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PLAY THERAPY WITH AFGHAN REFUGEE CHILDREN: A CULTURALLY RESPONSIVE APPROACH TO HEALING TRAUMA WITH PARENT-CHILD COORDINATION

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Abstract. Refugee children from Afghanistan face unique psychological challenges stemming from pre-migration trauma, migration stress and post-migration adjustment difficulties. This paper examines the application of culturally responsive play therapy interventions for refugee children from Afghanistan, with particular emphasis on coordinating treatment with parents and families. The research explores how to adapt traditional play therapy techniques to honor Afghan cultural values, including respect for family hierarchies, gender roles and Islamic principles, while addressing trauma-related symptoms. Key considerations include maintaining confidentiality within cultural frameworks, navigating traditional gender expectations, managing trauma triggers during therapeutic play and utilizing cultural brokers to bridge understanding between Western therapeutic approaches and Afghan cultural norms. The paper synthesizes current literature on refugee mental health, play therapy efficacy and cultural adaptation strategies to provide evidence-based recommendations for practitioners working with this vulnerable population. The findings suggest that culturally adapted play therapy, when implemented with strong parent coordination and cultural sensitivity, can effectively reduce trauma symptoms while strengthening family bonds and cultural identity preservation.

Keywords: *Play therapy, Afghan refugees, cultural adaptation, trauma treatment, parent coordination.*

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1. Introduction

The global refugee crisis has displaced millions of children worldwide, with Afghanistan nationals representing one of the largest refugee populations in recent years (UNHCR, 2023a). Following decades of conflict, political instability and the recent Taliban takeover in 2021, families from Afghanistan have faced unprecedented challenges that have profoundly impacted children's psychological well-being (UNHCR, 2023b). Afghan refugee children often present with complex trauma histories, including exposure to war, violence, loss of family members, dangerous migration journeys and ongoing uncertainty about their future (Betancourt *et al*., 2020).

Play therapy has emerged as a particularly effective intervention for treating childhood trauma, as it allows children to process experiences through their natural language of play (Landreth, 2012). However, the successful implementation of play therapy with Afghan refugee children requires careful consideration of cultural factors

that may influence therapeutic engagement, family participation and treatment outcomes (Hinman, 2003; Hodge *et al*., 2023). This paper examines the intersection of play therapy principles with Afghanistan cultural values, exploring how practitioners can develop culturally responsive interventions that honor traditional family structures while promoting healing and resilience.

The coordination between therapists and Afghan parents presents both opportunities and challenges. While family involvement is crucial for therapeutic success, cultural differences in understanding mental health, gender roles and child-rearing practices may create barriers to effective collaboration (Ehntholt & Yule, 2006). Additionally, the trauma experienced by Afghan refugee families often affects entire family systems, requiring interventions that address both individual and familial needs (Hosseini *et al*., 2024).

1.1. Trauma and Afghan Refugee Children

Refugee children from Afghanistan face multiple layers of trauma that extend beyond direct exposure to violence. Daley et al. (2018) identified several categories of stressors affecting Afghan refugee children, including pre-migration trauma (war exposure, persecution, family separation), migration trauma (dangerous journeys, exploitation, detention) and post-migration stressors (discrimination, poverty, uncertainty about legal status). The cumulative effect of these experiences often manifests as post-traumatic stress disorder (PTSD), depression, anxiety and behavioral problems (Hosseini *et al*., 2024).

Research by Panter-Brick et al. (2009) found that children from Afghanistan showed remarkable resilience despite extensive trauma exposure, with family support and cultural continuity serving as protective factors. However, disrupting traditional family structures and cultural practices during displacement can compromise these natural protective mechanisms, highlighting the importance of culturally informed interventions (Hinman, 2003; Hodge *et al*., 2023).

1.2. Play Therapy Efficacy with Refugee Children

Play therapy has demonstrated effectiveness in treating trauma symptoms among refugee children across various cultural backgrounds. Schottelkorb et al. (2012) conducted a meta-analysis revealing significant improvements in behavioral problems, anxiety and self-concept among children receiving play therapy interventions. The non-verbal nature of play allows children to express emotions and experiences that may be difficult to articulate verbally, which is particularly relevant for children who may be processing trauma in multiple languages or struggling with language barriers in their host country.

Child-centered play therapy, developed by Axline (1947) and refined by Landreth (2012), emphasizes the child's innate capacity for self-healing through play. This approach aligns well with many non-Western cultural values that emphasize holistic healing and the importance of allowing natural processes to unfold. However, successful implementation requires adaptation to account for cultural differences in child autonomy, adult-child relationships and acceptable forms of expression (Somo, 2024).

1.3. Cultural Considerations in Afghan Families

Afghan culture is characterized by strong family bonds, respect for elders and clearly defined gender roles rooted in both cultural tradition and Islamic teachings (Omidian, 1996). The concept of "namoos" (honor) is central to family life in Afghanistan, influencing decisions about family privacy, interactions with outsiders and children's behavior. Understanding these cultural dynamics is essential for building trust and ensuring culturally congruent therapeutic interventions.

