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Play Therapy for Strengthening Child Attachment through Communication in Children with Autism Spectrum Disorder (ASD) at SLB X

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ABSTRACT

This study aims to describe the effectiveness of play therapy in strengthening child attachment through communication in children with Autism Spectrum Disorder (ASD) at a Special Needs School (SLB) X. The main issue addressed is the difficulty children with ASD face in forming emotional bonds with their parents due to barriers in social communication. This research employs a quantitative approach with a one-group pretest-posttest quasi-experimental design, involving five boys aged 6–12 years who have been diagnosed with ASD. The intervention consisted of communication-based play therapy sessions that actively involved parents in joint play activities with their children. Attachment was measured using the Attachment Q-Sort (AQS) tool, which covers three dimensions: secure, resistant, and avoidant attachment. Data analysis using the Paired Sample T-Test showed a significant increase in the secure attachment dimension, while changes in resistant and avoidant attachment were not significant. These findings indicate that play therapy emphasizing verbal and non-verbal communication is effective in enhancing secure attachment between parents and children with ASD, highlighting the importance of active parental involvement in fostering warm, responsive interactions that support the child's social-emotional development.

KEYWORDS *autism spectrum disorder (ASD), child attachment, communication, play therapy, secure attachment, special needs education*

INTRODUCTION

Children are the most beautiful gift that God gives in life. Every parent certainly desires to have a child who is born healthy and can develop optimally like children in general (Murray, 2023). In addition, the presence of children is a valuable asset for the nation and state as successors of the next generation, equipped with all knowledge and skills to achieve the best quality (Weiss, 2025).

Expectations and desires sometimes do not align with existing reality. The fact is that not all children can be born healthy and develop optimally like children in general (Jacukowicz, Potocka, & Merecz-Kot, 2016). When symptoms of problems or developmental obstacles occur from early childhood, parents may become worried and try to find out what is happening to their child. According to Indiarti and Rahayu (2020), developmental obstacles that may occur from infancy to childhood include concentration (attention) disorders, hyperactive behavior, behavioral disorders, disabilities, mental retardation, and autism.

Often, people hear the term children with special needs (ABK). Children with special needs are children in special situations who appear different from children in general, usually differing in mental, emotional, and physical conditions (Saswita, Octavia, Hermandi, & Andriani, 2024). One type of child with special needs whose numbers have increased recently in Indonesia is autism spectrum disorder (ASD) or autism. Data collected from the Extraordinary School Statistics Data Center (2024) recorded 158,657 students experiencing

autism in Indonesia in the 2023/2024 period nationally, especially in West Java Province, where there are 28,561 students with autism in both public and private schools.

In the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), autism spectrum disorder (ASD) is classified as a neurodevelopmental disorder (Posar, Resca, & Visconti, 2015). ASD is a central nervous system developmental disorder causing deficiencies in communication and social interaction, difficulties with both verbal and non-verbal communication, and limited and repetitive behaviors (APA, 2013). The term autism was first introduced by Leo Kanner in 1943. Autism spectrum disorder can be influenced by genetic as well as environmental factors. According to Suharsini et al. (2017), causes of autism spectrum disorders include metabolic disorders, infections, and poisoning occurring in children. Autism disorder is considered one of the most complex developmental obstacles in children (Hus & Segal, 2021).

Parents are an important link connecting home, school, and the environment (Prata, Lawson, & Coelho, 2018). According to Maskey, parents caring for children with ASD experience high levels of stress, which can affect their parenting style, sometimes resulting in neglect or ignoring the child's needs (Hasan, 2020). Preliminary interviews with five parents who have children with ASD at SLB X, Cianjur City, revealed lack of understanding and acceptance from some parents about the child's condition (Widadi et al., 2024). Some parents try to find information and meet the child's needs, while others ignore them (Kuzminykh & Lank, 2019). Parents also expressed confusion about how to nurture and build attachment/relationship with their child. There was noted incompatibility between parents' words and actions—although they understood the importance of building attachment, their behaviors often did not reflect this, such as ignoring the child's needs. Parents feel that educating children with ASD requires more attention, energy, time, and patience than educating children in general.

Himawan, Ninin, and Abidin (2021) examined parent-child attachment in children with autism before and after therapy sessions (speech therapy, occupational therapy, sensory integration, and applied behavior analysis). Before therapy, parenting patterns showed low parental responsiveness combined with high parental demanding. Parents tended to comply with their children's wishes without supporting the development of skills and self-control. After therapy, parenting shifted to higher responsiveness and still high demandingness, demonstrated by increased parental appreciation and teaching of skills gained during therapy.

