

The Effect of Non-Directive Play Therapy and Parental Counselling on Childhood Stuttering

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Childhood stuttering is characterised by disruptions in speech fluency, with developmental, neurogenic, emotional distress, and psychogenic factors contributing to its complexity. This single-case study conducted in Chennai, India, aimed to evaluate the effects of Non-Directive Play Therapy (NDPT) on a child who stutters within a diverse family structure. Additionally, the Strengths and Difficulties Questionnaire (SDQ) was used to assess parent-child attachment and the grandmother's attitudes toward the child through personal interviews. The study employed an integrated approach, combining 24 sessions of NDPT with cognitive behavioural therapy (CBT) over six months, involving the child, parents, and family members. The results revealed significant reductions in stuttering severity and anxiety, along with improvements in the parent-child relationship. These findings underscore the effectiveness of family-centred, comprehensive interventions for children who stutter, highlighting the importance of addressing both speech and emotional needs within the family context.

Keywords: single-case study, childhood acquired stuttering, Non-directive play therapy, Parent-child attachment style, cognitive-behavioural therapy.

Childhood stuttering, characterised by disruptions in speech fluency, presents a multifaceted challenge affecting individuals and families worldwide (American Psychiatric Association, 2013). While various types of stuttering exist, developmental stuttering remains prevalent among children, often attributed to speech-motor control issues and genetic predispositions. Neurogenic, emotional distress and psychogenic stuttering represent additional complexities, underscoring the need for tailored interventions addressing both physiological and psychological factors. Stuttering is strongly correlated with social anxiety, likely due to the cumulative psychological impact of living with the condition (Perez & Stoeckle, 2016). Additionally, acquired stuttering is believed to stem from emotional trauma or brain damage. The condition is also associated with significant psychosocial distress and detrimental social consequences.

Research suggests that parental involvement in childhood stuttering can be counterproductive. For instance, Lau et al. (2011) found that individuals who stuttered as children often felt frustrated by their parents' attempts to help them overcome their stuttering. Furthermore, Bodur et al. (2019) discovered that parents of children who stutter exhibited more controlling behaviour and had higher expectations for obedience compared to parents of fluent children. Hence this study included parents and family members in the therapeutic intervention to help the child reduce stuttering.

Considering the child's age, this study used play therapy along with talk therapy to help alleviate the child's anxiety and reduce stuttering. Play therapy is a dynamic and multifaceted approach that has evolved over the years. While there may not be a single, universally accepted definition, researchers have offered various perspectives on the concept. According to the Association for Play

Therapy (2008), "Play therapy is a structured approach, guided by a theoretical framework, where trained therapists utilize play's therapeutic benefits to establish a supportive relationship, helping clients overcome emotional challenges, and fostering healthy growth and development." This study employed Non-directive Play Therapy since the therapist followed and the child-led (Axline, 1974).

Non-directive Play Therapy offers a secure, empathetic space where children can freely explore, express, and convey their emotions, thoughts, and experiences through spontaneous play, unhindered by therapist direction or interpretation (Barnes, 2013). Non-directive play therapy empowers children to drive their therapeutic journey, freely making choices and decisions about their play, while the therapist provides a supportive and non-intrusive presence (Landreth, 2012).

Despite advancements in therapeutic techniques, gaps persist in understanding optimal approaches, particularly within diverse family dynamics and insecure parenting contexts. Existing literature emphasizes the importance of parental involvement and the quality of therapist-child relationships in facilitating positive outcomes in stuttering therapy. Aydin (2014) highlighted the importance of addressing parental psychopathology, unrealistic expectations, and family dysfunction for anxious children through cognitive behavioural interventions. Moreover, Aydin's study underscored the benefits of parental involvement in CBT, particularly for young children with anxious parents, which can enhance treatment efficacy.

However, further research is needed to explore the applicability and efficacy of specific interventions, such as Non-Directive Play Therapy (NDPT) and CBT for parents and other family members within these unique contexts.

