Child-Centered Play Therapy and Social–Emotional Competencies of African American Children: A Randomized Controlled Trial

LaKaavia Taylor and Dee C. Ray
Department of Counseling and Higher Education, University of North Texas

The authors conducted a randomized controlled trial to examine the impact of Child-Centered Play Therapy (CCPT) on the social–emotional competencies of African American children as measured by Social Emotional Assets and Resilience Scale-Parent and Teacher reports. Factorial ANOVA results indicated that parents reported statistically and practically significant improvement for children who participated in CCPT ($n = 20$) in overall social–emotional competence when compared with children in the waitlist control group ($n = 17$). Teachers reported practically significant improvement of children in CCPT as compared to the control group. Follow-up analysis revealed statistically significant improvement in children’s empathy as reported by parents and responsibility as reported by teachers.

**Keywords:** African American, child-centered play therapy, social–emotional competencies

African American children are one of the largest ethnic minority groups in the United States (U.S. Census Bureau, 2018). By 2040, it is estimated that African American children under 15 years old will comprise about half of the child population (Harris & Graham, 2014). African American children face challenges and barriers such as historical adversity, socioeconomic disparities, educational inequalities, and limited access to culturally responsive interventions (Boyd-Franklin, 2003; Robinson et al., 2016; Sanchez et al., 2013). According to Mann and Randolph (2011), these racial-related challenges can lead to impaired emotional, social, and behavioral development, such as mood disorders, externalizing problem behaviors, and suicide (Belgrave & Allison, 2013; Robinson et al., 2016; Sanchez et al., 2013). Social–emotional competencies are protective factors thought to mediate the adverse risk factors experienced by African American children (Belgrave & Allison, 2013). Social–emotional competence is a multidimensional construct that entails characteristics such as self-awareness, emotional expression, behavioral management, and interpersonal skills (Merrell, 2011). These character traits are critical markers for overall development because they enable children to interact positively with others, effectively communicate, and regulate their behaviors (Barbarin et al., 2008; Webster-Stratton & Reid, 2004).

Social–emotional competencies are especially critical for African American children as they navigate educational systems, negative stereotypes, and lowered expectations while maintaining meaningful relationships with others despite societal perceptions (American Psychological Association [APA], 2008; Jagers et al., 2018). African American children must rely even more on their social–emotional qualities when facing daily challenges, specifically those related to racism, microaggressions, and societal stigmas (APA, 2008; Jagers et al., 2018). Thus, social–emotional attributes may enable African American children to thrive in these challenging environments.

Correspondence concerning this article should be addressed to LaKaavia Taylor, Department of Counseling and Higher Education, University of North Texas, 1155 Union Circle, #310829, Denton, TX 76203-5017, United States. Email: lakaavia.taylor@unt.edu

LaKaavia Taylor https://orcid.org/0000-0001-9330-1221
Dee C. Ray https://orcid.org/0000-0002-2587-317X
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American children to develop critical skills for coping and adapting to racial challenges. Research supports the efficacy of Child-Centered Play Therapy (CCPT) as an intervention for social–emotional concerns (Cheng & Ray, 2016; Lin & Bratton, 2015). Despite notable effectiveness of CCPT on various social and emotional behaviors, to date, no CCPT study has investigated social–emotional competencies exclusively with African American children.

Social–Emotional Competence

Social–emotional competence is vital for children as they navigate life experiences and challenges (Merrell, 2011). Research findings indicate that social–emotional competencies promote academic, behavioral, and psychological resiliency (Caughy et al., 2013; Jones et al., 2015). Well-developed social–emotional competencies foster confidence, interest in relationships, positive communication skills, and persistence with challenging experiences. However, undeveloped competency can lead to problems with accepting responsibility, engaging in self-regulation, and empathizing with others. The most commonly reported social–emotional concerns are related to misconduct and antisocial behaviors, which often manifest in a child’s school or social environment (Peth-Pierce, 2000). According to Carter et al. (2004), children with social–emotional competence difficulties are more likely to experience rejection from peers, negative feedback from adults, and off-task behaviors. Without early interventions, these struggles can persist into adulthood. For example, Jones et al. (2015) found that kindergartners with inadequate social competencies had higher incidences of adult arrest, drug use, and lower incomes in adulthood. Therefore, social–emotional development is a critical factor in overall functioning and harmonious relationships with others.