Parents have the duty and responsibility to educate, nurture, and guide their children to develop optimally both at home and in their surroundings. According to Larete, Kandou, and Munayang (2016), parenting patterns play a critical role in children's growth and development. Parenting practices affect children both in the short term (current) and long term (lasting into adulthood) (Teixeira, Marino, & Carreiro, 2015). Parent-child attachment, often referred to as child attachment, is crucial and represents a mutual emotional bond and the quality of the relationship. Building attachment between children and parents requires communication, trust, and alienation management. Communication focuses on two-way interaction (reciprocal relationship from sender to receiver), trust is the outcome of the relationship, and alienation refers to the child's feelings of avoidance and rejection.

Attachment in children with autism is challenging due to limitations in recognizing, expressing, and responding to others' emotions. One approach to help parents address behaviors

in children with autism, such as poor communication skills and difficulties building close social relationships, is through therapy. Previous research shows behavioral interventions effectively improve developmental functioning and reduce maladaptive behaviors (e.g., aggression, tantrums), especially when parents actively participate in the intervention. Various therapies are available for children with autism, including play therapy. *Play therapy* is effective in improving communication skills and social development in children with autism (Mulyani, 2021). Also known as *play therapy*, this method applies a systematic learning pattern designed as a fun play situation. It can be applied by family members in both pleasant and challenging situations to prevent children from feeling bored or perceiving the activity as therapy (Chusairi & Hamidah, 2012).

Play helps develop children's social skills. Children with autism often exhibit deviations in play behavior associated with delays in social development. The quality of parent-child interaction relates to the development of play behavior. Secure attachment is linked to better play behavior, as having a trustworthy attachment figure optimizes opportunities for children to explore their environment in safe and supportive conditions. Parent-mediated play-based interventions have potential as an effective approach to improving social communication and language skills in children with autism (Deniz et al., 2024).

Previous research found *play therapy* can improve communication and social development in children with autism (Romanita, 2014). It provides sensory stimulation that enhances brain processing of received stimuli. Suryati and Rahmawati (2017) showed that *play therapy* positively affects social interaction in children with autism, increasing eye contact and head-turning when called. Pangesti (2016) also found that *play therapy* helped children with autism play briefly with peers and follow simple instructions.

One model of *play therapy* is the humanistic model, which includes filial therapy based on a non-directive approach. According to Garza, Watts, and Kinsworthy, filial therapy focuses on building and strengthening parent-child relationships through play interactions. Research by Kiyani et al. (2020) shows filial therapy fosters positive relationships (with empathy, acceptance, and understanding) between parents and children with autism, also reducing parental stress.

Children with autism can form secure attachments with supportive communication styles and parental sensitivity. Tubbs and Moss define communication as the process of creating meaning through symbolic interaction between individuals. Communication is key to building security, trust, and emotional closeness. Trenholm and Jensen describe communication aspects—frequency (how often communication happens verbally and non-verbally), duration (how long communication lasts), and intensity (emotional depth or meaning)—all affecting relationship quality and effectiveness.

Based on previous research, play is a good medium to improve communication and social development, positively impacting children’s relationships with others (friends, parents). Filial therapy is one such *play therapy*. To strengthen attachment through communication, play-based therapy involving parents is effective. Therefore, this study aims to describe *play therapy for strengthening child attachment through communication in children with autism spectrum disorder (ASD) at SLB X*, Cianjur City.

The research problem formulation is: To what extent is *play therapy* effective in strengthening child attachment through communication in children with ASD at SLB X,

Cianjur City? The study's purpose is to describe how much *play therapy* can strengthen child attachment through communication in children with ASD at SLB X, Cianjur City. The research uses are divided into theoretical and practical. Theoretically, it will add to scientific literature in Psychology research in Indonesia, specifically regarding *play therapy* to strengthen child attachment through communication in children with ASD, provide an overview of *play therapy* effectiveness, and contribute to the development of Child and Adolescent Clinical Psychology, Developmental Psychology, Play Psychology, Family Psychology, and Educational Psychology. Practically, it is expected that educators can design effective *play therapy* to strengthen child attachment, parents can be more attentive to children's needs and build safe, comfortable attachments, and it serves as a reference for educators, communities, and parents about the importance of *play therapy* in strengthening child attachment through communication for children with ASD.

