

Long-Term Child Centered Play Therapy and Academic Achievement of Children: A Follow-Up Study

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This follow-up study measured the impact of long-term Child Centered Play Therapy (CCPT) with 18 academically at-risk elementary school students. Through the use of a one-way repeated measures analysis of variance, researchers examined the use of CCPT from preintervention to midintervention (16 sessions) to postintervention (26 sessions). Results indicated that children who participated in 26 sessions of CCPT demonstrated statistically significant improvement on the Early Achievement Composite as measured on the Young Child's Achievement Test, along with increases in the Spoken Language, General Information, Writing subscales. Participants showed statistically consistent improvement in academic achievement scores over the full duration of the study.

Keywords: play therapy, academic achievement, child-centered, treatment length

The roots of Child Centered Play Therapy (CCPT) research grew within the context of academic environments. Early studies in CCPT concentrated on the exploration of play therapy's impact on children's intelligence scores, reading measurements, and language development. Axline (1949); Dulsky (1942); Leland, Walker, and Taboada (1959); Moulin (1970); and Mundy (1957) concentrated on intelligence scores as dependent variables for participants in play therapy. Researchers conducting these early studies found strong correlations between CCPT and improvements in intellectual performance measures, and generally concluded that participation in CCPT interventions contributed to improvements in children's abilities to learn in a classroom setting. Later, Newcomer and Morrison (1974) and Siegel (1970) reported that children with learning disabilities who participated in play therapy demonstrated improvements in motor functioning and overcoming learning difficulties. In more recent studies, although not directly CCPT, Quayle

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(1991) and Schectman, Gilat, Fos, and Flashter (1996) found that participation in play based therapy also resulted in improvement in children's academic performance.

Research focused on reading achievement impacted by play therapy has yielded mixed results. Axline (1947), Bills (1950), and Seeman and Edwards (1954) found in early studies that play therapy seemed to improve the reading ability of children. However, more recently and with greater research rigor, Boehm-Morelli (1999), Crow (1990), and Kaplewicz (2000) reported no significant differences in reading achievement between children who participated in play therapy and a control group of children. Although reading achievement has sporadically been explored in play therapy research, the focus on intelligence and academic achievement decreased over the years and researchers have preferred to concentrate their efforts on exploration of the impact of play therapy on emotional or behavioral problems. Hence, a gap exists in the literature for recent studies on play therapy and academic achievement.

PHILOSOPHY OF CHILD CENTERED PLAY THERAPY AND ACADEMIC ACHIEVEMENT

CCPT focuses on providing the child with an environment that facilitates the child's development of the self-actualizing tendency. The CCPT therapist offers an environment that unleashes the child's potential through the core conditions for personality change postulated by Rogers (1957) that include (a) psychological contact between therapist and child; (b) the child experiences a state of incongruence or anxiety; (c) the therapist experiences a state of congruence or genuineness; (d) the therapist experiences unconditional positive regard for the client; (e) the therapist experiences and expresses empathic understanding of the child; and (f) the child perceives unconditional positive regard and empathic understanding from the therapist. When these conditions are achieved, the child is free to move toward self-actualization so that full personal potential can be reached.

When Axline (1949) explored the relationship between play therapy and academic achievement, she suggested that play therapy did not improve intelligence or academic understanding of children but that play therapy helped children overcome the emotional limitations that hindered their expressions of intelligence. As children were released from emotional constraints, they were able to reach higher levels of academic achievement. She suggested children cannot be productive students while in the midst of emotional turmoil. Freedom from judgment and anxiety helps children develop a better sense of their current abilities in safe environments, unlike some classrooms.

STRUCTURE OF CHILD CENTERED PLAY THERAPY IN THE SCHOOL SETTING

CCPT in the elementary school setting is usually offered in individual 30 min sessions. Short-term intensive formats have revealed improvement in which mul-

multiple play sessions were offered within a week period in the school environment (Landreth, Ray, & Bratton, 2009). While several CCPT studies (Bratton, Ray, Rhine, & Jones, 2005; Fall, Balvanz, Johnson, & Nelson, 1999; Flahive & Ray, 2007; & Post, 1999) have demonstrated improvement in 10 or fewer sessions, the impact of long-term play therapy has evidence highlighting its possible impact.

