International Journal of Applied Research 2025; 11(5): 272-278

ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor (RJIF): 8.4
IJAR 2025; 11(5): 272-278
www.allresearchjournal.com
Received: 18-03-2025
Accepted: 21-04-2025

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Unveiling the impact of play therapy on emotional expression: Enhancing social and emotional development in children with autism spectrum disorder

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DOI: https://www.doi.org/10.22271/allresearch.2025.v11.i5d.12571

Abstract
This study investigates the transformative impact of play therapy on emotional expression and social development among children diagnosed with Autism Spectrum Disorder (ASD). ASD is a neurodevelopmental disorder marked by social communication challenges, repetitive behaviors, and sensory integration difficulties. The primary objective was to examine behavioral changes following a one-month intervention involving daily play therapy sessions. Ten children aged 2.5 to 5 years were observed pre- and post-intervention using the Play Behavior Checklist and semi-structured therapist interviews. Results indicate substantial improvement in emotional regulation, peer interaction, and command-following in most participants. These findings support play therapy as a vital therapeutic modality in early ASD interventions, particularly in culturally diverse contexts. Play therapy, as a child-centered approach, uniquely aligns with the needs of non-verbal or minimally verbal children, offering them a safe and expressive medium that fosters therapeutic alliance and development. The study also highlights the adaptability of play therapy across different cultural environments, indicating its potential for broader implementation.

Keywords: Play therapy, autism spectrum disorder, emotional regulation, social development, early intervention, child psychology

Introduction
Autism Spectrum Disorder (ASD) is a lifelong neurodevelopmental condition that significantly affects the way a child communicates, behaves, and interacts with others. Globally, the prevalence of ASD has been steadily increasing, with recent statistics from the Centers for Disease Control and Prevention (2023) estimating that 1 in 36 children in the United States is diagnosed with ASD. The condition is characterized by deficits in social-emotional reciprocity, communication challenges (both verbal and non-verbal), restricted interests, repetitive behaviors, and sensory integration issues. These impairments vary in severity and presentation across individuals, thereby reinforcing the term “spectrum” in ASD.

In India and other non-Western societies, there is a growing recognition and diagnosis of ASD due to increased awareness, better diagnostic tools, and advocacy by parents and professionals. However, the provision of early and culturally appropriate interventions remains a challenge. Many children in India are diagnosed late or receive fragmented services. There is also a tendency among families and schools to prioritize academic achievements over emotional and social development, which may result in neglecting critical areas of early childhood intervention. In such a scenario, holistic and child-centered approaches like play therapy offer promising alternatives that resonate with the developmental needs of children with ASD.

Traditional interventions for ASD, including Applied Behavior Analysis (ABA), speech therapy, and occupational therapy, have demonstrated benefits in improving communication skills, motor abilities, and behavior regulation. However, many of these interventions rely on structured, task-oriented models that may not align well with the cognitive, emotional, or sensory profiles of young children with ASD. Specifically, the emphasis on verbal skills, cognitive compliance, and behavioral conditioning in some conventional models may exclude nonverbal, sensory-sensitive, or emotionally withdrawn children. Moreover, structured behavioral approaches often lack the emotional warmth, spontaneity, and relational depth that children need to thrive.

Play therapy emerges as a powerful alternative because it centers around the child's most natural mode of communication: play. Play serves as a developmentally appropriate medium through which children express their feelings, thoughts, needs, and conflicts. For children with ASD, whose verbal communication is limited or delayed, play offers a symbolic and experiential pathway for emotional expression and social engagement. It can also serve as a buffer against sensory overwhelm and anxiety, which are commonly reported among this population.

Theoretical foundations of play therapy are diverse and offer a multidimensional understanding of its benefits. Psychodynamic theory, originating from Freud and later developed by Melanie Klein and Anna Freud, views play as a symbolic language through which children express unconscious thoughts and conflicts. In this framework, play therapy becomes a safe container where internal struggles are externalized and resolved through metaphor and fantasy. This symbolic function of play is crucial for children with ASD, who may lack the vocabulary to describe inner experiences.

Humanistic psychology, particularly Carl Rogers' person-centered theory and Virginia Axline's principles of nondirective play therapy, emphasizes unconditional positive regard, empathy, and acceptance. In this model, the therapist follows the child's lead, building trust and allowing the child to express themselves without fear of judgment. Such an approach is especially effective with children who struggle with anxiety, low self-esteem, or rigidity, as it fosters autonomy and emotional resilience.