METHOD

This study uses a quantitative research approach employing a quasi-experimental design method. The research was conducted at SLB X in Cianjur City, West Java, Indonesia. This location was selected purposively based on several considerations: (1) the availability of students diagnosed with ASD who met the inclusion criteria, (2) the school's willingness to cooperate in implementing the intervention program, and (3) the accessibility of the research location for conducting regular therapy sessions.

The population of this study consisted of all students with ASD at SLB X Cianjur City. The sampling technique used was purposive sampling with the following inclusion criteria: (1) children aged 6-12 years, (2) have been officially diagnosed with Autism Spectrum Disorder by a competent professional, (3) are able to participate in play activities with minimal assistance, and (4) parents are willing to be actively involved in the intervention sessions. The exclusion criteria included: (1) children with severe physical disabilities that prevent participation in play activities, and (2) incomplete medical records. Based on these criteria, five male participants aged 6-12 years were selected as research subjects.

Data collection techniques in this study included: (1) Pretest measurement using the Attachment Q-Sort (AQS) instrument to assess the initial attachment conditions between parents and children across three dimensions: secure, resistant, and avoidant attachment. The AQS consists of 52 items adapted to the Indonesian context with proven validity and reliability. (2) Implementation of play therapy intervention consisting of eight structured sessions conducted twice weekly, each lasting 60-90 minutes, involving parents in communication-based play activities with their children. (3) Posttest measurement using the same AQS instrument conducted two weeks after the intervention concluded to assess changes in attachment patterns.

Data sources in this study were primary data obtained directly from observations during intervention sessions and measurements of attachment scores from parents' assessments of their children's behavior using the AQS instrument. Secondary data were obtained from children's medical records and school documentation.

Data analysis techniques employed in this study included: (1) Descriptive statistical analysis to describe the characteristics of research subjects and attachment scores before and after intervention. (2) Paired Sample T-Test to examine significant differences in attachment

scores (secure, resistant, and avoidant) between pretest and posttest. This test was chosen because the data met the assumptions of normality and used paired measurements on the same subjects. (3) Categorization analysis to classify attachment levels into high and low categories based on the mean score, providing a clearer picture of changes in each attachment dimension. All statistical analyses were performed using SPSS version 25 with a significance level of $\alpha = 0.05$.

This study uses a one group pretest-posttest design. Sugiyono stated that in the one group pretest-posttest design, only one group of subjects will be used, and no control group will be used. After the subject group is formed, a pretest will be given, namely child attachment measurement to find out the initial state of parental and child attachment. Then the subject group will be given treatment in the form of play therapy through communication. After going through treatment sessions and a two-week break, the subject group will be given a posttest, namely child attachment measurement to find out the final state of parental and child attachment.

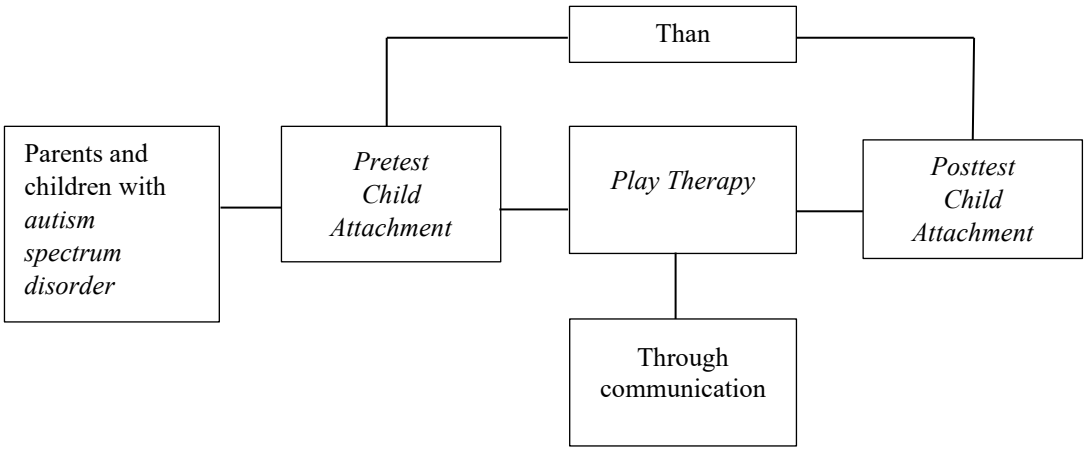

Figure 1. Research Design

RESULT AND DISCUSSION

1. Paired Sample T-Test Results

The following are the results of the paired sample t-test which can be seen in the following table 1:

