






Effectiveness of Play Therapy-Based Interventions and Their Impact on Improving Socio-Emotional Skills in Children with Speech Disorders

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ABSTRACT

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Objective: This study aimed to determine the effectiveness of play therapy-based interventions and their impact on improving socio-emotional skills in children with speech disorders in Tehran.

Methods and Materials: This research method was a quasi-experimental design with a pre-test and post-test, along with a control group and a follow-up phase. The statistical population of this study included children with speech disorders who visited the Roozbeh Speech Therapy Center in Tehran in 2024. The research sample consisted of 32 boys aged 5 to 6 years, selected through purposive sampling. They were then divided into two groups of 16, comprising an experimental group and a control group. The experimental group received 12 sessions of play therapy. Data were collected using the Miller Socio-Emotional Skills Questionnaire (1997) and analyzed through mixed analysis of variance with repeated measures in SPSS22.

Findings: The results of this study indicated that the intervention was effective in changing the socio-emotional skill scores of children with speech disorders. The differences from the post-test to the follow-up phase were not statistically significant ($p > .05$). This indicates that the results were sustained over the follow-up phase, and the effectiveness of the play therapy-based interventions on improving socio-emotional skills in children with speech disorders remained stable.

Conclusion: The findings suggest that play therapy, as a multidimensional intervention, helps children with speech disorders enhance their socio-emotional skills across all dimensions.

Keywords: Play therapy, socio-emotional skills, speech disorders

1. Introduction

Speech and language disorders are a group of developmental disorders that affect children's ability to communicate with others and understand the surrounding world. These disorders include an inability to produce words, difficulties with correct sound pronunciation, and even the inability to construct meaningful sentences, which can negatively impact the child's cognitive and emotional development (Williams, 2019). Speech problems not only hinder effective communication but also affect the quality of social interactions and the understanding of one's own and others' emotions (Anderson et al., 2019).

Children with speech disorders, due to their inability to communicate properly, often face significant social and emotional challenges. This issue leads to social isolation and increased anxiety in social interactions, which can gradually result in reduced self-confidence and even long-term psychological problems (Ardestani Balaie et al., 2021). For instance, these children may experience anxiety in educational settings and avoid participating in group activities when interacting with peers (Barton et al., 2022).

Furthermore, children with speech problems often encounter various challenges in social interactions, which can negatively affect their psychological and emotional development. Since it is difficult for these children to express their emotions and emotional needs, the likelihood of experiencing problems such as isolation, depression, and even aggressive behaviors increases (Bratton et al., 2005). Speech disorders in children are considered one of the most significant barriers to social and emotional development during childhood. These disorders, which may include issues such as speech delays, voice disorders, and language disabilities, directly impact children's communication abilities and social interactions (Paul & Norbury, 2012). This is because language and speech are essential components in the development of socio-emotional skills, and a lack of development in these skills can lead to social isolation and emotional issues in children (Olswang et al., 2013).

Speech disorders at an early age can reduce children's self-confidence and create social anxiety, especially in situations that require social interaction (Dockrell et al., 2011). Children with speech disorders often face greater challenges in social situations and, as a result, may encounter serious problems in their social interactions (Beitchman & Brownlie, 2014). Children who cannot express their feelings

and thoughts due to speech disorders are more vulnerable to psychological and emotional harm. These children, because of their inability to communicate verbally, often lag behind others in social settings and refrain from participating in group activities (Conti-Ramsden et al., 2012). The need to strengthen socio-emotional skills in these children is evident, as the lack of strong communication skills can lead to social isolation and even problems in adulthood (Merrell & Gueldner, 2011).

Recent research has shown that play therapy interventions can serve as an effective and non-invasive tool for improving the speech and communication abilities of these children. Play therapy provides a safe and friendly environment, allowing children to express their emotions and thoughts without fear of judgment (Carter & Wilson, 2020). These interventions, due to their creative and indirect methods, enable children to learn and practice speech skills more naturally and pleasantly (Booker et al., 2020; Eisma et al., 2020). Moreover, play therapy, particularly at a young age, helps children strengthen their social and emotional communication through nonverbal interactions. This approach, based on play-centered activities, gives children the opportunity to overcome their fears of speech and gradually learn to understand and express emotions. This can effectively improve their self-confidence and reduce social anxiety (Gonzalez et al., 2023).