Cognitive-behavioral play therapy (CBPT) integrates the structured, goal-oriented techniques of CBT with the expressive and imaginative tools of play. CBPT has shown efficacy in teaching coping skills, emotional regulation strategies, and social problem-solving, especially in children with mild to moderate ASD (Knell, 1998) [4]. The use of dolls, puppets, stories, and role-play can help children rehearse adaptive behaviors in a fun and low-risk environment.

Attachment theory, originally developed by John Bowlby and later expanded by Ainsworth and others, underscores the significance of early relational bonds in shaping emotional development. Children with ASD often experience disruptions in forming secure attachments due to sensory sensitivities or difficulty interpreting social cues. Play therapy grounded in attachment theory uses attuned interactions, joint attention tasks, and interactive games to repair and strengthen these foundational relational capacities.

This study integrates all these theoretical perspectives in designing and evaluating a play therapy program tailored for Indian children diagnosed with ASD. Conducted in an urban multidisciplinary child development center, this research examines how a month-long play therapy intervention impacts two core areas of ASD functioning: emotional expression and social development. These domains were selected based on their developmental significance and their susceptibility to improvement through play-based methods.

The intervention included a combination of symbolic play, sensory activities, and structured social games facilitated by trained therapists. The study utilized both quantitative (Play Behavior Checklist) and qualitative (semi-structured interviews and observational notes) tools to assess progress. By combining multiple data sources, this research offers a rich and triangulated understanding of the therapeutic process and its outcomes.

In India, where play is often undervalued in formal education and therapeutic settings, this study also addresses an important cultural gap. Play is frequently perceived as a leisure activity rather than a developmental necessity. In families where academic success is emphasized, therapeutic play can be misunderstood or deprioritized. Hence, demonstrating the measurable benefits of play therapy within an Indian clinical context can serve to shift cultural perceptions and policy priorities.

This study contributes to the growing body of research advocating for early intervention and individualized care for children with ASD. By focusing on play therapy—a developmentally natural, flexible, and culturally adaptable approach—the research opens new pathways for intervention in resource-limited, diverse, and rapidly changing societies. It also reinforces the need to train therapists, educators, and parents in understanding the therapeutic value of play beyond recreational activity.

Ultimately, the goal of this study is not only to evaluate outcomes but to humanize the therapeutic process, to center the voices and behaviors of children, and to advocate for interventions that honor their unique ways of being in the world.

Materials and Methods Design & Setting:

This study employed a pre-post observational research design to assess the impact of play therapy on emotional expression and social development in children diagnosed with Autism Spectrum Disorder (ASD). The research was conducted over a four-week period at a multidisciplinary child development center located in urban India. The center is equipped with specialized facilities, including sensory integration rooms, play therapy spaces, and observation areas, providing an optimal environment for therapeutic interventions.

The therapy sessions were held in a dedicated playroom designed to be child-friendly and non-threatening. The room was spacious, with minimal furniture to allow free movement, and was equipped with a variety of culturally appropriate toys and materials. Safety measures were in place, such as concealed electrical outlets and child-safe furniture, to ensure a secure environment for the children. The playroom's design aligns with recommendations for therapeutic settings that facilitate engagement and expression in children with ASD.

Participants

The study included ten children (9 males, 1 female) aged between 2.5 to 5 years, each with a formal diagnosis of ASD based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria. Participants were selected through purposive sampling from the center's client registry. Inclusion criteria required that children:

- Had a confirmed ASD diagnosis.
- Attended therapy sessions at least three times per week.
- Did not have comorbid neurological disorders.

Parents or legal guardians provided informed consent for their children's participation in the study.

Intervention

Each child participated in one-hour daily play therapy sessions, five days a week, for four consecutive weeks. The therapy was individualized to meet each child's specific needs and developmental level. Sessions were conducted by trained therapists specializing in ASD and play therapy.