Ray, Henson, Schottelkorb, Brown, and Muro (2008) examined the length of CCPT on teacher-child relationship stress, with one experimental group receiving 16 intensive short-term play therapy sessions over 10 weeks, compared with a long-term experimental group that attended 16 play therapy sessions over 20 weeks. Although both groups demonstrated significant improvement of teachers-student relationship stress, the intensive play therapy group's teachers reported feeling lower levels of stress from pretest to posttest when compared with the long-term intervention. Contrarily, in a study investigating the effects of long-term (32 sessions) CCPT on teacher stress found statistically steady declines as the course of treatment continued (Muro, Day, Schottelkorb, Smith, & Blanco, 2006). Because the delivery of play therapy in school settings is especially pertinent to its use in an environment where therapeutic intervention is only an adjunct to the main goal of education, exploring the academic effects of play therapy duration is needed.

PURPOSE OF STUDY

Most recently, the authors of the current study conducted a controlled experimental study on the effects of CCPT on first grade children who were labeled academically at-risk through criteria established by their school district and state (Blanco & Ray, 2011). The young sample was not referred for emotional or behavioral problems but specifically met criteria for being academically at-risk. Results of the analysis indicated that from pretest to posttest, students who participated in 16 sessions of CCPT over 8 weeks scored statistically significantly higher on an achievement composite score when compared with students who were placed on a waitlist no treatment control group. In analyzing post hoc group effect, the treatment effect size for the CCPT intervention was twice as large as the control for overall achievement, indicating the practical significance of CCPT intervention. Clinical significance of findings for CCPT treatment indicated that 36% of the children improved from at-risk of academic failure to one of normal functioning after their participation in CCPT.

The purpose of the current study was to continue to follow the impact of long-term CCPT on the first graders who participated in the original experimental group of the Blanco and Ray (2011) study and then continued in play therapy for a longer period of time. LeBlanc and Ritchie (2001) and Bratton, Ray, Rhine, and Jones (2005) were the first to explore the importance of length of time in play therapy. They concluded that play therapy seemed to reach maximum benefit approximately between 30 to 40 sessions. Previous research has indicated that children continue to benefit from play therapy in substantial ways over a longer course of treatment (Muro, Ray, Schottelkorb, Smith, & Blanco, 2006). More specifically, the present study explored the impact of long-term CCPT on academic achievement. This study's intended purpose was not to compare play therapy to an

alternative treatment. The larger study (Blanco & Ray, 2011) concluded that CCPT demonstrated statistically significant positive results on academic achievement over a randomized control group. Thus, the following study and related research methodology represents an exploratory examination of long-term CCPT in relationship to academic achievement, rather than an outcome study. The research question explored was: What is the impact of long-term CCPT on first graders labeled as academically at-risk for academic achievement?

METHOD

Participants

Participants were 18 students from four elementary schools in the southwestern United States. Each of the participants attended 16 sessions of play therapy during the fall and received an additional 10 play therapy sessions after the winter break. All schools were considered Title 1 schools designated as such because of the percentage of students who are members of households that meet income eligibility guidelines for free or reduced price meals. School 1 listed 63.9% of its population as disadvantaged, School 2 listed 72.5% of its population as disadvantaged, School 3 listed 70.5% of its population as disadvantaged, and School 4 listed 61.7% of its population as disadvantaged. These schools were selected based upon academic need and partnerships developed between the researchers and the school system.

Criteria for participation of the initial study included: (a) the student must be in first grade; (b) the student must be younger than 8 years old for the duration of the study; (c) the student will be labeled as at-risk by school district; (d) the student has parental or guardian consent; (e) the student agrees to participate in the study; (f) the student is fluent in the English language; (g) the student's parent or guardian can consent to participation in the study; and (h) the student is not receiving play therapy or counseling anywhere else during the duration of the study (Author, 2011). For the current study, the one group research design consisted of 21 children initially randomly assigned to an experimental play therapy group. Three out of the 21 children moved during the duration of the study and their data were not included in the findings. Six children were from School 1, three from School 2, four from School 3, and five from School 4. Overall, 13 men and 5 women participated in the study. An ethnicity breakdown for participants is listed as follows: African American ($n = 2$), Hispanic ($n = 7$), White ($n = 8$), and Asian American ($n = 1$).