Table 1. Paired Sample T-Test Results

Paired Samples Correlation					
		N	**Correlation**	**Sig.**	
Pair 1	Post_Secure & Pre_Secure	5	.965	.008	
Pair 2	Post_Resistant & Pre_Resistant	5	.895	.040	
Pair 3	Post_Avoidant & Pre_Avoidant	5	-.665		.220

Paired Samples Test					
		Mean	**Hours of deviation**		**Sig. (2-tailed)**
Pair 1	Post_Secure - Pre_Secure	10.40000	4.03733	.005	
Pair 2	Post_Resistant - Pre_Resistant	-.60000	2.40832	.607	
Pair 3	Post_Avoidant - Pre_Avoidant	-9.80000	8.75785	.067	

From the results of the Paired Sample T-Test, it can be seen that the correlation coefficient between the pretest and posttest secure attachment is .965 with a significance value (p=.008). This suggests a strong and significant relationship between pre- and post-intervention scores. In the difference test, a mean difference value of 10.4 was observed, with a significance of p=.005 (p<.05). This indicates that there is an increase in the score of the secure attachment pattern after the intervention is carried out.

From the results of the Paired Sample T-Test, it can be seen that the correlation coefficient between the pretest and posttest resistant attachment is .895 with a significance value (p=.040). This suggests a strong and significant relationship between pre- and post-intervention scores. In the difference test, it was seen that there was a mean difference value of -.6, with a significance of p=.607 (p>.05). This indicates that there is a decrease in the score of the resistant attachment pattern after the intervention is carried out but the intervention has no significant effect.

From the results of the Paired Sample T-Test, it can be seen that the value of the correlation coefficient between the pretest and posttest avoidant attachment is -.665 with a significance value (p=.220). This suggests the absence of a significant association and direction of negative correlation between the scores before and after the intervention. In the difference test, it was seen that there was a mean difference value of -9.8, with a significance of p=.067 (p>.05). This indicates that there is a decrease in the avoidant attachment pattern score after the intervention is carried out but the intervention does not have a significant effect.

2. Descriptive Analysis of Variables

The following is a descriptive summary of the child attachment variables (pretest) which can be seen in the following table 2:

Table 2. Descriptive Variable Child Attachment (Pretest)

Variable	By	*N*	Number of Items	*Min*	*Max*	*Mean*	*Standard Deviation*
Child Attachment	*Secure Attachment*	5	18	35	57	48.2	9.23
	Resistant Attachment	5	18	39	51	46.4	5.27
	Avoidant Attachment	5	16	28	46	38.2	6.57

Table 2 shows the descriptive results of this research variable. The child attachment variable with the secure attachment pattern has a number of 18 questions, the mean value of this pattern is 48.2 with a minimum value of 35 and a maximum value of 57. The child attachment variable with a resistant attachment pattern has a total of 18 questions, the mean value of this pattern is 46.4 with a minimum value of 39 and a maximum value of 51. The child attachment variable with the avoidant attachment pattern has a total of 16 questions, the mean value of this pattern is 38.2 with a minimum value of 28 and a maximum value of 46.

The following is a descriptive summary of the child attachment variable (posttest) which can be seen in the following table 3:

Table 3. Descriptive Variable Child Attachment (Posttest)

Variable	By	*N*	Number of Items	*Min*	*Max*	*Mean*	*Standard Deviation*
Child Attachment	*Secure Attachment*	5	18	51	66	58.6	5.68
	Resistant Attachment	5	18	37	50	45.8	5.26
	Avoidant Attachment	5	16	26	33	28.4	2.88

Table 3 shows the descriptive results of this study variable. The child attachment variable with the secure attachment pattern has a number of 18 questions, the mean value of this pattern is 58.6 with a minimum value of 51 and a maximum value of 66. The child attachment variable with a resistant attachment pattern has a total of 18 questions, the mean value of this pattern is 45.8 with a minimum value of 37 and a maximum value of 50. The child attachment variable with the avoidant attachment pattern has a total of 16 questions, the mean value of this pattern is 28.4 with a minimum value of 26 and a maximum value of 33.