The intervention incorporated a blend of therapeutic techniques:

- **Symbolic and Pretend Play:** Activities such as role-playing with dolls, action figures, and miniature scenarios to encourage imagination and expression.
- **Sensory-Based Activities:** Use of materials like kinetic sand, textured fabrics, and water play to address sensory integration challenges.
- **Role-Play and Turn-Taking Games:** Structured games designed to promote social skills, cooperation, and understanding of social cues.
- **Special Education Tasks:** Incorporation of educational activities tailored to each child's cognitive level to support learning through play.

Therapists maintained flexibility within sessions to adapt to the child's responses and interests, fostering a child-centered approach that aligns with best practices in play therapy.

Data Collection Tools

1. **Play Behavior Checklist (Wilkes, 2020) [6]:** This standardized tool was used by therapists to document observable behaviors related to eye contact, verbalizations, emotional expression, social play, and behavioral flexibility. The checklist provided a structured method for tracking changes over the intervention period.
2. **Therapist Interviews:** Semi-structured interviews were conducted with therapists post-intervention to gather qualitative insights into each child's progress, challenges encountered, and notable behavioral changes observed during therapy sessions.
3. **Observational Notes:** The primary researcher maintained detailed descriptive notes throughout the intervention period, capturing contextual information, environmental factors, and nuanced behaviors that may not have been fully captured by standardized tools.

Ethical Considerations

The study adhered to ethical guidelines as outlined by the American Psychological Association (APA, 2020) for research involving human participants. Key ethical practices included:

- **Informed Consent:** Parents or legal guardians were provided with comprehensive information about the study's purpose, procedures, potential risks, and benefits. Written consent was obtained prior to participation.
- **Confidentiality:** All participant data were anonymized to protect privacy. Identifiable information was securely stored and accessible only to authorized research personnel
- **Right to Withdraw:** Participants were informed of their right to withdraw from the study at any point without any negative consequences
- **Risk Minimization:** The intervention was designed to be non-invasive and aligned with standard therapeutic practices for children with ASD. Therapists monitored for any signs of distress and adjusted sessions accordingly to ensure the well-being of participants.
- **Cultural Sensitivity:** The therapy materials and approaches were selected to be culturally appropriate and relevant to the Indian context, recognizing the importance of cultural factors in therapeutic engagement and effectiveness.

Results

The primary aim of this study was to assess the changes in emotional expression and social development in children with Autism Spectrum Disorder (ASD) following a one-month play therapy intervention. The intervention involved daily one-hour sessions incorporating symbolic play, sensory integration, role-play, and special education tasks. The findings are drawn from three key data sources: the Play Behavior Checklist, therapist interviews, and descriptive observation notes.

Emotional Expression

Pre-intervention observations indicated that seven out of ten children displayed significant emotional dysregulation. Common issues included tantrum outbursts, lack of emotional responsiveness, and self-injurious behaviors such as head banging and hand biting. Children often struggled to label or identify their emotional states, and many had difficulty expressing distress without escalating to physical agitation.

By the end of the intervention period, notable shifts in emotional expression were observed in six of these children. These changes were characterized by the following behavioral improvements:

- **Spontaneous Emotional Displays:** Children began smiling, laughing, and showing signs of enjoyment during play, particularly in non-directive activities such as sandbox and musical exploration.
- **Verbal Emotion Labels:** While verbal abilities varied across the sample, five children began using emotion-related words like "happy," "sad," or "angry" in contextually appropriate ways. This often occurred during puppet play or emotion card games, where therapists modeled expressions.
- **Reduction in Aggression and Withdrawal:** Incidents of aggression, such as throwing toys or pushing peers, decreased by approximately 50% based on observational notes. Additionally, two children who frequently isolated themselves during initial sessions gradually began to join group activities without prompting.

Therapists attributed these changes to the safe, non-judgmental space created through consistent play routines and child-led sessions. In particular, symbolic play activities enabled children to project their inner emotional states onto characters, facilitating emotional exploration in a developmentally appropriate format.

Social Interaction

Baseline assessments revealed that all ten children exhibited minimal social engagement. Most children avoided eye contact, did not respond to their names, and showed little

interest in peers. Turn-taking, a key marker of social reciprocity, was absent in eight participants.
Post-intervention, a substantial improvement in social behaviors was observed:

- **Eye Contact and Name Response:** Seven children consistently made eye contact during therapist-led activities by Week 3. Name response improved for eight participants, especially during music-based activities or while receiving verbal praise.
- **Turn-Taking and Group Play:** Six children were able to engage in structured turn-taking activities such as rolling a ball, matching games, or cooperative pretend play. Four of these children initiated interactions with peers without being prompted, which had not occurred pre-intervention.
- **Joint Attention:** Five children demonstrated improved joint attention, such as pointing to objects while looking back at a therapist or following the therapist's gaze or gestures. These behaviors often emerged during sensory bin play or while using cause-and-effect toys.