Jayaprakash and Niraimathi (2024) employed a quantitative experimental design to investigate the impact of Non-Directive Play Therapy (NDPT) on school-going children. This study motivated further to conduct research on play therapy, specifically non-directive play therapy with the child, incorporating parallelly a therapeutic intervention with the parent. The study utilized the Strengths and Difficulties Questionnaire (SDQ; 2001) to assess participants' strengths and difficulties at the pre-intervention, post-intervention, and follow-up stages. Notably, this study adopted a single-group design, focusing on the within-group changes following NDPT intervention. Recent studies have highlighted the therapeutic potential of play therapy in addressing psychological challenges in children, with Non-Directive Play Therapy (NDPT) providing a client-centred approach that facilitates autonomous exploration of inner experiences. To assess the effectiveness of play therapy interventions, researchers have employed standardized measures such as the Strengths and Difficulties Questionnaire (SDQ). The SDQ has demonstrated good predictive validity for various childhood difficulties, including depression, anxiety, attention disorders, and disruptive behaviours (Warnick et al., 2009; Vogels, 2009).

This study employed a Single-Case Experimental Design. SCED is a valuable research methodology, particularly in play therapy, as it assesses the impact of an intervention on a small number of participants using repeated measurements and sequential introduction (Pacini & Evans, 2018). Single-case experimental designs (SCEDs) offer a rigorous and methodologically sound alternative approach to evaluation (Horner et al., 2005; Kazdin, 2011 & 2019; Kratochwill & Levin, 2010). Despite their merits, SCEDs are often underutilized

as a true experimental methodology, capable of yielding legitimate inferences (Kazdin, 2019). A key characteristic of SCEDs is the manipulation of an independent variable, accompanied by measurements of a dependent variable before and after an intervention, with each case serving as its control (Garbacz & Kratochwill, 2020 & Kratochwill et al., 2014). According to Ray and Schottelkorb (2010), single-case designs offer a unique perspective on play therapy research, focusing on in-depth data collection from a few participants to inform clinical decision-making. This study aimed to explore the impact of play therapy and parental and grandparents counselling on a child's mental health outcomes, using the SDQ to assess pre-, post and follow-up-intervention changes.

Client (Child) Background and Presenting Concerns:

The child, a 5-year-old girl, was born full-term with a normal delivery and achieved all developmental milestones at the expected age. Until age 5, she was a cheerful child who had clear speech and experienced motion sickness-induced vomiting during travel. However, at age 4, she witnessed her maternal grandfather's sudden and traumatic death due to electrical shock, marked the onset of her stammering.

The child's medical history indicates that her parents consulted a multidisciplinary team of specialists, including a psychiatrist, neurologist, and ENT specialist, to diagnose and treat her stammering. Aside from stammering, her physical health is unremarkable. Significant life events contributing to her developmental context include stammering, negative parenting (specifically by her mother), disrupted circadian rhythm, low self-esteem, and likely "Disorganized attachment (Frightening or emotionally unreachable)" (Karavasilis et al., 2003).

A traumatic event, witnessing her grandfather's death, coupled with her mother's fearful reactions, appeared to trigger the onset of speech fluency difficulties (Operational Stuttering) in the child, characterised by frequent interjections ("uh") and stuttering-like behaviours. Notably, these disfluencies escalated during periods of excitement, fatigue, and inadequate sleep, suggesting a link between emotional arousal and stuttering severity (American Speech-Language-Hearing Association, n.d.; Perez & Stoeckle, 2016). This observation aligns with research highlighting the role of anxiety and stress in exacerbating stuttering behaviours (Cohen, 2014). Furthermore, the DSM-5's revised diagnostic criteria for Childhood-Onset Fluency Disorder emphasise the importance of considering anxiety and avoidance in stuttering assessments (American Psychiatric Association, 2013).

Personal and Family History

The family history indicates that the child's father lives abroad, and she lived with her maternal grandparents until age 4 in one of the villages of down South Tamil Nadu. After her grandfather's demise, the child resides with her mother and maternal grandmother in Chennai. Her house is near her maternal aunt's house, and she has two cousins. As per the family's information, the child enjoys playing with her cousins. She was very sociable in her village but struggled to communicate with English-speaking classmates in Chennai.

Objectives:

This study aimed to:

- Assess the applicability of NDPT and counselling within diverse family constellations with insecure parenting styles.
- Investigate the effectiveness of Non-Directive Play Therapy (NDPT) to alleviate childhood stuttering.

- Explore the impact of CBT on parental and grandmother's counselling on therapeutic outcomes.