3. Categorization Norms

The classification of subjects into two categories, namely high and low. The following is an overview of child attachment categorization norms consisting of three patterns, namely secure attachment, resistant attachment, and avoidant attachment. An overview of categorization norms can be seen in the following tables 4 to 6:

Table 4 Category Secure Attachment

Pretest			*Posttest*		
Category	**Sum**	**Percentage**	**Category**	**Sum**	**Percentage**
High	3	60%	High	5	100%
Low	2	40%	Low	0	0%
Sum	5	100%	Sum	5	100%

Table 4 shows the pretest and posttest secure attachment categories. At the time of the pretest, as many as 3 subjects (60%) were in the high category and 2 subjects (40%) were in the low category. After the posttest, all participants (100%) were in the high category. This showed an increase in secure attachment in the subjects after the intervention.

Table 5. Category Resistant Attachment

Pretest			*Posttest*		
Category	**Sum**	**Percentage**	**Category**	**Sum**	**Percentage**
High	3	60%	High	3	60%
Low	2	40%	Low	2	40%
Sum	5	100%	Sum	5	100%

Table 5 shows the resistant attachment pretest and posttest categories. At the time of the pretest, there were 3 subjects (60%) in the high category and 2 subjects (40%) in the low category. After the posttest, there was no change in the number or percentage. This shows that there is no change in the resistant attachment category between pretest and posttest.

Table 6. Category Avoidant Attachment

Pretest			*Posttest*		
Category	**Sum**	**Percentage**	**Category**	**Sum**	**Percentage**
High	1	20%	High	0	0%
Low	4	80%	Low	5	100%
Sum	5	100%	Sum	5	100%

Table 6 shows the avoidant attachment pretest and posttest categories. At the time of the pretest, there were 1 subject (20%) in the high category and 4 subjects (80%) in the low category. After the posttest, all subjects (100%) were in the low category, and none were in the high category anymore. This showed a decrease in avoidant attachment in subjects after the intervention.

Evaluation/Manipulation Check

The following is a summary of the results of the evaluation/manipulation check which can be seen in the following table 7:

Table 7. Summary of Evaluation Results/Manipulation Check

No	Statement	Answer Options			
		1	**2**	**3**	**4**
1	I actively participate in every intervention/training activity.				5 (100%)
2	I understand the meaning of autism spectrum disorder in children.			5 (100%)	
3	I understand the factors that cause autism spectrum disorder in children.			5 (100%)	
4	I understand the barriers that occur in children with autism spectrum disorder.			4 (80%)	1 (20%)
5	I understand the role of parents in educating and caring for children with autism spectrum disorder.			4 (80%)	1 (20%)
6	I understand the child's condition and try to take care of the child with love.			1 (20%)	4 (80%)
7	I understand the importance of building a parent-child attachment in which there is warm, secure, and comfortable communication.				5 (100%)
8	I understand the benefits of play activities for children's development.				5 (100%)
9	I understand the importance of holding parental play activities with children.			4 (80%)	1 (20%)
10	I understand the importance of building communication in parent-child relationships.			1 (20%)	4 (80%)
11	I am looking for information that can help me understand the child's condition.			3 (60%)	2 (40%)
12	I seek support to maintain a commitment to build parent-child attachment.			5 (100%)	
13	I have benefited from this intervention/training.				5 (100%)

Based on the evaluation/manipulation check table, it can be seen that as many as 100% of the participants are very active in participating in each intervention/training activity, sufficiently understanding the meaning of autism spectrum disorder in children, and adequately

understanding the factors that cause autism spectrum disorder in children. That as many as 80% of participants adequately understand the obstacles that occur in children with autism spectrum disorder and as many as 20% of participants understand the obstacles that occur in children with autism spectrum disorder. That as many as 80% of participants adequately understand the role of parents in educating and caring for children with autism spectrum disorder and as many as 20% of participants fully understand the role of parents in educating and caring for children with autism spectrum disorder. That as many as 20% of participants understood the child's condition and tried to take care of the child with love and as many as 80% of the participants understood the child's condition and tried to take care of the child with love. That as many as 100% of participants really understand the importance of building parent-child attachment in which there is warm communication, a sense of security, and comfort. That as many as 100% of participants really understand the benefits of play activities for children's development. That as many as 80% of participants quite understood the importance of holding parental play activities with children and as many as 20% of participants really understood the importance of holding parental play activities with children. That as many as 20% of participants quite understood the importance of building communication in parent-child relationships and as many as 80% of participants understood the importance of building communication in parent-child relationships. That as many as 60% of participants quite understand the importance of finding information that can help understand the condition of children and as many as 40% of participants really understand the importance of finding information that can help understand the condition of children. That as many as 100% of the participants quite understand the importance of seeking support to maintain the commitment to build parental and child attachment. That as many as 100% of the participants strongly agreed to feel the benefits of this intervention/training.