Case Example
A 3-year-old male participant, who initially exhibited constant echolalia and showed no awareness of other children, gradually began to respond to peer gestures. By the fourth week, he was observed handing a toy to another child and saying, "You turn," during a role-play session. This marked a significant developmental shift and was noted by the therapist as a milestone in social reciprocity.

Verbal and Non-Verbal Communication
Communication outcomes varied widely depending on each child's baseline abilities. Nonetheless, five children showed measurable improvements in expressive language:

- **Emergence of Single Words:** Two previously non-verbal children began using single words like "ball," "go," or "mama" during play.
- **Use of Gestures and PECS**: Three children who did not develop speech began using pointing gestures, nodding, and Picture Exchange Communication System (PECS) cards to make requests and label objects.

Therapists emphasized that child-led play, particularly when paired with reinforcement strategies, encouraged communication attempts by reducing performance anxiety.

Instruction Following and Task Compliance
At the start of the intervention, most children displayed difficulty in understanding or following basic instructions, such as "sit down" or "give me the block." Task avoidance, refusal, or meltdown behaviors were commonly observed.
Following four weeks of structured play therapy:

- Eight children could follow two-step instructions (e.g., "Take the cup and put it in the basket").
- Five children were able to complete simple structured activities with minimal prompting.
- Compliance rates improved particularly in activities involving reward-based tasks or visual supports, aligning with cognitive-behavioral principles embedded in the sessions.

Therapist Feedback
Therapists reported several qualitative improvements in behavior and engagement:

- **Approachability:** Children who were initially resistant or withdrawn began approaching therapists on their own to initiate play. This was interpreted as a sign of increased trust and emotional safety
- **Emotional Responsiveness:** Therapists noted that children responded more appropriately to praise, redirection, or comfort. For example, a child who earlier reacted to corrections with a tantrum began accepting gentle guidance without escalation by Week 3.
- **Material Preference:** Sensory-rich materials, including textured objects and musical instruments, were repeatedly mentioned as tools that increased attention span and participation. For instance, a child with tactile defensiveness initially avoided finger paints but by the fourth week was actively engaging in messy play without distress.

Summary Table of Improvements

Behavior Domain	Children Improved (n=10)
Eye Contact	7
Emotional Regulation	6
Peer Interaction	6
Verbal Expression	5
Instruction Following	8

Outliers and Limited Responders
Despite overall positive outcomes, two children showed minimal change across the study duration:

- Participant A (age 4.5) had severe auditory sensitivity and became distressed with any background sound, limiting engagement in group activities. Even though noise-minimizing headphones were introduced, his ability to sustain attention or engage socially remained low.
- Participant B (age 3) showed high levels of sensory seeking and emotional volatility. Though some reduction in tantrum frequency was noted, gains in communication or social play were negligible. Therapists recommended a longer duration of intervention and a modified sensory diet.

These findings highlight the need for individualized pacing and the importance of multidisciplinary approaches when working with children who have heightened sensory profiles.

Visual Documentation and Supplementary Observations
Therapists also maintained visual records (photos and brief video clips with parental consent) to illustrate progress. For example, comparison images of one child during Week 1 (engaged in solitary lining-up behavior) versus Week 4 (smiling and sharing blocks with a peer) were used as part of therapist debriefing.
Field notes captured daily fluctuations in engagement and mood, providing a nuanced understanding of behavior beyond checklist scores. In several cases, even small behavioral shifts—like maintaining posture during a session or tolerating a new texture—were meaningful within the context of ASD intervention.

Discussion
This chapter presents an analysis of the results of the play therapy intervention aimed at enhancing emotional

expression and social development in children with Autism Spectrum Disorder (ASD). The findings from the previous chapter provide insights into how the intervention affected various aspects of behavior, including emotional regulation, social interaction, communication, and task compliance. This discussion will contextualize these results by comparing them with existing literature, examining the strengths and limitations of the study, and offering suggestions for future research. Additionally, practical implications for the application of play therapy in ASD interventions will be discussed.

