions. If you feel that the questions are too personal, you may choose not to answer the question or discontinue participation. If you become emotionally distressed in answering questions, you may contact the primary investigator for referrals for emotional support or call Denton County MHMR 24 hour crisis hotline at 940-387-5555.

Benefits to the Subjects or Others: We expect that children participating in play therapy will be increasingly aware of their own and others' feelings, thoughts, and needs; learn to interact in an accepting and supportive way; increase ability to develop self-responsibility and self-regulation; form and maintain relationships; and exhibit less disruptive behaviors and other interpersonal difficulties. These possible positive outcomes may ultimately contribute to their improvement in classroom learning and academic performance. The results of this study may further provide school counselors across the nation with knowledge regarding methods of best practice with children exhibiting academic challenges.

Compensation for Participants: You will receive $10 in cash as compensation for your participation at the completion of the final assessments for this study.

Procedures for Maintaining Confidentiality of Research Records: All information will be kept confidential in a locked cabinet in the Center for Play Therapy of the Counseling Program at the University of North Texas. Names of parents and children will not be revealed in any publication or discussion of this material. Information gotten from the assessments will be recorded with a code number. Only the research team will have a list of the participants' names. The play sessions will be video-recorded and a member of the research team will watch the recordings to look at the quality of play therapy services provided to your child. At the end of this study, the videos may possibly be shown in professional presentations for educational purposes. Identity information such as name, place of living, and other specific information will not be revealed when video recordings are shown in educational settings and will be destroyed through digital deletion after 5 years. Although we will not use identifying information when videorecordings are shown in educational settings, your child's face can be seen which means we cannot guarantee anonymity. Pseudonyms that have no sound similarity to your child's name

will be selected in place of your child's name. You may choose to withdraw your consent at any time and the video recordings of your child will not be used.

Questions about the Study: If you have any questions about the study, you may contact Dr. Dee Ray at 940 565 3864.

Review for the Protection of Participants: This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-4643 with any questions regarding the rights of research subjects.

Research Participants' Rights: Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Dee Ray has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to allow your child to take part in this study, and your refusal to allow your child to participate or your decision to withdraw him/her from the study will involve no penalty or loss of rights or benefits. The study personnel may choose to stop your child's participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as the parent/guardian of a research participant and you voluntarily consent to your child's participation in this study.
- You have been told you will receive a copy of this form.

_____
Printed Name of Parent or Guardian

_____ _____
Signature of Parent or Guardian Date

For the Investigator or Designee: I certify that I have reviewed the contents of this form with the parent or guardian signing above. I have explained the possible benefits and the potential risks and/or discomforts of the study. It is my opinion that the parent or guardian understood the explanation.

_____ _____

Signature of Investigator or Designee Date

Child Assent Form

You are being asked to be part of a research project being done by the University of North Texas Department of Counseling and Higher Education.

This study involves looking at whether play therapy is helpful to you. Play therapy is a time when you will come to a playroom either by yourself or with one other child, and a counselor will ask you to play with the toys in lots of the ways you like. Sometimes for children it is hard to share feelings with words and it helps to play with toys to express how you feel.

You will be asked to come to play therapy two times a week for 8 weeks, which will take about 1 hour per week, or you might be asked to come to play therapy one time a week later in the school year.

If you decide to be a part of this study, please remember you can stop participating any time you want to and nothing bad will happen.

If you would like to be part of this study, please sign your name below.

_____
Printed Name of Child

_____ _____
Signature of Child Date

_____ _____
Signature of Investigator Date

COMPREHENSIVE REFERENCE LIST

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