Evaluation of Implementation in General

1. Implementation of Activities

The following is a summary of the results of the general implementation evaluation regarding the implementation of activities which can be seen in the following table 4.14:

Table 8. Summary of Evaluation Results (Implementation of Activities)

No	Statement	Answer Options			
		1	2	3	4
1	Intervention/training activity materials.				5 (100%)
2	The suitability of the objectives of the intervention/training activities with the training provided.				5 (100%)
3	The willingness of the facilitator to help the participants.			1 (20%)	4 (80%)
4	Intervention/training activity room.			2 (40%)	3 (60%)
5	The duration of the intervention/training activity.				5 (100%)

Based on the general implementation evaluation table regarding the implementation of activities, as many as 100% of participants assessed that the material of intervention/training activities was very good. It was assessed that as many as 100% of participants assessed the suitability of the objectives of the intervention/training activities with the training provided was very good. It was assessed that as many as 20% of participants assessed the willingness of the facilitator to help the participants to be good and as many as 80% of participants assessed the

willingness of the facilitator in helping the participants to be very good. It was assessed that as many as 40% of participants rated the intervention/training activity room as good and as many as 60% of participants rated the intervention/training activity room as very good. It was assessed that as many as 100% of participants assessed the duration of intervention/training activities as very good. It can be concluded that the results of the evaluation of the implementation in general regarding the implementation of activities are good.

2. Material

The following is a summary of the results of the general implementation evaluation regarding the material which can be seen in table 9 below:

Table 9. Summary of Evaluation Results (Material)

No	Statement	Answer Options			
		1	2	3	4
1	Systematic/arrangement of material presentation.			1 (20%)	4 (80%)
2	Clarity/ease of understanding the material.				5 (100%)
3	Material benefits can be used in everyday life.				5 (100%)
4	The suitability of the material provided helps build parental and child attachment.			1 (20%)	4 (80%)
5	Media used (PPT, simulation, practice).			5 (100%)	

Based on the general implementation evaluation table regarding the material, as many as 20% of participants assessed that the systematic/arrangement of the presentation of the material was good and as many as 80% of participants considered that the systematic/arrangement of the presentation of the material was very good. It was assessed that as many as 100% of participants assessed the clarity/ease of understanding the material to be very good. It is estimated that as many as 100% of participants consider that the material is very useful in daily life. It was assessed that as many as 20% of participants considered that the material provided was good in helping to build parental and child attachment and as many as 80% of participants assessed that the material provided was very good in helping to build parental and child attachment. It was assessed that 100% of the participants rated the media used (PPT, simulation, practice) as good. It can be concluded that the results of the evaluation of the implementation in general regarding the material are good.

3. Facilitator

The following is a summary of the results of the general implementation evaluation regarding facilitators which can be seen in table 10 below:

Table 10. Summary of Evaluation Results (Facilitator)

No	Statement	Answer Options			
		1	2	3	4
1	Performance				5 (100%)
2	Mastery of the material.				5

No	Statement	Answer Options			
		1	2	3	4
					(100%)
3	Ability to deliver material (communication).				5 (100%)
4	Ability to lead activities.			1 (20%)	4 (80%)
5	Body movements in the delivery of material.				5 (100%)
6	Facial expressions.				5 (100%)

Based on the general implementation evaluation table regarding facilitators, as many as 100% of participants assessed that the facilitator's performance was very good. It was assessed that as many as 100% of participants assessed the mastery of the material in the facilitator to be very good. It was assessed that as many as 100% of participants assessed the ability to deliver material (communication) to the facilitator as very good. It was assessed that as many as 20% of participants assessed the ability to lead activities in the facilitator as good and as many as 80% of participants assessed the ability to lead activities in the facilitator very good. It was assessed that as many as 100% of participants assessed that body movements in delivering material to the facilitator were very good. It was assessed that 100% of the participants rated the facial expressions of the facilitators as very good. It can be concluded that the results of the general implementation evaluation regarding facilitators are good.