Specifically for African American children, social–emotional competencies were found to be relatively equal to their counterparts from other races at entry into preschool (Barbarin, 2013). However, Barbarin’s (2013) results indicated that by kindergarten, African American boys demonstrated a decline in self-regulation, as well as overall social–emotional competencies, as reported by teachers. This decline is thought to be attributed to bias in teacher reports related to racism or possibly developmentally inappropriate school structures that are teacher-driven and inflexible. Given that African American children have reported concerning depressive symptomology (Barbarin, 1999; Robinson et al., 2016), anxiety (Palapattu et al., 2006), and levels of aggression related to low levels of expressivity (Sullivan et al., 2010), the development of social–emotional competencies seems especially necessary to serve as protective factors for racial and cultural bias.

Child-Centered Play Therapy

Axline (1947) developed nondirective play therapy, later coined CCPT, as a developmentally appropriate application of Rogers’ (1951) person-centered approach used with adults. Rogers’ philosophy of human personality, growth, and motivation provides the foundation of CCPT. The central tenet is the innate capacity of individuals to self-actualize, achieving personal potential, when provided therapeutic conditions characterized by genuineness, unconditional positive regard, and empathic understanding conveyed by the therapist (Landreth, 2012). CCPT facilitates a nurturing environment for children to learn adaptive coping skills, enhance self-esteem, and increase decision making (Ray, 2011). Evidence from meta-analyses strongly supports the efficacy of CCPT for children with various emotional and behavioral problems (Bratton et al., 2005; Lin & Bratton, 2015; Ray et al., 2015).

CCPT Research and African American Children

The body of play literature strongly supports the importance of addressing multicultural issues and identifying culturally relevant treatments for diverse child populations (Baggerly & Parker, 2005; Ceballos et al., 2012; Post et al., 2019). Although no experimental play therapy studies have explored the use of CCPT exclusively with African American children, studies with the inclusion of African children have shown promise. Post (1999) conducted a quasi-experimental study with a large percentage (82%) of African American children examining the impact of CCPT on the self-esteem and locus of control of 168 at-risk children in fourth through sixth grade. Post found that children participating in CCPT group demonstrated better outcomes on
self-esteem and internal locus of control. Baggerly and Parker (2005) conducted child-centered group play therapy (CCGPT) with 22 African American elementary males to address low self-esteem, depression, aggression, and defiance. Utilizing verbal and behavioral observations, the authors concluded the group dynamics of CCPT honors the African American worldview of emotional vitality, collective survival, interdependence, and harmonious blending. The therapists acknowledged an African American worldview through toys representative of the African American culture, facilitation of a therapeutic environment for cultural expressions, and reflections targeting group interactions. The authors concluded that African American males improved in self-confidence, belongingness, and self-control.

More recently, Patterson et al. (2018) conducted a single-cohort study to explore CCPT and CCGPT with 12 African American children exposed to adverse childhood conditions. The 12 referred participants received 6 weeks of CCPT followed by 6 weeks of group CCPT. Patterson et al. concluded that CCPT had a positive impact on problematic behaviors, worry, and negative thoughts of African American children. Due to the single-group design and small number of participants, Patterson et al. was unable to conclude the effectiveness of CCPT, yet did provide promising results. Although preliminary nonexperimental studies are promising, there has been no randomized controlled trial conducted exclusively with African American children exploring the effects of CCPT.