Instrument

The Young Children's Achievement Test (YCAT; Hresko, Peak, Herron, & Bridges, 2000) measures achievement levels of children aged 4–8 years old, providing composite scores across five content domains. The YCAT provides a comprehensive measurement of early academic achievement levels and allows clinicians to monitor academic progress of individual students over time. The YCAT generates the Early Achievement Composite, an overall achievement score, which is

derived from five subtests measuring specific content areas related to academic achievement. This composite scale reflects the child's school related achievement across the five major areas of academic subtests, General Information, Reading, Mathematics, Writing, and Spoken Language. Hresko et al. (2000) indicated the Early Achievement Composite is the best indicator of the child's overall academic abilities. Children with standard composite scores below 90 are considered academically at-risk for school failure (Hresko et al., 2000). High reliability has been established for the YCAT instrument. The internal consistency, a measure of interitem correlation, averaged above .85. Test-retest reliability, a measure of stability of composite scores, was established at .98. Interrater reliability, the level of agreement among independent examiners rating of the same child, averaged at .98 (Hresko et al., 2000).

The YCAT has demonstrated acceptable degrees of validity. The YCAT scales and composites correlate well on other instruments, such as the Comprehensive Scale of Student Abilities, the Kaufman Survey of Early Academic and Language Skills, the Metropolitan Readiness Tests, and the Gates-MacGinitie Reading Tests (Hresko et al., 2000). These results support the construct validity of the YCAT. Further validity studies have been conducted on the YCAT, establishing factorial and discriminant validity.

Procedure

Upon receiving informed consent to participate in the study from each student's parent or guardian, all children were administered the YCAT individually. YCAT administration, which takes around 30 min to administer, was conducted by advanced doctoral counseling students with training in assessment procedures and were unaware of group assignment for the larger study (see Blanco & Ray, 2011) at pre-, mid-, and posttest. Participants originally were scheduled to participate in 8 weeks of play therapy, in which they attended two sessions per week. At the end of the 8 weeks, each participant was administered the YCAT as a midtest measure. Participants then attended 10 additional weeks of play therapy, after the holiday break, in which one session was held per week. This change was made to further accommodate the demands of the individual schools. At the end of the 10 weeks, each participant was administered the YCAT as the posttest measurement.

Play Therapy Intervention

All 18 of the students received CCPT individual sessions, which consisted of 16 sessions scheduled over 8 weeks and 10 additional sessions scheduled over 10 weeks, totaling 26 sessions. Children initially attended play therapy in two 30-min sessions per week for a period of 8 weeks on site in equipped school play rooms. After the 8-week period, students attended play therapy in one 30-min session per week for the period of 10 weeks on site in equipped school play rooms. Play therapy sessions followed the CCPT treatment manual (Ray, 2011) and were facilitated by doctoral or masters level counseling students trained in play therapy. All therapists had completed a minimum

of nine graduate level counseling semester hours, including an introduction to play therapy, an advanced play therapy course, and one clinical course in play therapy. All therapists received 1 hr of weekly play therapy supervision, provided by the research team, during the study to ensure therapist adherence to CCPT protocol. During supervision, play therapists were required to review their videorecorded play therapy sessions with supervisors. Supervisors utilized the Play Therapy Skills Checklist (PTSC) to ensure therapists were following CCPT protocol (Ray, 2011). A randomized review of 10% of play therapy session recordings was conducted by the research team using the PTSC to ensure that the play therapy sessions were conducted in accordance to CCPT procedures. Over 90% of the responses fell within the CCPT protocol according to the PTSC.

Play therapy sessions were conducted in specially equipped playrooms in each school setting. Playrooms were equipped with a variety of toys specifically intended to facilitate a broad range of expression following Landreth's (2002) suggestions. All therapists were required to conduct treatment utilizing CCPT principles, including both nonverbal and verbal skills outlined by Ray (2011): (a) maintaining a leaning forward, open stance, (b) appearing to be interested, (c) remaining comfortable, (d) matching tone with the child's affect, (e) having appropriate affect in responses (f) frequent interactive responses, (g) behavior tracking responses, (h) responding to verbalizations with paraphrases, (i) reflecting the child's emotions, (j) facilitating empowerment through returning responsibility, (k) encouraging creativity, (l) self-esteem boosting statements, and (m) relational responses. These skills are used to convey therapist understanding of the child's world, and send the message of, "I am here, I hear you, I understand, and I care" (Landreth, 2002, pp. 205–206).