Numerous studies have indicated that play therapy has a positive impact on improving children's socio-emotional abilities. For example, during play therapy sessions, children interact with peers and the therapist, practicing skills such as communication, emotional expression, and problem-solving (Anderson et al., 2019). These interactive experiences help them strengthen the social skills needed for everyday life, both directly and indirectly. Children who are unable to communicate effectively due to speech disorders are at greater risk for psychological and social harm. These children often miss out on peer group interactions and may feel isolated and rejected due to communication difficulties (Carter & Wilson, 2020).

Using play therapy helps these children interact in a safer environment and improve their communication skills (Gonzalez et al., 2023). Another benefit of play therapy for children with speech disorders is the enhancement of their ability to recognize and manage emotions. Play helps children gain a better understanding of their feelings and express them in a constructive and effective manner. This is

especially important for children who experience limitations in emotional expression due to speech problems (Abbasi et al., 2020).

Children with speech disorders, due to their verbal limitations, often require therapeutic interventions that can help them enhance their social and emotional abilities. Recent studies suggest that play therapy can be effective in improving these abilities, as it allows children to experience and express their emotions through play and face social and emotional challenges (Bruinsma, 2024). This highlights the significance of play therapy interventions in addressing the emotional difficulties of children with speech disorders.

The necessity of using play therapy for children with speech disorders is evident due to its positive effects on their overall development. Children who benefit from this type of therapy not only improve their speech skills but also develop better social and emotional abilities. Therefore, this method can be used as an effective approach to managing and treating children's speech disorders (Beitchman & Brownlie, 2014; Beryamani et al., 2018).

However, there is a need for further research to better understand the exact effects of play therapy on improving socio-emotional skills in children with speech disorders. This will help researchers and professionals evaluate and enhance this therapeutic approach with more scientific data, increasing its effectiveness in therapeutic and educational settings (Gonzalez et al., 2023). For this reason, this study aimed to determine the effectiveness of play therapy-based interventions and their impact on improving socio-emotional skills in children with speech disorders in Tehran.

2. Methods and Materials

2.1. Study Design and Participants

Our research method was a quasi-experimental design with a pre-test and post-test, along with a control group and a follow-up phase. The statistical population of this study included children with speech disorders who visited the Roozbeh Speech Therapy Center in Tehran in 2024. The research sample consisted of 32 boys aged 5 to 6 years, selected through purposive sampling. They were then divided into two groups of 16, comprising an experimental group and a control group. The experimental group received 12 sessions of play therapy.

2.2. Measures

2.2.1. Socio-Emotional Skills

The Socio-Emotional Skills Questionnaire was designed and developed by Miller (1997) to assess the socio-emotional skills of preschool children. This questionnaire was validated and standardized in Iran by Dadsetan, Asgari, Rahimzadeh, and Bayat (2010). The questionnaire contains 50 items and six subcomponents: maladaptive behaviors/hyperactivity, social skills, communication skills, daily living skills, poor feeding behavior, and separation anxiety, scored on a 5-point Likert scale (Never: 1 to Always: 5). In the study by Dadsetan et al. (2010), the content, face, and criterion validity of this questionnaire were deemed appropriate, and the Cronbach's alpha coefficient was reported as .91 (Dadestan et al., 2010).

2.3. Intervention

2.3.1. Play Therapy

This protocol for sessions helps improve children's communication skills, memory, behavioral inhibition, problem-solving, and time management step-by-step (Barimani, Asadi, & Khwajvand, 2018).

Session 1 and 2: Establishing Communication

The therapist engages the child in simple games to build a connection and facilitate communication. These activities focus on making the child comfortable and ensuring they are responsive to the therapist's cues, laying a foundation for further intervention.

Session 3, 4, and 5: Verbal Working Memory

The therapist introduces games aimed at enhancing the child's verbal working memory. Activities include listening and coding exercises, matching numbers with specific animal sounds, the "Look and Say" game, using picture stories to encourage narrative skills, playing "hopscotch" with rhymes, and engaging with card games that require memory and recall.

Session 6: Verbal Inhibition

The child is introduced to an exercise involving three different colors placed on the wall. The therapist gives a command for the child to move next to a specified color and perform a unique action associated with that color. This activity is designed to practice verbal inhibition and following instructions.

Session 7: Motor Inhibition

The child navigates a set path while collecting letter and picture cards based on the therapist’s instructions, performing specific movements along the way. This activity focuses on motor inhibition and controlled physical responses to prompts.