Purpose of Study

African American children face many socio-environmental risks, which affect their socioemotional development (Persson, 2005). Despite notable effectiveness of CCPT on various emotional, social, and behavioral problems, to date, researchers have not explored the impact of CCPT on social–emotional competencies exclusively with African American children. The purpose of the current study was to examine the effects of CCPT on the social–emotional competencies of African American children presenting with problem behaviors. We were specifically focused on the exploration of African American children from a strength-based perspective regarding the development of competencies rather than a deficit-based lens typically used in the literature. Specifically, the research questions were the following: (a) How does participation in CCPT impact the social–emotional competencies of African American children identified with problem behaviors as reported by parents? and (b) How does participation in CCPT impact the social–emotional competencies of African American children identified with problem behaviors as reported by teachers?

Methods

Participants

Participants included children enrolled in kindergarten through fourth grade at four Title I elementary schools in the southwestern United States. According to the U.S. Department of Education (2015), the Title I designation is given to any public school with 40% or more children from low-Social Economic Status (SES) families. The participant criteria for this study included the following: (a) parent/guardians identified the children as African American; (b) children were referred by the teacher or school counselor due to problematic school behaviors; (c) children received consent from parent or guardian; (d) children agreed to participate in the study; (e) teachers and parents of children agreed to complete assessments and participate in the study; and (f) children did not receive concurrent play therapy or counseling services for the duration of the study.

A priori power analysis using G*Power 3.1 indicated a sample size of 34 participants was required to achieve a medium effect size of $f = .25$, power of .80, at an alpha level of .05. Initially, 44 children were included in this study. However, 7 participants (CCPT experimental group = 4, waitlist control group = 3) were dropped from the study due to relocation to another school resulting in a sample size of 37. Of the 37 African American participants, 29 were males, and 8 were females. The ages of the participants included eleven 5 year olds, eight 6 year olds, five 7 year olds, six 8 year olds, six 9 year olds, and one 10 year old ($M = 6.68$).

Instruments

The Social Emotional Assets and Resilience Scale-Parent (SEARS-P; Merrell, 2011) and
Social Emotional Assets and Resilience Scale-Teacher (SEARS-T) were used to gain parents’ and teachers’ perspectives of social–emotional competencies of children in this study. The SEARS assessment tool focuses on the positive social, emotional, and behavioral attributes and characteristics of children aged 5–18 years. Both the SEARS-P and SEARS-T were normed using a representative sample of African American children (Merrell, 2011; Merrell et al., 2011). The SEARS-P, a 39-item parent report, includes three subscales that comprise the total score: (a) self-regulation/responsibility, (b) social competence, and (c) empathy. Internal consistency reliability estimates are strong for all three subscales and the total score with alpha coefficients ranging from .87 to .95 (Merrell, 2011). Test–retest reliability for the SEARS-P is adequate with high coefficients (.88–.93) for all scales. For the current sample, Cronbach’s alpha is reported at .96 for total score on the SEARS-P.

The SEARS-T, a 41-item teacher report, includes four subscales that comprise the total score: (a) self-regulation, (b) social competence, (c) empathy, and (d) responsibility. Internal consistency is strong with Cronbach’s alpha coefficients of .98 for the Total score and .91–.95 for the four subscales (Merrell, 2011). Test–retest reliability is adequate with high coefficients ranging .84–.94 for all scales. For the current sample, Cronbach’s alpha resulted in .86 for total score on SEARS-T.

Procedures

After receiving Institution Review Board (IRB) approval, the research team collaborated with school personnel to identify African American children who displayed problematic behaviors such as interpersonal difficulties, misconduct, maladaptive coping strategies, and property destruction. After completion of all consents and child assent, teachers completed the SEARS-T and parents completed the SEARS-P for referred students.

In accordance with randomized controlled trial methods, participants were randomly assigned through block randomization procedures by school to the CCPT experimental group (n = 20) or to the waitlist control group (n = 17). Children in the CCPT experimental group were scheduled to receive 30 min of CCPT sessions twice a week for 8 weeks. Due to student absences and school breaks, participants in the CCPT experimental group received between 8 and 16 sessions with a mean of 13.2 (Mo = 16) sessions. Children randomly assigned to the waitlist control group did not receive treatment during the 8-week intervention. At the end of the 8-week intervention period, teachers and parents of participants in the CCPT and waitlist control groups completed the SEARS-T and SEARS-P as posttest measures. In addition, after the completion of the 8-week intervention and data collection, children in the waitlist group received weekly play therapy.