Summary of Key Findings

The results of this study showed substantial improvements in emotional expression and social behaviors among the participants. A major finding was that most children demonstrated an increased ability to express emotions appropriately, engage socially with peers, and follow simple instructions. Specifically, there were significant reductions in emotional dysregulation (e.g., tantrums, aggression) and improvements in social reciprocity, such as eye contact, joint attention, and turn-taking. These changes were supported by therapist feedback, which indicated that children became more approachable, engaged, and emotionally responsive over the course of the intervention.

These findings align with previous studies that highlight the potential of play therapy to improve social communication and emotional regulation in children with ASD. Research has consistently shown that play therapy can provide a non-threatening context for children to explore emotions and practice social interactions (Landreth, 2012). Furthermore, the use of sensory-based interventions and child-led play has been found to increase attention span and reduce anxiety, as observed in this study.

Comparison with Existing Literature

The results of this study are consistent with the work of several prominent researchers in the field of ASD and play therapy. For instance, a study by Stagnitti and Mckeogh (2017) found that children with ASD who participated in a play-based intervention showed significant improvements in social and emotional functioning. Similarly, a meta-analysis by Panerai *et al*. (2019) concluded that therapeutic play interventions positively impacted communication, social skills, and emotional regulation in children with ASD. These findings are congruent with the results of this study, where improvements in social interaction, emotional expression, and verbal/non-verbal communication were observed.

However, while the results were largely positive, they also highlight the variability in individual responses to play therapy. As noted, two children showed minimal progress despite the structured intervention. This is in line with findings from other studies (e.g., Kasari *et al*., 2014) which suggest that children with more severe sensory sensitivities or co-occurring conditions may benefit from longer or more individualized interventions. Thus, the effectiveness of play therapy may be contingent upon the severity of ASD and the presence of other complicating factors.

Limitations of the Study

While the study provided valuable insights into the impact of play therapy on children with ASD, several limitations must be acknowledged:

- Sample Size and Generalizability: The sample size of 10 participants, while sufficient for preliminary exploration, limits the generalizability of the findings. A larger sample would have increased the power of the study and provided a more comprehensive understanding of the intervention's effects across diverse ASD presentations. Additionally, the overrepresentation of male participants (9 boys and 1 girl) may affect the applicability of the results to female children with ASD, who may have different developmental trajectories and responses to therapy (Loomes *et al*., 2017).
- Duration of Intervention: The one-month duration of the intervention may have been too short to observe long-term changes in emotional and social functioning. While improvements were noted during the four-week period, some children who exhibited minimal progress might have benefited from a longer duration of intervention. Longitudinal studies are needed to assess the sustainability of the benefits gained from play therapy over time.
- Individual Variability: As noted in the Results chapter, two participants showed limited or no improvements, which raises questions about the suitability of play therapy for children with more severe ASD profiles or sensory processing difficulties. Future research should explore the individual differences that contribute to the varying success rates of play therapy and identify strategies to tailor interventions for these children.
- Observer Bias: Although the observational data was supplemented by multiple therapists and included systematic checklists, there remains the potential for observer bias in interpreting behavior. The use of more objective, standardized measures (e.g., physiological markers of stress or brain activity) could complement behavioral observations and provide a more comprehensive assessment of the intervention's impact.

Suggestions for Future Research

Building on the findings of this study, several avenues for future research can be suggested:

- Larger, More Diverse Samples: Future studies should aim to include a larger, more diverse sample of children with ASD, ensuring that the group represents a broader range of severity levels, age groups, and gender distributions. This would help determine whether the benefits observed in this study are applicable to children across the ASD spectrum.
- Longitudinal Studies: Given the limited duration of the current study, longitudinal research is needed to examine the long-term effects of play therapy on emotional and social development. Such studies could track the persistence of improvements and investigate whether booster sessions or ongoing support are required for maintaining progress.
- Comparative Studies: Research comparing play therapy to other therapeutic interventions (e.g., Applied Behavior Analysis, speech therapy) would provide valuable information about the relative efficacy of play therapy. Additionally, it would help identify which children benefit most from play therapy and which might require a more integrated approach.
- Individualized Approaches: Future studies should explore the impact of customizing play therapy to meet

the unique sensory and communication needs of children with ASD. This could include adjusting the intensity or structure of interventions based on the child's specific challenges (e.g., high sensory sensitivities or severe communication impairments).