Session 8: Pencil-and-Paper Inhibition

For children familiar with reading and writing, the session involves tasks such as differentiating complex shapes, finding a specific shape among many, comparing images, and describing similarities. These activities are designed to improve pencil-and-paper inhibition, focusing on visual and cognitive control.

Session 9 and 10: Cognitive Problem-Solving

The therapist uses puzzle assembly and scenario-based activities to teach problem-solving techniques. The child practices problem-solving steps: defining the problem, forming hypotheses, and choosing the correct response. These sessions emphasize cognitive flexibility and strategic thinking.

Session 11 and 12: Time Management

The therapist guides the child through exercises that involve completing a task within five minutes, creating a timeline of activities from waking up to going to school, and organizing activity cards in sequence. The child is also taught realistic time management with help from the therapist, focusing on structuring daily routines effectively.

2.4. Data analysis

Data were analyzed through mixed analysis of variance with repeated measures in SPSS22.

3. Findings and Results

The study was conducted with 32 boys aged 5 to 6 years. The mean and standard deviation of age for participants in the experimental group were 5.50 (SD = 0.52) and in the control group were 5.44 (SD = 0.51). An independent t-test indicated that the groups were homogeneous in terms of age, and there was no significant difference between them ($t = 0.344, p > .05$). Descriptive statistics for socio-emotional skills are reported in [Table 1](#).

Table 1

Mean and Standard Deviation of Socio-Emotional Skills in Pre-Test, Post-Test, and Follow-Up Stages

Variable	Group	Pre-Test		Post-Test		Follow-Up	
		Mean	SD	Mean	SD	Mean	SD
Maladaptive Behaviors/Hyperactivity	Experimental	45.19	4.475	50.75	3.493	52.25	3.856
	Control	44.19	4.983	45.63	6.937	45.75	7.085
Social Skills	Experimental	25.13	2.918	28.88	3.202	29.31	3.071
	Control	25.63	2.941	25.44	2.828	25.25	2.646
Communication Skills	Experimental	25.13	2.918	29.31	3.554	29.75	3.337
	Control	25.31	2.822	25.25	2.745	24.81	2.588
Daily Living Skills	Experimental	17.38	3.423	18.88	3.03	18.5	2.805
	Control	17.44	3.502	17.63	3.538	17.69	3.459
Poor Feeding Behavior	Experimental	7.31	1.74	7.5	1.713	7.5	1.633
	Control	8.19	2.04	8.31	1.957	8.38	1.857
Separation Anxiety	Experimental	9.19	2.401	13.69	2.676	14.00	2.757
	Control	9.44	2.756	9.56	2.366	9.5	2.191
Total Score	Experimental	129.31	9.185	149	8.083	151.31	7.418
	Control	130.19	9.196	131.81	9.948	131.38	9.885

The pre-test means of the groups for the dependent variables were approximately equal. However, after the intervention, the post-test means in several subscales of the experimental group changed. The significance of these changes was examined using mixed analysis of variance with repeated measures. According to the assumptions of the mixed analysis of variance, the Kolmogorov-Smirnov test indicated that the assumption of normal distribution of sample data for the research variables in both experimental

and control groups was met ($p > .05$). Levene's test was used to assess the homogeneity of variances, and the results showed that the assumption was satisfied for the dependent variables in the post-test phase ($p > .05$). The M Box test results indicated that the homogeneity of variance-covariance matrices for the research variables was achieved ($p > .05$). The sphericity assumption was violated for the components of maladaptive behaviors/hyperactivity, feeding behavior, separation anxiety, and total score; hence, the

Greenhouse-Geisser correction was applied for reporting within-group effects. The mixed analysis of variance results are presented in Table 2.