CCPT Procedures

The CCPT play therapy sessions were conducted at each school in a fully equipped playroom according to the guidelines outlined in the CCPT treatment manual (Ray, 2011). Counselors responded with tracking verbal and nonverbal content and play behaviors, encouragement, empathic responses, esteem building, returning responsibility, and therapeutic limit setting. Counselors used these skills to facilitate a warm, empathic, genuine, and permissive environment for full expression. Following the recommendations of Landreth (2012) and Ray (2011), we designed the playrooms with toys and materials representing nurturing, mastery, creative and expressive, aggressive, and relational categories. These categories of materials were chosen specifically with the purpose to allow children a wide range of expression with or without verbal communication. In addition, the toys were adapted to capture the African American culture such as African American dolls, figures, and religious symbols following the recommendations of Chang et al. (2005). Toys representative of a child’s culture allow children to play out culturally related feelings and work through them within the play therapy relationship (Hinds, 2005).

Counselors conducting play therapy included doctoral level students and one faculty member in a graduate counseling program. All counselors met the following criteria: (a) one or more years of experience conducting play therapy, (b) master’s degree in counseling, (c) successful completion of two play therapy courses, and (d) successful completion of a counseling practicum with supervised experience in play therapy. Counselors included one African American female, seven
Caucasian females, and one Caucasian male. Before providing play therapy, all counselors participated in direct training on delivering the CCPT treatment protocol to participants. To ensure fidelity of protocol, the counselors adhered to the guidelines outlined in the CCPT treatment manual (Ray, 2011). All play therapy sessions for the research were video recorded for required weekly supervision conducted by two play therapy faculty members with advanced experience. To ensure procedural fidelity, one session per participant was randomly selected and coded using the Ray et al. (2017) CCPT–Research Integrity Checklist (CCPT–RIC) by a research team member trained in fidelity procedures. Video review indicated that play therapists adhered to the protocol in 98% of responses, exceeding Ray’s (2011) guidelines of 90% adherence.

Results

To address how participation in CCPT impacted the social–emotional competencies of African American children as reported by parents and teachers, a factorial analysis of variance (ANOVA) was conducted to examine Total scores on SEARS-P and SEARS-T of children who participated in the CCPT group on overall social–emotional competence compared to children in the waitlist control group across pretest and posttest. The CCPT group was utilized as the independent variable and the SEARS-P and SEARS-T Total scores as the dependent variables. Given the statistical and practical significance on SEARS-P and practical significance on SEARS-T, we conducted follow-up analyses of factorial ANOVAs on the remaining SEARS-T and SEARS-P subscales. The assumptions for the level of measurement, random sampling, independence of observations, homogeneity of variance, normal distribution, and homogeneity of interrelations were all reasonably met. The alpha level for statistical significance was set at .05 to examine statistically significant differences between the mean values across time. To address the meaningfulness of difference between experimental groups, we used partial eta-squared ($\eta_p^2$) effect sizes to assess the practical significance of the results through variance accounted for. According to Cohen’s (1977) guidelines, eta squared ($\eta_p^2$) was interpreted as .01 is small, .06 is medium, and .14 is large effect. The mean scores for pretest and posttest total and subscale scores on the SEARS-P and SEARS-T are shown in Table 1.