Method

Single-Case Experimental Design

Participants: The child (primary client) and her mother (secondary client) (assessment and intervention), maternal grandmother, maternal aunt, and uncle (semi-structured personal interview).

Instruments

1. *Strengths and Difficulties Questionnaire (SDQ)* : This study used the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 2001). The questionnaire comprises 25 questions, measuring scales of hyperactivity, emotional symptoms, conduct problems, peer problems and prosocial behaviour. The high score of the strength dimension-prosocial behaviour, indicates the improvement in the child's behaviour. Similarly, the decrease in the scores of the difficulty dimensions like peer problems, hyperactivity, inattention, conduct problems, emotional problems and total difficulties also indicates the child's behavioural improvement.

2. *Semi-structured personal interviews:* A qualitative approach was utilised to gather comprehensive insights into the child's upbringing, attachment patterns, and family dynamics. Semi-structured interviews were conducted with key family members, including the child's mother, maternal grandmother, maternal aunt, and uncle, to collect data on the child's pre-, peri-, and post-natal history, informed by Cognitive Behavioural Therapy (CBT) principles.

Additionally, the child participated in interviews to share her thoughts, feelings, and perceptions about herself and her family. The therapist explained the purpose of Non-Directive Play Therapy (NDPT) to the child,

and she provided assent to participate, while her mother provided consent.

Through semi-structured interviews conducted with family members and the child, the researcher discovered that the child's stuttering might be attributed to the mother's inappropriate or negative parenting style. Consequently, the researcher planned to conduct Cognitive Behavioural Therapy (CBT) sessions with the mother, incorporating psychoeducation on effective parenting. These sessions aimed to address the mother's own core beliefs, self-limiting beliefs, and core emotions.

The qualitative interviews were synchronized with the quantitative data collection, taking place at three intervals: pre-intervention, interim, and post-intervention.

Assessment and Case Conceptualization:

The Non-Directive Play Therapy (NDPT) intervention for the child began with an initial consultation and assessment, which included a meeting with the child's maternal grandmother and mother. This meeting provided valuable insights into the family dynamics. Before the intervention, the mother completed the Strengths and Difficulties Questionnaire (SDQ), which shed light on the child's emotional and behavioural well-being. The counsellor identified stammering as the primary concern, potentially triggered by various emotional traumas, including the loss of her grandfather, fear, negative parenting styles, disorganized attachment, and low self-esteem (Karavasilis et al., 2003). These factors contributed to the child's complex emotional and psychological needs, informing the development of a tailored intervention strategy.

Cognitive Behavioural Therapy (CBT) for the child's mother: Beck's Cognitive Conceptualization Model (2021) informed the CBT assessment, emphasizing the

importance of intake information and historical context. This framework identifies three tiers of dysfunctional thinking: automatic thoughts, intermediate beliefs, and core beliefs. The Child's Mother (CM) exhibited negative automatic thoughts and emotions stemming from her temporary separation from her husband, solo parenting, and challenging family dynamics.

These thoughts and feelings manifested as anxiety, guilt, frustration, and hopelessness, as well as maladaptive parenting strategies, potentially leading to disorganized attachment in her child. CM's intermediate beliefs were rooted in rigid assumptions, linked to conditional assumptions and core, self-limiting beliefs. Specifically, she held deep-seated convictions that "I lack parenting knowledge" and "I'm ignorant and incapable."

These core beliefs were shaped by CM's upbringing, current life experiences, and family environment, influencing her thoughts, emotions, and behaviours. By understanding these underlying beliefs and thought patterns, the therapist can develop a targeted intervention to address CM's negative automatic thoughts and promote more adaptive coping strategies.

Intervention

Non-Directive Play Therapy (NDPT) and Procedure and Its Outcomes: This study combined Non-Directive Play Therapy (NDPT) with the child and Cognitive Behavioural Therapy (CBT) with the mother. The NDPT intervention, grounded in Axline's (1974) principles, aimed to enhance the child's strengths and address emotional and behavioural challenges. Over six months, the child participated in 24 weekly sessions, each lasting 40 minutes. These sessions incorporated various play therapy tools, such as free play, small figures, sand trays, clay, puppets, musical instruments, and arts and

crafts, to foster a safe and non-directive environment.