Table 2

Analysis of Variance Results for Within-Group and Between-Group Differences

Variables	Source of Variation	Sum of Squares	df	Mean Square	F	Significance	Partial η^2
Maladaptive Behaviors/Hyperactivity	Test	336.083	1.16	289.651	11.361	.001	.275
	Group Membership	425.042	1	425.042	7.653	.01	.203
	Test \times Group	131.083	1.16	112.973	4.431	.037	.129
Social Skills	Test	72.771	2	36.385	55.503	.001	.649
	Group Membership	130.667	1	130.667	5.31	.028	.15
	Test \times Group	97.896	2	48.948	74.666	.001	.713
Communication Skills	Test	90.75	2	45.375	58.759	.001	.662
	Group Membership	207.094	1	207.094	8.061	.008	.212
	Test \times Group	120.25	2	60.125	77.86	.001	.722
Daily Living Skills	Test	12.896	2	6.448	12.106	.001	.288
	Group Membership	10.667	1	10.667	0.337	.566	.011
	Test \times Group	7.146	2	3.573	6.708	.002	.183
Poor Feeding Behavior	Test	0.646	1.371	0.471	3.633	.051	.108
	Group Membership	17.51	1	17.51	1.776	.193	.056
	Test \times Group	0.021	1.371	0.015	0.117	.811	.004
Separation Anxiety	Test	120.583	1.075	112.181	31.411	.001	.511
	Group Membership	187.042	1	187.042	12.13	.002	.288
	Test \times Group	111.583	1.075	103.808	29.067	.001	.492
Total Score	Test	2654.396	1.196	2220.114	66.194	.001	.688
	Group Membership	3504.167	1	3504.167	17.272	.001	.365
	Test \times Group	2045.271	1.196	1710.647	51.004	.001	.63

The scores of variables (except for feeding behavior) were significant within-group and for the interaction of test \times group across the three measurement stages ($p < .05$). Between-group results indicated that the mean differences were significant for maladaptive behaviors/hyperactivity ($F = 7.653$, $p = .01$), social skills ($F = 5.31$, $p = .028$),

communication skills ($F = 8.061$, $p = .008$), separation anxiety ($F = 12.13$, $p = .002$), and the total socio-emotional skills score ($F = 17.272$, $p = .001$). The Bonferroni post-hoc test was used for pairwise comparisons, and the results are presented in Table 3.

Table 3

Bonferroni Post-Hoc Test

Variable	Pairwise Comparison	Mean Difference	Standard Error	Significance
Maladaptive Behaviors/Hyperactivity	Pre-Test – Post-Test	-3.500*	1.165	.016
	Pre-Test – Follow-Up	-4.313*	1.313	.002
	Post-Test – Follow-Up	-0.813	0.373	.112
Social Skills	Pre-Test – Post-Test	-1.781*	0.222	.001
	Pre-Test – Follow-Up	-1.906*	0.219	.001
	Post-Test – Follow-Up	-0.125	0.159	1.000
Communication Skills	Pre-Test – Post-Test	-2.063*	0.231	.001
	Pre-Test – Follow-Up	-2.063*	0.245	.001
	Post-Test – Follow-Up	0.050	0.176	1.000
Daily Living Skills	Pre-Test – Post-Test	-0.844*	0.21	.001
	Pre-Test – Follow-Up	-0.688*	0.196	.004
	Post-Test – Follow-Up	0.156	0.132	.736
Separation Anxiety	Pre-Test – Post-Test	-2.313*	0.416	.001
	Pre-Test – Follow-Up	-2.438*	0.423	.001
	Post-Test – Follow-Up	-0.125	0.093	.573

Total Score	Pre-Test – Post-Test	-10.656*	1.313	.001
	Pre-Test – Follow-Up	-11.594*	1.345	.001
	Post-Test – Follow-Up	-0.938	0.476	.174

Comparison of means indicates that the intervention effectively changed the socio-emotional skill scores in children with speech disorders. Differences from the post-test to follow-up were not significant ($p > .05$), meaning the results were sustained at the follow-up stage, and the effectiveness of play therapy-based interventions on improving socio-emotional skills in children with speech disorders remained stable.

4. Discussion and Conclusion

Based on the findings of the present study, which indicate the significant effectiveness of play therapy on the socio-emotional skills of children with speech disorders, this research aligns with similar studies that have shown the positive impact of play therapy on improving children's social and emotional skills. For example, Yagman et al. (2018), who investigated the importance of play in children's cognitive and social development, highlighted the positive effects of play in enhancing communication skills and emotion regulation. Similarly, Davidson and Stagnitti (2021) demonstrated that play therapy helps improve the communication abilities of children with autism spectrum and speech disorders, which is consistent with the findings of the present study (Davidson & Stagnitti, 2021). Likewise, Rae et al. (2021) found that play therapy plays an effective role in enhancing social and emotional skills in children with speech delays (Rae et al., 2021).