### Table 1

<table>
<thead>
<tr>
<th>Scale</th>
<th>Intervention group ($n = 20$)</th>
<th>Waitlist control group ($n = 17$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pretest</td>
<td>Posttest</td>
</tr>
<tr>
<td>Total score: parent&lt;sup&gt;a&lt;/sup&gt;</td>
<td>37.30 (10.99)</td>
<td>40.45 (12.03)</td>
</tr>
<tr>
<td>M</td>
<td>35.80 (10.24)</td>
<td>39.25 (11.59)</td>
</tr>
<tr>
<td>Social competence</td>
<td>M 41.80 (11.78)</td>
<td>45.25 (12.18)</td>
</tr>
<tr>
<td>Empathy</td>
<td>M 43.10 (14.10)</td>
<td>45.25 (11.18)</td>
</tr>
<tr>
<td>Total score: teacher</td>
<td>38.75 (4.66)</td>
<td>41.60 (6.32)</td>
</tr>
<tr>
<td>M</td>
<td>39.85 (4.030)</td>
<td>41.65 (6.32)</td>
</tr>
<tr>
<td>Empathy</td>
<td>M 39.60 (6.60)</td>
<td>39.65 (7.34)</td>
</tr>
<tr>
<td>Responsibility</td>
<td>M 36.70 (4.390)</td>
<td>39.55 (5.88)</td>
</tr>
</tbody>
</table>

<sup>a</sup> Statistically significant interaction.

Parent Report on Social–Emotional Competencies

A factorial ANOVA was conducted to examine parents’ reports of African American children who participated in the CCPT group on overall social–emotional competence compared to children in the waitlist control group across pretest and posttest. Results indicated a statistically significant interaction between treatment group and time, $F(1, 35) = 4.87, p < .05$, with a medium to large effect size of $\eta_p^2 = .122$. The main effect of time was not statistically...
significant, $F(1, 35) = 3.105$, $p = .081$, yet there was a medium effect size of $\eta_p^2 = .072$. Examination of mean total scores indicates that children who participated in the CCPT intervention were reported by parents to have higher social–emotional competencies whereas children in the waitlist control group remained stagnant.

**Post Hoc Analyses for Parent Reports**

**Self-Regulation/Responsibility.** Results of the factorial ANOVA showed no significant interaction effect between treatment group and time, $F(1, 35) = 2.821$, $p = .102$, yet there was a medium effect size of $\eta_p^2 = .075$, indicating greater gains for the CCPT intervention group. The main effect of time was statistically significant, $F(1, 35) = 10.030$, $p = .033$, with a large effect size of $\eta_p^2 = .209$.

**Social Competence.** Results of the factorial ANOVA for the Social Competence subscale showed no statistically significant interaction between treatment group and time, $F(1, 35) = 2.980$, $p = .093$, yet there was a medium effect size of $\eta_p^2 = .078$ indicating greater gains for the CCPT intervention group. The main effect of time was not statistically significant, $F(1, 35) = .202$, $p = .656$, with a small effect size of $\eta_p^2 = .006$.

**Empathy.** Results of the factorial ANOVA for Empathy showed a significant interaction effect between treatment group and time, $F(1, 35) = 4.335$, $p = .045$, and a medium to large effect size of $\eta_p^2 = .110$. The main effect of time was not statistically significant, $F(1, 35) = .009$, $p = .926$, with a small effect size $\eta_p^2 = .002$. Examination of mean values indicates greater gains for the CCPT intervention group while the waitlist control group demonstrated decrease in empathy scores.

**Teacher Report on Social–Emotional Competencies**

To address how participation in CCPT impacted the social–emotional competencies of African American children as reported by teachers, ANOVA demonstrated a lack of statistically significant interaction effect between group and time, $F(1, 35) = 2.60$, $p = .116$, yet there was a medium effect size of $\eta_p^2 = .069$, indicating the CCPT participants demonstrated practical improvement in total social–emotional competencies over the control group participants. The main effect of time was not statistically significant, $F(1, 35) = 3.621$, $p = .087$, with a medium effect size of $\eta_p^2 = .094$.

**Post Hoc Analyses for Teacher Reports**

**Self-Regulation.** Results of the factorial ANOVA for Self-Regulation showed no significant interaction effect between treatment group and time, $F(1, 35) = 1.249$, $p = .271$, with a small effect size of $\eta_p^2 = .034$. The main effect of time was not statistically significant, $F(1, 35) = .173$, $p = .680$, with a negligible effect size of $\eta_p^2 = .005$.