The NDPT approach emphasized parallel play, where the therapist mirrored the child's emotions and energy through verbal and non-verbal reflection. This helped promote self-assuredness, belonging, and validation, empowering the child to make independent decisions. Throughout the sessions, the therapist, maintained confidentiality, non-judgmental attitudes, and a safe environment for exploration and self-expression. This carefully designed NDPT framework formed the foundation of the study, investigating its impact on the child's strengths and emotional well-being.

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 2001) was administered to the child's mother to assess baseline behavioural and emotional difficulties. The SDQ was scored manually according to Goodman's (1997) guidelines. To gather additional information, semi-structured interviews were conducted with the mother and grandmother at three-time points: pre-intervention, interim, and post-intervention.

Before initiating play therapy, the therapist established clear boundaries and explained the principles of non-directive play to the child. The child was given autonomy to choose her play activities, with the therapist intervening only in cases of inappropriate behaviour that could cause harm. The SDQ was administered three times: pre-intervention, interim (after 7 NDPT sessions), and post-intervention (after 24 NDPT sessions) to the child's mother. Throughout the study, confidentiality was maintained by the researcher.

Outcome:

During the initial sessions, the child used to say, "I have toys at home. I don't want to come here, and I don't want to play with you."

I have my neighbours and my cousins to play with me.”

Later, when the child started experiencing the non-judgmental, confidential space provided at the play therapy space, she slowly started building rapport and trust with the therapist.

Through puppetry, the child expressed her core beliefs, such as “I am not a child. I am not like my classmates who speak and use English.” She also started expressing her loss about her grandfather and the fear created by her mother through punishment.

As the therapy progressed, the child’s attachment to the therapeutic space grew stronger. After the initial few sessions, she would often plead, “I don’t want to go home, I want to be here, please, please, please, ma’am.” This marked a significant shift, indicating her growing comfort and trust in the therapist.

The therapeutic stories, creative visualization, and clay work helped the child build her confidence, improve her self-esteem, and process her grief over her grandfather’s death.

Finally, in the last session, she asked the therapist, “Ma’am, how did you know the secret to vanish my fear, and sadness, and improve my speech?” With probing, the child realized it was she who changed her unhealthy emotions, and negative automatic thoughts to realistic and healthy thoughts, emotions, and behaviour.

Analysis:

Becker et al. (2004) demonstrated the utility of the Strengths and Difficulties Questionnaire (SDQ) in a clinical setting, evaluating its feasibility and concurrent validity in assessing children’s emotional and behavioural difficulties. Similarly, in the present study, the SDQ was employed to measure a child’s strengths and difficulties

at pre-, interim-, and post-intervention stages. Consistent with the single-case study design, the data was analysed qualitatively, foregoing statistical analysis due to the study’s focus on a single child (Becker et al., 2004).

Table 1. SDQ Score Details:

SNo	Variables	Pre-SDQ Score	Interim-SDQ Score (After 7 th Session)	Post-SDQ Score (After the 22 nd session)
1	Prosocial Behaviour	09	08	10
2	Emotional Symptoms	08	06	02
3	Conduct Problems	03	03	00
4	Peer Problems	01	00	00
5	Hyperactivity-Inattention	03	02	00
6	Total Difficulties	15	11	02

The results of the Strengths and Difficulties Questionnaire (SDQ) revealed significant improvements in the child’s emotional and behavioural difficulties across the pre-, interim-, and post-intervention stages.

Initially, from pre-SDQ to interim-SDQ, there were decreases in emotional symptoms, peer problems, and hyperactivity-inattention. Prosocial behaviour slightly decreased, while conduct problems remained unchanged. From interim-SDQ to post-SDQ, prosocial behaviour increased, and further decreases were observed in emotional symptoms, conduct problems and hyperactivity-inattention. Overall, total difficulties decreased from 15 to 2, indicating a substantial reduction in problem behaviours.

These findings suggest that the intervention positively impacted the child’s emotional and behavioural functioning.

