Sample Annotated Bibliography

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Autism research continues to grapple with activities that best serve the purpose of fostering positive interpersonal relationships for children who struggle with autism. Children have benefited from therapy sessions that provide ongoing activities to aid autistic children’s ability to engage in healthy social interactions. However, less is known about how K–12 schools might implement programs for this group of individuals to provide additional opportunities for growth, or even if and how school programs would be of assistance in the end. There is a gap, then, in understanding the possibilities of implementing such programs in schools to foster the social and thus mental health of children with autism.

**Annotated Bibliography**

Kenny, M. C., Dinehart, L. H., & Winick, C. B. (2016). Child-centered play therapy for children with autism spectrum disorder. In A. A. Drewes & C. E. Schaefer (Eds.), *Play therapy in middle childhood* (pp. 103–147)*.* Washington, DC: American Psychological Association.

In this chapter, Kenny, Dinehart, and Winick provided a case study of the treatment of a 10-year-old boy diagnosed with autism spectrum disorder (ADS). Kenny et al. described the rationale and theory behind the use of child-centered play therapy (CCPT) in the treatment of a child with ASD. Specifically, children with ADS often have sociobehavioral problems that can be improved when they have a safe therapy space for expressing themselves emotionally through play that assists in their interpersonal development. The authors outlined the progress made by the patient in addressing the social and communicative impairments associated with ASD. Additionally, the authors explained the role that parents have in implementing CCPT in the patient’s treatment. Their research on the success of CCPT used qualitative data collected by observing the patient in multiple therapy sessions.

CCPT follows research carried out by other theorists who have identified the role of play in supporting cognition and interpersonal relationships. This case study is relevant to the current conversation surrounding the emerging trend toward CCPT treatment in adolescents with ASD as it illustrates how CCPT can be successfully implemented in a therapeutic setting to improve the patient’s communication and socialization skills. However, Kenny et al. acknowledged that CCPT has limitations—children with ADS, who are not highly functioning and or are more severely emotionally underdeveloped, are likely not suited for this type of therapy.

Kenny et al.’s explanation of this treatments’s implementation is useful for professionals in the psychology field who work with adolescents with ASD. This piece is also useful to parents of adolescents with ASD, as it discusses the role that parents can play in successfully implementing the treatment. However, more information is needed to determine if this program would be suitable as part of a K–12 school program focused on the needs of children with ASD.

Stagmitti, K. (2016). Play therapy for school-age children with high-functioning autism. In A.A. Drewes and C. E. Schaefer (Eds.), *Play therapy in middle cildhood* (pp. 237–255). Washington, DC: American Psychological Association.

Stagmitti discussed how the Learn to Play program fosters the social and personal development of children who have high functioning autism. The program is designed as a series of play sessions carried out over time, each session aiming to help children with high functioning autism learn to engage in complex play activities with their therapist and on their own. The program is beneficial for children who are 1- to 8-years old if they are already communicating with others both nonverbally and verbally. Through this program, the therapist works with autistic children by initiating play activities, helping children direct their attention to the activity, eventually helping them begin to initiate play on their own by moving past the play narrative created by the therapist and adding new, logical steps in the play scenario themselves. The underlying rationale for the program is that there is a link between the ability of children with autism to create imaginary play scenarios that are increasingly more complex and the development of emotional well-being and social skills in these children. Study results from the program have shown that the program is successful: Children have developed personal and social skills of several increment levels in a short time. While Stagmitti provided evidence that the Learn to Play program was successful, she also acknowledged that more research was needed to fully understand the long-term benefits of the program.

Stagmitti offered an insightful overview of the program; however, her discussion was focused on children identified as having high-functioning autism, and, therefore, it is not clear if and how this program works for those not identified as high-functioning. Additionally, Stagmitti noted that the program is already initiated in some schools but did not provide discussion on whether there were differences or similarities in the success of this program in that setting.

Although Stagmitti’s overview of the Learn to Play program was helpful for understanding the possibility for this program to be a supplementary addition in the K–12 school system, more research is needed to understand exactly how the program might be implemented, the benefits of implementation, and the drawbacks. Without this additional information, it would be difficult for a researcher to use Stigmitti’s research as a basis for changes in other programs. However, it does provide useful context and ideas that researchers can use to develop additional research programs.

Wimpory, D. C., & Nash, S. (1999). Musical interaction therapy–Therapeutic play for children with autism. *Child Language and Teaching Therapy*, *15*(1), 17–28. doi:10.1037/14776-014

Wimpory and Nash provided a case study for implementing music interaction therapy as part of play therapy aimed at cultivating communication skills in infants with ASD. The researchers based their argument on films taken of play-based therapy sessions that introduced music interaction therapy. To assess the success of music play, Wimpory and Nash filmed the follow-up play-based interaction between the parent and the child. The follow-up interactions revealed that 20 months after the introduction of music play, the patient developed prolonged playful interaction with both the psychologist and the parent. The follow-up films also revealed that children initiated spontaneously pretend play during these later sessions. After the introduction of music, the patient began to develop appropriate language skills.

Since the publication date for this case study is 1999, the results are dated. Although this technique is useful, emerging research in the field has undoubtedly changed in the time since the article was published. Wimpory and Nash wrote this article for a specific audience, including psychologists and researchers working with infants diagnosed with ASD. This focus also means that other researchers beyond these fields may not find the researcher’s findings applicable.

This research is useful to those looking for background information on the implementation of music into play-based therapy in infants with ASD. Wimpory and Nash presented a basis for this technique and outlined its initial development. Thus, this case study can be useful in further trials when paired with more recent research.