**Social Competence.** Results of the factorial ANOVA for Social Competence showed no significant interaction effect between treatment group and time, $F(1, 35) = 3.295$, $p = .055$, yet there was a medium effect size of $\eta_p^2 = .101$, indicating greater gains in social competence for the CCPT intervention group. The main effect of time was not statistically significant, $F(1, 35) = .790$, $p = .394$, with a medium effect size of $\eta_p^2 = .002$.

**Empathy.** Results of the factorial ANOVA for Empathy showed no significant interaction effect between treatment group and time, $F(1, 35) = 1.288$, $p = .264$, and with a small effect size of $\eta_p^2 = .034$. The main effect of time was not statistically significant, $F(1, 35) = 1.399$, $p = .245$, with a small effect size of $\eta_p^2 = .037$.

**Responsibility.** Results of the factorial ANOVA for responsibility showed a significant interaction effect between treatment group and time, $F(1, 35) = 4.642$, $p = .038$, with a medium to large effect size of $\eta_p^2 = .117$ indicating statistically and practically significant gains in responsibility for the CCPT intervention group over the waitlist control group. The main effect of time was not statistically significant, $F(1, 35) = 1.413$, $p = .243$, with a small effect size of $\eta_p^2 = .039$.

**Discussion**

**Overall Social–Emotional Competence**

The statistical and practical results of the current study suggest the positive impact of CCPT on
overall social–emotional competence for African American children based on parent report and teacher report. Children in the CCPT experimental group demonstrated improvements in social–emotional competence compared to those in the waitlist control group. Parents noted both statistically and practically significant improvements in social–emotional competencies. In addition, the medium to large effect sizes reported by parents and teachers indicated observable improvement for the CCPT treatment group over time. This effect size is consistent with previous play therapy studies, as discussed in the studies by Ray et al. (2015) and Lin and Bratton (2015). These findings indicate that CCPT appears to be a viable treatment modality to support African American children in the healthy development of social–emotional competence.

Although teachers’ reports did not result in statistically significant differences between CCPT and the waitlist control groups on overall social–emotional competence, a medium effect size was detected, indicating an observable change in overall competence when reported by teachers. Based on teacher pretest and posttest results, children in the CCPT intervention improved at an observable level while those in the waitlist control group remained at pretest levels on social–emotional competence over time. However, teachers did not report observed changes at the same level as parents. Helker and Ray (2009) explained the challenges some teachers face in recognizing and accepting behavioral change. Racial and cultural dynamics could further complicate the results. Researchers have claimed that teachers’ expectations are sometimes influenced by racial biases (Boyd-Franklin, 2003). Belgrave and Allison (2013) theorized that in comparison to parents, teachers are more likely to report higher frequencies of problematic behaviors among African American children compared to other cultural groups. Scholars suggest that once teachers, specifically non-African American teachers, have formed negative perceptions about African American students’ behaviors, their perceptions do not change a great deal, indicating that teacher perceptions of African American children may be difficult to change (Downey & Pribesh, 2004; Rudd, 2014). Furthermore, because most of the teachers involved in the current study were non-African American, the preceding issues may have been influential in their reporting of observed behavior. Therefore, the practically significant effect sizes demonstrated in teacher reports are especially encouraging in that teachers saw competency improvements at a level that may have mediated racial or cultural bias.

Regarding specific subscales of social–emotional competencies, children in the CCPT intervention group performed at improved rates in mean over children in the waitlist group on every subscale reported by both parents and teachers. Statistical significance was reported for Empathy by parents and Responsibility by teachers. Medium to large effect sizes were found for self-regulation/responsibility, social competence, and empathy as reported by parents and social competence and responsibility as reported by teachers. Because teacher and parent reports are often inconsistent, the consistent findings on subscales, especially social competence and responsibility reports, are encouraging. The intervention of CCPT appeared to be effective in building children’s social skills and ability to take responsibility. Yet, the improvement of the CCPT group in all subscales leads to the conclusion that CCPT may be impactful across the continuum of social–emotional competencies. Due to the focus on building relationships, returning responsibility, valuing the child, and the child’s expressivity, while setting limits (Landreth, 2012; Ray, 2011), CCPT is particularly well suited to the building of overall and specific social–emotional competencies.