Data Analysis

Following the completion of the treatment, we scored the pretest, midtest, and posttest data by using hand scoring on the YCAT according to the manual. To determine if long term use of CCPT is effective in aiding at-risk students in the development of academic achievement, a one-way repeated measures analysis of variance (ANOVA) was performed on each of the dependent variables including five YCAT subscales and the Early Achievement Composite scores, to determine if the experimental group who received 26 sessions of CCPT performed differently over the three times of measurement. To determine statistical significance, a α level of .05 was set. Practical significance was determined by partial η^2 statistic and interpreted according to Cohen's guidelines (1988) as .01 small, .06 medium, and .14 large. Clinical significance is presented in terms of percentages of clinically at-risk scores vs. average scores.

RESULTS

Table 1 presents the YCAT Composite and Subscales, Spoken Language, General Information, Reading, Mathematics, and Writing, means, standard deviations, and sample sizes on each of the three points of measure for all of the

Table 1. Mean Scores for the YCAT Subscales and Composite Score

Intervention time	<i>N</i>	Mean	<i>SD</i>
Spoken language			
Time 1	18	83.44	18.41
Time 2	18	90.56	15.31
Time 3	18	100.33	14.61
General information			
Time 1	18	88.22	10.41
Time 2	18	90.78	7.70
Time 3	18	97.33	7.99
Reading			
Time 1	18	85.78	11.85
Time 2	18	94.56	11.69
Time 3	18	100.06	12.23
Mathematics			
Time 1	18	90.56	11.07
Time 2	18	95.67	11.44
Time 3	18	95.33	10.50
Writing			
Time 1	18	89.50	11.57
Time 2	18	92.06	12.37
Time 3	18	97.44	7.77
Early achievement composite			
Time 1	18	82.50	14.59
Time 2	18	89.89	13.19
Time 3	18	96.94	12.57

participants. A one-way repeated measures ANOVA was conducted to compare scores on the each of the subscales of the YCAT, as well as the Composite score, at Time 1 (before intervention), Time 2 (following 16 sessions), and Time 3 (following 26 sessions).

Results of the one-way repeated measures ANOVA indicated that the dependent variable, Spoken Language, revealed a statistically significant effect for time (Wilks' $\lambda = .31$, $F(2, 17) = 18.25$, $p = <.001$, partial $\eta^2 = .70$), the effect size was large. As indicated by means, greater gains occurred between Time 2 and Time 3 than between Time 1 and Time 2, indicating occurrence of greater change on Spoken Language between 16 and 26 sessions (see Table 1).

Results of the one-way repeated measures ANOVA indicated that the dependent variable, General Information, revealed a statistically significant effect for time (Wilks' $\lambda = .38$, $F(2, 17) = 13.24$, $p = <.001$, partial $\eta^2 = .62$), the effect size was large. As indicated by means, greater gains occurred between Time 2 and Time 3 than between Time 1 and Time 2, indicating occurrence of greater change on General Information between 16 and 26 sessions (see Table 1).

Results of the one-way repeated measures ANOVA indicated that the dependent variable, Reading, revealed a statistically significant effect for time (Wilks' $\lambda = .41$, $F(2, 17) = 11.68$, $p = .001$, partial $\eta^2 = .59$), the effect size was large. As indicated by means, greater gains occurred between Time 1 and Time 2 than between Time 2 and Time 3, indicating occurrence of greater change on Reading between 0 to 16 sessions (see Table 1).

Results of the one-way repeated measures ANOVA indicated that the dependent variable, Mathematics, revealed a statistically significant effect for time (Wilks' $\lambda = .57$, $F(2, 16) = 6.00$, $p = <.001$, partial $\eta^2 = .43$), the effect size was

large. As indicated by means, greater gains occurred between Time 1 and Time 2 than between Time 2 and Time 3, indicating occurrence of greater change on Mathematics between 0 to 16 sessions (see Table 1).

Results of the one-way repeated measures ANOVA indicated that the dependent variable, Writing, revealed a statistically significant effect for time (Wilks' $\lambda = .57$, $F(2, 16) = 6.07$, $p = .01$, partial $\eta^2 = .43$), the effect size was large. As indicated by means, greater gains occurred between Time 2 and Time 3 than between Time 1 and Time 2, indicating occurrence of greater change on Writing between 16 and 26 sessions (see Table 1).

Results of the one-way repeated measures ANOVA indicated that the dependent variable, Early Achievement Composite, revealed a statistically significant effect for time (Wilks' $\lambda = .29$, $F(2, 16) = 19.40$, $p = <.001$ multivariate partial $\eta^2 = .71$), the effect size was large. As indicated by means there was a steady, and almost equal, increase of the mean scores across the three measurements of time for the Composite.