Cognitive Behavioural Therapy (CBT) for Mother, Family Members and Its Outcome:

The therapeutic intervention with the Child's Mother (CM) spanned six months, with sessions conducted weekly for the first three months and then every 15 days. The intervention aimed to achieve short-term goals, including reducing family-related pressure and parenting-related anxiety, improving healthy parenting skills to enhance attachment style, and coping with temporary separation from her husband. To achieve these goals, the intervention incorporated psychoeducation, relaxation training to foster fun, entertainment, and relaxation of her choice, and cognitive restructuring to address CM's three levels of psychological disturbances.

The therapist helped the mother challenge her negative thoughts through Socratic questioning and develop more realistic and constructive alternatives. Cognitive restructuring led to a significant shift in her automatic thoughts, from self-criticism to a more affirming stance: "I can be friendly with my daughter and be a good mother."

Furthermore, her intermediate beliefs, initially characterized by rigid "Shoulds," "musts," and "ifs," evolved into more flexible and realistic perspectives: "No one can always be a perfect mother or wife. It's okay to have times when I don't speak with my husband. Corporal punishment is not necessary to promote appropriate behaviour in my child. By being assertive and friendly, I can provide effective parenting."

The therapist also collaborated with the mother to explore and reframe her core beliefs. Specifically, her previously held beliefs of "I am ignorant" and "I am inadequate" transformed into more empowering and realistic self-perceptions: "I possess sufficient knowledge to balance my emotions, thoughts, and behaviours as a mother and wife. I am fulfilling my

responsibilities to the best of my abilities, without anxiety, guilt, or feelings of inadequacy."

According to the grandmother, maternal aunt, and uncle, there was a significant change in the child's mother's behaviour towards the child. She has started smiling, spending quality time with the child, telling her bedtime stories, and taking her to the playground, and other recreational places. They also acknowledged a significant improvement in the child's socialization skills. The child started speaking fluently, even started singing, and gradually began speaking in English. They showed their heartfelt gratitude to the therapist and the therapeutic process.

The outcomes of this study underscore the profound impact of Non-Directive Play Therapy (NDPT) and Cognitive Behavioural Therapy (CBT) in fostering emotional resilience, improving parent-child relationships, and enhancing overall well-being in both the child and mother.

Discussion

The findings of this study provide insight into the effectiveness of combining Non-Directive Play Therapy (NDPT) for children who stutter with Cognitive Behavioural Therapy (CBT) for the mother, grandmother and extended family members. Contradicting the study of Lau et al. (2011), this study revealed that an integrated approach can lead to significant reductions in stuttering severity in children, decreased anxiety, and improved parenting style and attachment in mothers. This study's findings also support Brown's (2020) assertion that parental involvement in play therapy can significantly advance child behavioural outcomes.

Research has consistently demonstrated the benefits of play therapy in addressing stuttering in children. For instance, Wakaba (1983) found significant improvements in

fluency and reductions in stuttering severity using group play therapy. Similarly, Danger and Landreth (2005) suggested that child-centred Group Play Therapy (CCGPT) can be a valuable adjunctive treatment for children with speech difficulties, particularly stuttering. Furthermore, Lesniak (2005) found that NDPT can be a valuable treatment approach for children experiencing anxiety and social difficulties.

Consistent with previous research (Zebrowski, & Schum, 1993), which highlighted the importance of counselling parents of children who stutter, this study demonstrates the benefits of involving parents and family members in the treatment process and addressing their attitudes and interactions with their children. The results of this study also support the use of NDPT as an effective intervention for reducing stuttering severity in children. Notably, Jayaprakash and Niraimathi (2024) demonstrated the effectiveness of NDPT in improving prosocial behaviour, and emotional, and behavioural difficulties in children. Furthermore, they suggested that future studies investigate the potential benefits of involving parents in the therapy process, which aligns with the findings of the current study highlighting the value of parental involvement in promoting positive outcomes for children who stutter.

The current study's integrated approach, combining NDPT for children with CBT addresses the complex needs of children who stutter and their families. By providing both children and the family members with targeted interventions, this approach promotes positive outcomes and supports the development of healthy communication patterns.

While this study provides promising results, several limitations should be acknowledged. The sample size was relatively small, and the study's duration was limited.