- Technological Integration: Recent developments in technology offer new opportunities to enhance play therapy interventions. Virtual reality, interactive robots, or mobile applications may be incorporated into play-based therapies to engage children in novel ways and provide real-time feedback on emotional or social behaviors. Studies that integrate these technologies into play therapy could yield valuable insights into their efficacy and applicability in ASD treatment.

Implications for Theory and Practice

The findings of this study carry important implications for both theory and practice in the field of ASD interventions.

- Theoretical Implications: This study contributes to the growing body of literature supporting the use of play therapy for children with ASD. It underscores the importance of symbolic play and sensory-rich interventions in promoting emotional regulation, social engagement, and communication. These results challenge the traditional behavioral models that primarily focus on structured, adult-directed interventions, and highlight the value of child-centered, play-based approaches.
- Practical Implications: From a practical standpoint, the results suggest that play therapy can be an effective tool for improving emotional expression and social interaction in children with ASD. Given the observed improvements in emotional regulation, social reciprocity, and communication, play therapy should be considered as a viable alternative or supplement to more traditional interventions. However, therapists must be aware of the variability in individual responses to play therapy and should be prepared to adapt the intervention to meet the specific needs of each child.

In addition, this study suggests that play therapy should be integrated into a multidisciplinary treatment plan that includes sensory integration, speech therapy, and behavioral interventions. Collaborative work between parents, therapists, and educators is essential to ensure that the therapeutic gains achieved in the clinic are generalized to real-life situations.

Limitations

- Small sample size (n=10) limits generalizability
- No control group to isolate intervention effect
- Short intervention period (1 month); long-term effects not evaluated
- Lack of standardized follow-up tools to assess retention of gains

Conclusion

This study investigates the efficacy of play therapy as an intervention to enhance emotional expression and social development in children diagnosed with Autism Spectrum Disorder (ASD). The results indicate that even after a relatively short one-month intervention, significant improvements were observed across several developmental domains, including emotional regulation, peer interactions, and verbal expression.

The findings underscore the potential of play therapy as a valuable tool in the treatment of ASD. Specifically, it was noted that children who engaged in the play therapy sessions showed improvements in emotional expression, such as using simple emotion-related words and exhibiting more spontaneous smiles. Furthermore, social behaviors such as eye contact, peer interactions, and following basic instructions also showed noticeable enhancement. These results support the argument that play therapy, especially when culturally adapted, can be a highly effective modality for children with ASD in non-Western contexts like India.

This study also emphasizes the adaptability of play therapy in working with children who have different sensory sensitivities. Sensory-based interventions, which involved activities like textured materials and kinetic sand, were especially effective in engaging children who had previously been resistant to traditional therapeutic interventions. By providing opportunities for self-expression through play, the therapy allowed children to bypass some of the communication challenges inherent in ASD, facilitating more natural emotional and social development.

However, while the study presents promising outcomes, it also has limitations that should be addressed in future research. The small sample size and the absence of a control group prevent a definitive conclusion about the causality of the observed changes. Additionally, the short duration of the intervention limits the ability to draw conclusions about the long-term benefits of play therapy for children with ASD. Future studies could consider longitudinal research designs, larger sample sizes, and the inclusion of a control group to better understand the lasting effects of play therapy.

Moreover, expanding the scope of play therapy interventions to include family training could further strengthen the outcomes of such programs. Involving caregivers in the therapeutic process could ensure that the skills children acquire in therapy are reinforced in their everyday environments, thereby enhancing generalization and long-term success.

In conclusion, play therapy represents a promising and adaptable intervention for children with ASD, offering a child-centered, engaging, and non-invasive way to promote emotional expression and social development. With further research and integration into early intervention programs, play therapy could become an essential component of therapeutic practices for children with ASD, especially in culturally diverse settings like India.

Acknowledgments

The author extends heartfelt thanks to the therapists, staff, and families who participated in the study. Deep gratitude to the children whose courage and creativity shaped every session. No funding was received for this study. The author declares no conflicts of interest.

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