Implications for Practice

The results of this study suggest CCPT could be a culturally responsive intervention for common struggles reported by significant individuals in the lives of African American children. According to Boyd-Franklin (2003), African American parents and teachers frequently report externalizing problems such as impulsivity, disobedience, and physical aggression. CCPT can address these concerns through the therapeutic relationship. The CCPT relationship is vital in the therapeutic process because the therapist conveys the messages “I see you, I hear you, I understand, and I care” (Landreth, 2012, pp. 209–210). These messages foster full presence, prizing, and value of the children in the CCPT relationship. This type of therapist relationship is especially important for African American children because they
are often devalued and face opposition for their cultural way of being in their social environments (Belgrave & Allison, 2013; Hinds, 2005). The CCPT relationship can facilitate full acceptance and value of African American children. In addition, within the context of the relationship, the therapist facilitates opportunities for children to develop self-regulation and self-control (Landreth, 2012). Therefore, children are able to meet their needs in more adaptive and socially desirable ways which positively affects their functioning in their home and school environments.

**Relationally Based Intervention**

Regarding the need for intervention within the school environment, relationally based interventions such as CCPT are well suited to meet the needs of African American children. Because African American children have the highest percentage of behavioral reprimands in schools when compared to other cultural groups (Rudd, 2014), the philosophical focus of CCPT on relationship and the self-actualizing tendency of every child may offer an affirming experience to African American children who are struggling in school. The therapeutic nature of CCPT allows for the development of adaptive coping, self-control, and self-direction to address behavioral struggles. African American children are frequently described as overly aggressive and disruptive by teachers and school personnel (Harris & Graham, 2014). Thus, African American children are more likely to experience suspension and expulsion related to externalizing behaviors exhibited in the school environment (Splett & Hawks, 2011). The high incidence of behavioral problems suggests African American children are treated more harshly in the educational setting in comparison to their peers. Downey and Pribesh (2004) theorized that problems African American children face due to institutional practices in the school system are more chronic and extreme. These negative views are more prevalent when African American children are the minority in a school setting such as the participants of this study. When African American children are the minority, their cultural demeanor and behaviors are often misunderstood and negatively evaluated by teachers (Belgrave & Allison, 2013). This is especially true when African American children attend schools with primarily non-African American teachers and personnel (Davis, 2011). These conclusions suggest the importance of the therapist’s role in CCPT for African American children. CCPT therapists ensure their verbal and nonverbal behaviors convey true acceptance and respect. This helps build trust and safety for the child to work through their experiences.

In addition to the therapist’s relationship directly with the child, the CCPT therapist works with systemic partners, such as parents and teachers, to increase adult caretakers’ awareness and skills in responding to children in more relationally enhancing ways (Landreth & Bratton, 2020; Ray, 2011). Although the controlled nature of the current study precluded the inclusion of parent/teacher consultation, we recommend that play therapists meet consistently with school partners to raise awareness of systemic practices that may perpetuate explicit and implicit bias. In addition, play therapists can help individual parents and teachers build awareness and skills to respond to children who are negatively affected by both systemic bias and interpersonal challenges. Following data collection for the current study, each therapist met with teachers and parents to discuss the participating child’s experience and progress in therapy, with a particular concentration on how the school and teacher can respond with more culturally competent skills.