The limitations of the Single-Case Study (SCS) design are well-documented. According to Kazdin (2019), and Kratochwill, Mission, & Hagermoser, 2014, SCS designs are vulnerable to various threats, including limited generalizability, lack of control group, and extraneous variables. Additionally, SCS designs are susceptible to subjectivity and rater bias (Kazdin, 2019), difficulty in replication (Barlow & Hayes, 1979), and limited external validity (Kratochwill, Mission, & Hagermoser, 2014). Furthermore, SCS designs are also vulnerable to statistical anomalies (Kazdin, 2019). Future research should aim to replicate these findings with larger samples and longitudinal study. In addition, future studies could explore the use of other cognitive-behavioural interventions, such as REBT, in supporting parents of children who stutter. Furthermore, incorporating Group Play Therapy (GPT) into future studies could provide additional benefits, such as enhanced social skills development and peer support. Investigating the effectiveness of a comprehensive treatment approach that combines NDPT, CBT, and GPT could provide valuable insights into the optimal treatment strategies for children who stutter and their families.

Implications

The integrated approach of Non-Directive Play Therapy (NDPT) and Cognitive Behavioural Therapy (CBT) can be effectively implemented in various settings as fortified by other researchers as follows: Studies have demonstrated the effectiveness of NDPT in school settings (Jayaprakash & Niraimathi, 2024 & Jayne & Ray, 2015), clinical settings (Landreth, 2012), and special needs centres (Ware, 2013) in improving emotional and behavioural functioning, social skills, and self-esteem. Additionally, CBT is effective in reducing symptoms of anxiety and depression in children and adolescents in psychiatric hospitals (James et al., 2020).

Conclusion

This study demonstrates the effectiveness of combining Non-Directive Play Therapy (NDPT) with the child and Cognitive Behavioural Therapy (CBT) for the mother in improving emotional and behavioural functioning in children who stutter. The integrated approach yielded significant reductions in stuttering severity, anxiety, and emotional difficulties while enhancing parent-child relationships and maternal mental health. These findings support the value of comprehensive, family-centred interventions for children who stutter.

References

- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders: DSM-5TM (5th ed.). American Psychiatric Publishing.
- American Speech-Language-Hearing Association (n.d.). Stuttering. Retrieved from (link unavailable) on January 1, 2025.
- Association for Play Therapy. (2008). Play therapy makes a difference! Retrieved December 12, 2022, from (link unavailable)
- Axline, V. (1974). Play therapy (Revised ed.). New York: The Random House Publishing Group.
- Aydýn, A. (2014). Parental involvement in cognitive-behavioural therapy for children with anxiety disorders. *Turkish Journal of Psychiatry*, 25(3), 181-189. PMID: 2521969
- Barnes, M. (2013). The healing path with children (3rd ed.). England: The Play Therapy Press Limited.
- Barlow, D. H., & Hayes, S. C. (1979). Alternating treatments design: One strategy for comparing the effects of two treatments in a single subject. *Journal of Applied Behavior Analysis*, 12(2), 199-210. doi: 10.1901/jaba.1979.12-199.
- Beck, J. S. (2021). Cognitive behaviour therapy: Basics and beyond (3rd ed.). New York: The Guilford Press.
- Becker, A., Hagenberg, N., Roessner, V., Woerner, W., & Rothenberger, A. (2004). Evaluation of the self-reported SDQ in a clinical setting: do self-reports tell us more than ratings by adult informants? *European child & adolescent psychiatry*, 13, ii17-ii24.
- Bodur, S., Torun, Y. T., Gül, H., Dincer, M., Gül, A., Kara, K., ... & Cöngöloglu, M. A. (2019). Parental attitudes in children with persistent developmental stuttering: A case-control study. *Archives of Clinical Psychiatry (São Paulo)*, 46, 103-106. DOI: <https://doi.org/10.1590/0101-60830000000204>
- Brown, J. (2019). The Reciprocity Between Parents and Their Child's Mental Health Treatment Systems. *Family Systems: A Journal of Natural Systems Thinking in Psychiatry & the Sciences*, 14(2). DOI: <https://doi.org/10.1002/anzf.1409>
- Cohen, J. (2014). A new name for stuttering. *Monitor on Psychology*, 45(7), 51.
- Danger, S., & Landreth, G. (2005). Child-centred group play therapy with children with speech difficulties. *International Journal of Play Therapy*, 14(1), 81. DOI: <https://doi.org/10.1037/h0088897>
- Garbacz, S. A., & Kratochwill, T. R. (2020). Single-case experimental designs. In *Oxford Bibliographies Online*. doi: 10.1093/obo/9780199828340-0265
- Goodman, R. (1997). The extended version of the Strengths and Difficulties Questionnaire as a guide to Child Psychiatric Caseness and Consequent burden. *Journal of Child Psychology and Psychiatry*, 40(5), 791-799.
- Goodman, R. (2001). Psychometric properties of the strengths and difficulties questionnaire. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(11), 1337-1345.
- Horner, R. H., Carr, E. G., Halle, J., McGee, G., Odom, S., & Wolery, M. (2005). The use of single-subject research to identify evidence-based practice in special