This study aims to see the effectiveness of play therapy in strengthening child attachment through communication in children with autism spectrum disorder (ASD). The results of this study support and reinforce the initial assumption that parental involvement in play therapy can have a significant impact on the quality of emotional relationships between children with ASD and their primary caregivers. Through the paired sample t-test, it was found that there was a significant difference in the secure attachment score between the pretest and posttest which showed that play therapy through communication had a positive effect on increasing the secure attachment score in children with ASD. The increase in scores indicates that play therapy through communication is effective in building a safe relationship between parents and children with ASD. This finding is in line with Bowlby's theory that secure attachment is formed through the presence of a responsive, warm, and consistent caregiver. In the context of children with ASD who experience communication barriers, parental involvement in play sessions is very important to strengthen emotional interactions. These findings also support the research of Garza who showed that the filial therapy model of play therapy based on parent-child relationships can improve emotional responsiveness and healthy attachment in children with developmental disorders. In addition, Bratton found that relationship-based play therapy or filial therapy has an effect in improving children's social and emotional functioning, especially if it involves the active involvement of parents.

From the results of the paired sample t-test, no significant difference was found in the resistance attachment score between the pretest and posttest. This can happen because a pattern of resistant attachment tends to form in children who experience emotional ambivalence, where the child wants closeness but at the same time feels unsure of the consistency of attention from the caregiver. Children with ASD who are characterized by limitations in emotional expression

and social processing may need longer time and more intensive interventions. This is in line with the opinion of Mahoney and Perales who explain that changes in the pattern of insecure attachment, especially resistant attachment, require a long-term process because it is related to complex emotional processing and repetitive relationship experiences.

From the results of the paired sample t-test, no significant difference was found in the avoidant attachment score between the pretest and posttest. Although it is not significant, there is a decrease in numbers. Avoidant patterns are formed in children who learn to ignore the need for emotional closeness, usually as a result of a minimally responsive parenting experience. In children with ASD, the tendency to withdraw from social interactions is part of the symptomatology of ASD itself (APA, 2013).

The issues raised in the background suggest that parents of children with ASD often experience confusion in building emotional bonds and effective communication. This can weaken the formation of secure attachment which should be the foundation of positive relationships for children in the future. Therefore, parental involvement in play-based therapy becomes important. Communication, as a mediating variable in this study, plays a key role. Trenholm & Jensen stated that the frequency, duration, and intensity of communication are important indicators in forming healthy emotional attachment. Children with ASD, who have limitations in verbal communication, are greatly helped by a therapeutic approach that emphasizes non-verbal emotional cues and the physical presence of parents during play.

Play therapy provides a natural and safe context of interaction where children can express their emotional needs explicitly or implicitly. Children with ASD generally show limitations in recognizing and expressing emotions (APA, 2013). By playing together consistently, parents learn to recognize signs of non-verbal communication, such as eye contact, body movement, or facial expressions, which are the main bridges to the formation of emotional attachment. Research by Mahoney and Perales emphasized that parental responsiveness to children's communication is positively correlated with children's social development and attachment to ASD. Such responsiveness increases significantly during play therapy sessions, where interactions take place in a fun and non-threatening atmosphere. Although play therapy is able to create a safe space for interaction, the process of rebuilding trust in close and responsive relationships requires longer and more consistent therapy durations, as well as a more intensive approach to strengthening non-verbal communication.

CONCLUSION

The research found that play therapy focused on communication effectively strengthens secure attachment between parents and children with Autism Spectrum Disorder (ASD) at SLB X, as shown by significant increases in secure attachment scores after intervention. However, the therapy did not significantly reduce resistant and avoidant attachment patterns, indicating that modifying these deeper attachment issues may require more intensive, prolonged approaches. Future research should involve larger sample sizes and control groups to validate these results more robustly, investigate mediating factors such as parental stress, child characteristics, and intervention consistency, and explore enhanced or extended interventions, possibly combining play therapy with parent training in nonverbal communication. Additionally, longitudinal studies are needed to assess the lasting effects of such interventions on attachment and social-emotional development in children with ASD.

REFERENCES

Deniz, E., Francis, G., Torgerson, C., & Toseeb, U. (2024). Parent-mediated play-based interventions to improve social communication and language skills of preschool autistic children: A systematic review and meta-analysis. *Review Journal of Autism and Developmental Disorders*, 1–21. https://doi.org/10.1007/s40489-024-00463-0

Himawan, H., Ninin, R. H., & Abidin, F. A. (2021). Gambaran pola asuh orang tua pada anak dengan Autism Spectrum Disorder sebelum dan setelah anak menjalani terapi. *Jurnal Ilmiah Bimbingan Konseling Undiksha, 12*(3). https://doi.org/10.23887/jibk.v12i3.40086