However, some studies have reported different results. For instance, a study by Li et al. (2022) showed that the effectiveness of play therapy is heavily influenced by family environmental and economic factors, and the same results may not be obtained in families with lower economic status (Li et al., 2022). These findings suggest that, in addition to therapeutic interventions, environmental factors also play an important role in improving social and emotional skills, which may be influenced by different cultural and social conditions.

In explaining the study results, Vygotsky's theory on the role of play in children's cognitive and social development can be used as the theoretical basis for this study. Vygotsky believes that play provides an opportunity for social interaction and learning, during which children can develop their skills. Within the framework of this theory, play is considered a meaningful activity for children that not only

allows them to experience social interactions but also helps in emotional development and self-control (McLeod & Harrison, 2020). This theory is well-aligned with the findings of this study, showing that play therapy can be used as an effective tool to enhance social and emotional skills in children with speech disorders.

Play therapy is one of the effective methods for treating children's social and emotional disorders. This approach allows children to express their feelings through play, which is a natural form of communication for them. Play therapy, by utilizing activities such as using toys and art, helps children express their emotions in a safe and constructive way (O'Connor et al., 2015). This method is especially suitable for children who, due to language difficulties, lack the ability to verbally express their feelings.

The findings of various studies indicate that play therapy can lead to significant improvements in children's socio-emotional skills. Specifically, play therapy helps children acquire skills such as empathy, self-regulation, and interpersonal problem-solving, which are important factors in social development (Denham et al., 2012; Merrell & Guedner, 2011). These skills can empower children in dealing with social and emotional challenges and prevent issues such as isolation and depression.

Research has shown that play therapy can be very effective in improving the socio-emotional skills of children with speech disorders. These interventions, relying on play as an educational and therapeutic tool, help children develop both verbal and non-verbal skills through play interactions and express their emotions more effectively (Bratton et al., 2005). The natural and enjoyable nature of play therapy unconsciously engages children in the therapeutic process, enhancing their communication skills (Guernsey, 2001).

In conclusion, based on the results of this study, play therapy, due to its free and creative nature, provides an environment where children can express their feelings, thoughts, and needs without pressure or anxiety. These characteristics are particularly important for children with speech disorders, as these children naturally face challenges in expressing their emotions and needs. In this context, play therapy helps improve socio-emotional skills in several dimensions:

1. **Self-Awareness and Emotional Regulation:**
Through play, children can better recognize and

practice expressing their emotions appropriately. This process helps reduce anxiety and increase self-confidence in children. The study by Yogman et al. (2018) showed that play can improve children's self-awareness and emotional regulation through natural, stress-free experiences (Yogman & et al., 2018).

2. **Empathy and Social Awareness Skills:** Play therapy provides an opportunity for children to learn how to interact with others and understand others' emotions. In this context, children learn how to respond to others' needs and strengthen their empathy. Rae et al. (2021) emphasized that group play in play therapy can help develop empathy and attention to others' needs (Rae et al., 2021).
3. **Communication and Social Interactions:** Play therapy helps children improve both verbal and non-verbal communication skills. For example, during play, children learn to take turns, use body language, and respond appropriately to others. These skills are especially effective for children who face challenges in verbal communication (Davidson & Stagnitti, 2021).
4. **Decision-Making and Problem-Solving Skills:** In play therapy, children spontaneously encounter problems during play that they need to solve. This helps children practice and strengthen their decision-making and problem-solving skills. According to Li et al. (2022), play helps children experience various ways to solve problems in facing social challenges (Li et al., 2022).
5. **Control and Management of Negative Emotions:** Play helps children express negative emotions, such as anger and anxiety, appropriately, and learn self-regulation strategies for dealing with these emotions. This is particularly evident in role-playing games, where children can experience different roles and emotions (Dockrell et al., 2011).

Play therapy, due to its flexible and non-invasive nature, is considered an appropriate approach tailored to the needs of children with speech disorders. This method not only provides opportunities to learn and practice communication skills but also creates a safe and enjoyable environment for children to better manage their emotions. Therefore, it can be concluded that play therapy not only helps improve communication skills but also enhances emotional skills in children.

5. Limitations & Suggestions

Among the limitations of this study, family conditions and the living environment's influence on the effectiveness of play therapy can be mentioned, as well as the small sample size, which prevents generalization to other populations. It is also recommended that further studies explore the long-term effects, identify mediating variables such as family support, and develop more precise evaluation tools to assess the effectiveness of this therapy in children with other disorders.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Each participant received an informed consent form to understand the study's objectives.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed in this article.

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