**Cultural Competence**

Hinds (2005) proposed that the behaviors and actions of play therapists are critical in providing play therapy to children in diverse populations. Thus, the therapist–child interactions become essential to the effectiveness of the play therapy process. Therapists in this study included a majority of Caucasian American females. The therapists reported past clinical experiences and understanding of the African American culture in some capacity, but some shared concerns about the current racial and political climate affecting how and what they responded to in the room. Despite therapists’ concerns, many therapists in this study expressed the importance and awareness of being culturally sensitive in their observations and reflections. The first author engaged in culturally focused discussions with therapists to raise awareness of race and cultural issues in play therapy sessions, as well as provide a space for
processing to increase therapist empathy levels. Discussion and consultations typically addressed issues related to sensitivity to implicit racial bias, as well as empathic and culturally competent ways of responding in play therapy.

Cultural understanding is critical for African American children given the common mistrust and barriers to seeking mental health treatments (Mann & Randolph, 2011). Hinds (2005) explained play therapists of all races—but particularly non-African American therapists need to understand the historical and cultural implications of being an African American child in today’s society. CCPT facilitates a relationship for the therapist to validate and accept the experiences of African American children (Ray, 2011). This facilitation results in increased empathy and care for the child. The relationship can help African American children experience feelings of being valued despite feedback from outside sources. Hinds (2005) suggested cultural competence training for therapists who work with African American children, specifically related to the African American experience in the U.S. In addition, a need exists for more African American therapists, particularly African American males.

Culturally Responsive Play Materials

Very few toys and expressive materials are representative of the African American culture (Hinds, 2005). For example, most dolls and figures have Eurocentric features. Thus, African American children are often limited to express their feelings, thoughts, and experiences with play materials that are not always truly representative of their culture (Hinds, 2005). For this study, some of the recommended toys were adapted to include toys to provide more representation for the African American children receiving play therapy. For example, we included cultural dolls, figures, and religious figures. It is important to note, although cultural dolls and figures were included, it was difficult to find dolls that were truly representative of the African American culture. Traditional toy stores did not include doll choices for the African American culture. Therefore, this study required an extensive search to find culturally sensitive dolls and figures. Once dolls were located, there was a limited selection and they were more expensive compared to other dolls.

Limitations and Recommendations for Research

Despite the valuable results and implications for CCPT as a viable treatment intervention for African American children, limitations are offered for consideration when interpreting data results. Due to the exploration of subconstructs of social–emotional competencies, multiple analyses were conducted with a limited sample size indicating a need to interpret results with caution. Another limitation is that this study was conducted with a sample including primarily male students from lower-income and single-parent families. The sample limits the generalizability of the results for African American children across gender, geographic location, and SES status. Future researchers are encouraged to target more diverse groups of African Americans from various SES backgrounds and family makeup. Furthermore, due to the cultural factors of African American children, researchers should target the treatment outcomes of children paired with therapists that are racially similar and dissimilar. Due to the participation of a single African American play therapist, we were unable to quantitatively explore dynamics based on therapist–child racial considerations. Research exploring the racial background of the therapist can help practitioners determine if there is a higher or similar impact of matching African American children with racially similar therapists.

Conclusion

The development of social–emotional competence is particularly important for African American children given challenges related to socioenvironmental risks, limited resources, and historical events (APA, 2008; Jagers et al., 2018). These culturally related challenges can lead to emotional, social, and behavioral problems (Belgrave & Allison, 2013; Sanchez et al., 2013). Social–emotional competence acts as a buffer against severe emotional and behavioral problems that could persist into later development (Harris & Graham, 2014). The current study serves as the first randomized controlled trial exploring the effect of CCPT with African American children. Findings indicated statistically and/or practically significant improvements in overall social–emotional competence as reported by parents and teachers. Parent report indicated more significant improvements when
compared to teacher report, and there were mixed findings regarding subconstructs of social–emotional competencies. The findings of this study support the positive benefits of CCPT found in previous research with other ethnic populations in and outside of the United States (Garza & Bratton, 2005; Ogawa, 2006; Shen, 2002). Although positive benefits were found, future research and practitioners should be mindful of cultural adaptations for the African American children to enhance opportunities for full expression, as well as the substantial need for more African American play therapists.

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