Clinical Significance

Clinical significance refers to the practical value of an intervention when applied to the everyday life of the client (Kazdin, 2003). Clinical significance is not relevant to the comparison of groups in response to an intervention, that is, presence of a control group. Rather, clinical significance demonstrates whether clients who receive counseling intervention move toward healthier functioning. This type of evaluation is especially helpful when conducted for the present study because of the involvement of only one research group. One method of addressing clinical significance is using a comparison method where client performance is evaluated in relationship to normative samples at the end of treatment (Kazdin, 2003).

Using clinical cut-off scores identified by the YCAT (at-risk <90) participants who scored at clinical levels at Time 1 on the YCAT Early Achievement Composite scale were tracked for progress to determine movement toward nonclinical scores at Time 2 and Time 3. Although all of the students were identified as academically at-risk through criteria established by their school district and state, at Time 1, 12 of the 18 children (67%) were identified as at-risk for academic failure range of the YCAT Early Achievement Composite. At Time 2, 9 of the 18 children (50%) scored at-risk and at Time 3, 5 of the 18 children (28%) scored at-risk. Five children, of the initial 12, who were identified as at-risk for academic failure levels at Time 1 were still at similar clinical levels at Time 3. None of the 18 subjects worsened over time by moving from normal range to clinical range from Time 1 to Time 3. Twelve of the 18 students at the end of the student no longer fell into the academically at-risk range as measured by the YCAT. Students who initially had scores in the normal range maintained their performance on the YCAT, one such student continued to demonstrate higher ability scores throughout the course of treatment. Clinical Significance results can be seen in Table 2.

Table 2. Clinical Significance: Number of Participants at Each Level for the Young Children's Early Achievement Composite Range of at Risk for Academic Failure

Range	Time 1	Time 2	Time 3
Very poor	5	1	0
Poor	2	4	2
Below average	5	4	3
Average	6	8	12
Above average	0	1	0
Superior	0	0	1

Note. Scores in very poor, poor, and below average ranges are considered at risk (clinical) for academic failure according to the YCAT.

DISCUSSION

This follow-up study examines the academic achievement scores of children in long-term CCPT across three points in time. In the initial study, Blanco and Ray (2011) found that children participating in 16 sessions of CCPT performed statistically significantly better than children in a control group on an overall achievement composite. The current study sought to follow those children in the experimental group to explore the effects of longer duration of play therapy. Although a one-group design does not allow for conclusions of effectiveness as compared with another treatment or control, Rubin (2008) suggested the importance of nonexperimental evidentiary research to explore variables that help to predict treatment outcome. We specifically sought to contribute to the exploration of treatment duration and outcome. Children in this study participated in 26 sessions of CCPT, and they demonstrated continuous improvement throughout the course of treatment. These findings suggest that continual use of CCPT results in a gradual increase in the overall early academic composite (YCAT).

This study of the impact of long-term CCPT on academic achievement with 18 students revealed several notable results. Children who participated in CCPT demonstrated statistically significant increases across 26 sessions for the following scales on the YCAT: Spoken Language subscale, General Information subscale, Reading subscale, Writing subscale, and Early Achievement Composite of the YCAT. Further investigation of midpoint measure (16 sessions) to final measure (26 sessions) found additional notable mean increases in the Spoken Language subscale, General Information subscale, Writing subscale, and the Early Achievement Composite, highlighting the gradual improvements as treatment continued.

This study also indicates important implications regarding the clinical significance and the changes in YCAT scores over time. Twelve of the 18 participants in the study started with a score of less than 90 on the Early Achievement Composite of YCAT at Time 1, indicating they were labeled as academically at-risk. At Time 2, after 16 play therapy sessions, 3 of the 12 participants moved to the average or above average range. YCAT scores continued to increase over time as measured at Time 3. Participants' scores for Time 3, after 26 sessions, resulted in four additional participants moving from academically at-risk to the average level. At the end of the study, 13 students were categorized as either in the average or above average

range, leaving 5 of the original 18 in the academically at-risk category. However, all of the five students who ended the study academically at-risk demonstrated gradual increases in YCAT scores throughout the duration of play therapy. The six students who scored at the average level at Time 1 remained on track for academic success for the duration of the study. One student progressed from the average level at Time 1 to the above average level at Time 2, and ended the study scoring in the Superior range.