Indiarti, P. T., & Rahayu, P. P. (2020). Penerimaan ibu yang memiliki anak autis. *Jurnal Psikologi Perseptual, 5*(1), 34. https://doi.org/10.24176/perseptual.v5i1.5087

Kiyani, Z., Mirzai, H., Hosseini, S. A., Sourtiji, H., Hosseinzadeh, S., & Ebrahimi, E. (2020). The effect of filial therapy on the parenting stress of mothers of children with autism spectrum disorder. *Archives of Rehabilitation, 21*(2), 206–219. https://doi.org/10.32598/RJ.21.2.2726.1

Larete, I. J., Kandou, L. F., & Munayang, H. (2016). Pola asuh pada anak gangguan spektrum autisme di sekolah autis, sekolah luar biasa dan tempat terapi anak berkebutuhan khusus di Kota Manado dan Tomohon. *e-CliniC, 4*(2). https://doi.org/10.35790/ecl.v4i2.12660

Mulyani, S. (2021). The effectivity of playing therapy on communication and social development on autistic children. *PLACENTUM: Jurnal Ilmiah Kesehatan dan Aplikasinya, 9*(2), 62–67.

Pangesti, M. (2016). Terapi bermain untuk meningkatkan interaksi sosial pada anak autis. *Procedia: Studi Kasus dan Intervensi Psikologi, 4*(1), 27–34. https://doi.org/10.22219/procedia.v4i1.16215

Prata, J., Lawson, W., & Coelho, R. (2018). Parent training for parents of children on the autism spectrum: A review. *Health, 5*(3), 1–8. https://doi.org/10.21035/ijcnmh.2018.5.3

Suharsini, M., Budiarjo, S. B., Indiarti, I. S., Rudianto, Y. E., & Widyagarini, A. (2017). Effect of tooth brushing, using song and dental model, on plaque index of children with visually impairment. *Journal of International Dental and Medical Research, 10*, 608–611.

Suryati, S., & Rahmawati, R. (2017). Pengaruh terapi bermain terhadap interaksi sosial anak autis di SDLB Prof. Dr. Sri Soedewi Masjchun Sofwan, SH Jambi tahun 2014. *Jurnal Ilmiah Universitas Batanghari Jambi, 16*(1), 142–147.

Teixeira, M. C. T. V., Marino, R. L. de F., & Carreiro, L. R. R. (2015). Associations between inadequate parenting practices and behavioral problems in children and adolescents with attention deficit hyperactivity disorder. *The Scientific World Journal, 2015*(1), 683062.

Hasan, T. S. S., & Zuby, D. (2020). Parenting styles and parenting sense of competence among mothers of children with and without autism spectrum disorders. *Editorial Board, 9*(5), 141.

Hus, Y., & Segal, O. (2021). Challenges surrounding the diagnosis of autism in children. *Neuropsychiatric Disease and Treatment*, 3509–3529.

Jacukowicz, A., Potocka, A., & Merecz-Kot, D. (2016). Perceptions of parenthood: Parents'

vision of an ideal childhood versus reality. *Anthropological Notebooks, 22*(2).

Kuzminykh, A., & Lank, E. (2019). How much is too much? Understanding the information needs of parents of young children. *Proceedings of the ACM on Interactive, Mobile, Wearable and Ubiquitous Technologies, 3*(2), 1–21.

Murray, T. H. (2023). *The worth of a child*. University of California Press.

Posar, A., Resca, F., & Visconti, P. (2015). Autism according to diagnostic and statistical manual of mental disorders 5th edition: The need for further improvements. *Journal of Pediatric Neurosciences, 10*(2), 146–148.

Saswita, S., Octavia, C., Hermandi, A. P., & Andriani, O. (2024). Penggolongan anak berkebutuhan khusus berdasarkan mental emosional dan akademik. *Morfologi: Jurnal Ilmu Pendidikan, Bahasa, Sastra dan Budaya, 2*(1), 105–112. https://doi.org/10.61132/morfologi.v2i1.295

Weiss, E. B. (2025). *In fairness to future generations: International law, common patrimony, and intergenerational equity* (Vol. 1). Martinus Nijhoff Publishers.

Widadi, S. Y., Puspita, T., Rilla, E. V., Alfiansyah, R., Wahyudin, W., & Aeni, A. Z. (2024). Phenomenological study of the experiences of mothers who have children with autism at SLB Muhammadiyah Bayongbong, Garut Regency. *Science Midwifery, 12*(1), 407–417.