- education. *Exceptional children*, 71(2), 165-179. DOI: <https://doi.org/10.1177/001440290507100203>
- James, A. C., Reardon, T., Soler, A., James, G., Creswell, C. (2020). Cognitive behavioural therapy for anxiety disorders in children and adolescents. *Cochrane Database of Systematic Reviews*, 2020(11), CD013162. doi: 10.1002/14651858.CD013162.pub2
- Jayadevi S. Jayaprakash, & Niraimathi K. (2024). Effect of non-directive play therapy on strengths and difficulties of private and government school students. *IAPS Journal of Practice in Mental Health*, 1(2), 70-76. doi: 10.4103/IJPMH.IJPMH_16_23
- Jayne, K. M., & Ray, D. C. (2016). Child-centred play therapy as a comprehensive school counselling approach: Directions for research and practice. *Person-Centred & Experiential Psychotherapies*, 15(1), 5-18. DOI: <https://doi.org/10.1080/14779757.2015.1132757>
- Karavasilis, L., Doyle, A. B., & Markiewicz, D. (2003). The effects of parenting style on children's attachment security. *Journal of Applied Developmental Psychology*, 24(5), 631-645. doi: 10.1016/S0193-3973(03)00094-4
- Kazdin, A. E. (2011). *Single-case research designs: Methods for clinical and applied settings*. Oxford University Press.
- Kazdin, A. E. (2019). Single-case experimental designs: Evaluating interventions in research and clinical practice. *Behaviour Research and Therapy*, 117, 3-17. DOI: <https://doi.org/10.1016/j.brat.2018.11.015>
- Krasny-Pacini, A., & Evans, J. (2018). Single-case experimental designs to assess intervention effectiveness in rehabilitation: A practical guide. *Annals of physical and rehabilitation medicine*, 61(3), 164-179. doi: 10.1016/j.rehab.2017.12.002
- Kratochwill, T. R., Mission, P., & Hagermoser, E. (2014). Single Case Experimental Designs. *The Encyclopaedia of Clinical Psychology*, 1-12.
- Kratochwill, T. R., & Levin, J. R. (Eds.). (2014). Introduction: An overview of single-case intervention research. In T. R. Kratochwill & J. R. Levin (Eds.), *Single-case intervention research: Methodological and statistical advances* (pp. 3-23). American Psychological Association. <https://doi.org/10.1037/14376-001>
- Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). Routledge.
- Lau, S. R., Beilby, J. M., Byrnes, M. L., & Hennessey, N. W. (2012). Parenting styles and attachment in school-aged children who stutter. *Journal of communication disorders*, 45(2), 98-110. DOI: 10.1016/j.jcomdis.2011.12.002
- Lesniak, J. L. (2003). *The effectiveness of non-directive play therapy*. University of Wisconsin-Stout, Menomonie, WI.
- Perez, H. R., & Stoeckle, J. H. (2016). Stuttering: clinical and research update. *Canadian family physician*, 62(6), 479-484.
- Wakaba, Y. (1983). Group play therapy for Japanese children who stutter. *Journal of Fluency Disorders*, 8(2), 133-146. doi: 10.1016/0094-730X(83)90023-2
- Ware, J. N. (2014). *Play therapy for children with autism spectrum disorder: A single-case design* (Doctoral dissertation, University of North Texas).
- Zebrowski, P. M., & Schum, R. L. (1993). Counselling parents of children who stutter. *American Journal of Speech-Language Pathology*, 2(2), 65-73. DOI: <https://doi.org/10.1044/1058-0360.0202.65>

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