Duration of Child Centered Play Therapy

When considering the implications of a long-term play therapy model utilized in this study, the number of sessions and its association with treatment effects are an important factor that cannot be ignored. Meta-analytic studies of play therapy outcomes have yielded data that indicates that duration of treatment had a significant relationship to overall treatment outcomes (Bratton et al., 2005; LeBlanc & Ritchie, 2001).

LeBlanc and Ritchie (2001) found several factors related to play therapy outcomes, one of which was duration of treatment. They concluded that studies reached maximum effect size when number of sessions ranged from 30 to 35. Bratton et al. (2005) also conducted a meta-analysis of play therapy outcomes concluded that the reported number of sessions of play therapy conducted was a variable related to overall treatment effectiveness. They reported that effect sizes reached maximum size when sessions were in the range of 35–40 sessions, and effect sizes decreased when the number of sessions exceeded or fell short of 35–40 sessions.

The results of this study support both LeBlanc and Ritchie (2001) and Bratton et al.'s (2005) conclusions that a longer number of play therapy sessions, up to 40, will likely translate into greater impact of treatment. We chose to explore the impact of 26 sessions because of the limitations of school scheduling but past research may suggest that it may be likely that results would continue to improve up to ~40 sessions. Thus, this study contributes more evidence that CCPT, effective in the short term, shows even greater effectiveness in the long term.

The implications of these results regarding duration of play therapy are notable for the practitioner. For the purposes of managed care and reimbursement, there is evidence that supports the effectiveness of short-term play therapy (see Blanco & Ray, 2011; Garza & Bratton, 2005; Ray, Schottelkorb, & Tsai, 2007; Shen, 2002). However, it appears that a growing body of evidence indicates that optimal effects are reached when CCPT is extended to ~40 sessions. This conclusion begs the question of the CCPT practitioner: Does the play therapist serve a child just long enough so that the child demonstrates evidentiary change or should there be consideration that the child will gain maximum benefit of play therapy over a longer period of time? As in most real-life therapy, the practitioner must decide between practicality and optimal treatment.

Academic Achievement

For this study there appears to be a link between participating in CCPT and academic achievement. Axline (1949); Dulsky (1942); Leland, Walker, and Ta-boada (1959); Moulin (1970); and Mundy (1957) supported the increase of IQ scores, language development, and reading, which perhaps measure components of overall academic achievement. The participants of the study appeared to continue to increase their academic achievement levels according to the YCAT over time. This conclusion is not surprising because of the initial findings found in Blanco and Ray (2011) where the participants demonstrated a statistically significant increase in overall academic achievement levels when compared with a control group. Although children participating in short-term play therapy in 16 sessions over 8 weeks significantly improved performance on academic assessment, children who participated in the current study over 26 sessions continued to show demonstrable improvement.

When addressing the rationale for this connection one must look at the unique dimensions of CCPT, specifically: the full acceptance of the child, the establishment of a free permissive environment, and the recognition and reflection of the child's feelings. Based on subjective observations, we noticed several individual cases during the study in which children who attended play therapy at school demonstrated increased feelings of academic competence in the classroom. Balancing CCPT theory and empirical observation, we suggest that as children in schools experience feelings of acceptance, the freedom to explore learning or interests, and a deeper understanding of their emotional worlds, they are able to reach their potential socially, emotionally, and academically. Axline (1969) phrased it explicitly when she noted,

It is the permissiveness to be themselves, the understanding, the acceptance, the recognition of feelings, the clarification of what they think and feel that helps children retain their self-respect; and the possibilities of growth and change are forthcoming as they all develop insight (p. 140).

CONCLUSION

This study sought to explore the impact of CCPT on the academic achievement of at-risk first graders over a longer duration of therapy. Given that emotional needs and academic achievement are interdependent factors, we hypothesized that an emotional and relational intervention such as CCPT would have some effect on children's academic achievement. Results indicated that across 26 sessions over 18 weeks, children participating in CCPT demonstrated continued growth in academic achievement. The broader study (Blanco & Ray, 2011) that allowed the exploration of duration focus for this study already demonstrated that children who did not participate in play therapy did not demonstrate significant improvements. Hence, there is strong evidence to support the conclusion that CCPT may have a significantly positive and continual impact on children's academic achievement, especially when lengthened to a greater number of sessions.

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