Additionally, gender roles in Afghan families traditionally assign different expectations and behavioral norms to boys and girls. While these roles are evolving among refugee families, they continue to influence parent attitudes toward emotional expression, help-seeking behaviors and therapeutic participation (Ventevogel *et al*., 2013; Hodge *et al*., 2023). Practitioners must navigate these cultural factors sensitively while creating space for healing and growth.

Religious beliefs also play a significant role in Afghan families' understanding of mental health and healing. Islamic concepts of patience (sabr), reliance on Allah (tawakkul) and community support (ummah) can be integrated into therapeutic frameworks to enhance cultural relevance and family engagement (Abu-Raiya & Pargament, 2015).

1.4. Providing Parent Consultation Meetings

Recent research validates the perspective of including parents in their child's play therapy sessions. Educating the parents about the goals of therapy and the progress their child is making is helpful. Additionally, mentoring the parents on ways they can reinforce the child's progress at home is important. Meta-analytic studies support the inclusion of caregivers in play therapy, demonstrating enhanced therapeutic outcomes when caregivers are involved (Lin & Bratton, 2015; Bratton *et al*., 2015; Lowe, 2022). These findings indicate that caregiver consultations not only amplify the effectiveness of play therapy (Cates *et al*., 2006; Kottman, 2003; Koukourikos *et al*., 2021; Killough-McGuire & McGuire, 2001), but also constitute a necessary therapeutic intervention (Humble *et al*., 2018; Lowe, 2022).

2. Methods

This study employed a qualitative, integrative literature review methodology supplemented by clinical case illustrations and expert consultations to examine culturally responsive play therapy interventions for refugee children from Afghanistan. Data sources included peer-reviewed journal articles, clinical guidelines and culturally adapted mental health frameworks relevant to refugee populations and a compilation of case studies.

A systematic search was conducted using the databases PsycINFO, MEDLINE and Google Scholar between January 2008 and January 2024. Search terms included combinations of "play therapy", "Afghan refugees", "cultural adaptation", "trauma treatment" and "family therapy". Articles were included if they (1) discussed play therapy or trauma-focused interventions with refugee children, (2) addressed cultural adaptation or Afghan populations and (3) were published in English. A total of 42 articles met the inclusion criteria and were thematically analyzed for common patterns, adaptation principles and clinical insights.

Additional sources included clinical practice guidelines from organizations such as the American Play Therapy Association, UNHCR mental health guidelines and cultural competency frameworks developed by refugee resettlement agencies. Expert consultation with practitioners working with Afghan refugee families in both the USA and Germany provided practical insights to complement the literature review.

Table 1. Search Strategy Summary

Database	Years Covered	Search Terms Used	Inclusion Criteria	Number of Articles Retrieved	Final Included
PsycINFO	2008-2024	"Afghan refugees" AND "play therapy" AND "trauma"	Peer-reviewed; English; focused on refugee children and trauma-related interventions	112	18
MEDLINE	2008-2024	"refugee children" AND "cultural adaptation" AND "parental involvement"	Peer-reviewed; English; culturally adapted interventions for children	94	13
Google Scholar	2008-2024	"Afghan children trauma" AND "therapy" AND "Islamic cultural values"	Thematic relevance; grey literature or practitioner reports with cultural relevance	67	4

In addition to the literature review, the research incorporated insights from culturally competent clinical practice with Afghan refugee families in the United States, including two deidentified, compilation case examples. These case studies were selected to illustrate key themes in the literature, including the integration of religious and cultural values into therapy, family engagement practices and trauma-sensitive modifications to play therapy techniques.

Consultation was conducted with Afghan cultural brokers, refugee service providers and clinicians with extensive experience treating Middle Eastern refugee children. These expert inputs helped ensure cultural accuracy, contextual grounding and clinical relevance.

This mixed-source methodology allowed for triangulation of insights across academic research, direct clinical experience and community-based expertise. The findings are intended to inform practitioners working in multicultural or refugee-serving settings and to advance culturally responsive frameworks for child trauma treatment.

3. Findings

3.1. Culturally Responsive Play Therapy Framework

Building Trust and Establishing Confidentiality. Establishing trust with refugee families from Afghanistan requires careful attention to confidentiality concerns that may differ from typical Western therapeutic relationships. Many Afghan families have experienced persecution, surveillance and betrayal in their home country, leading to heightened suspicion of authority figures and formal institutions (Daley *et al*., 2018). Practitioners must explicitly address these concerns by explaining confidentiality protections in culturally relevant terms.

The concept of "amanah" (trust/responsibility) in Islamic culture can serve as a framework for explaining therapeutic confidentiality. Therapists can emphasize their role as trustworthy guardians of family information, bound by both professional ethics and moral obligation to protect what is shared. However, mandated reporting requirements must be explained clearly, using cultural analogies such as the Islamic principle of preventing harm to help families understand when confidentiality limits apply.

Family education about the therapeutic process should include discussing how information sharing serves the child's healing while respecting family privacy. Creating written agreements in Dari or Pashto, when possible, demonstrates cultural responsiveness and ensures a clear understanding of confidentiality boundaries.

Adapting Play Therapy Techniques. Traditional play therapy materials and techniques may require modification to align with the family's cultural values and avoid inadvertent cultural violations. For example, certain toys or activities that involve physical contact between children and adults may be inappropriate given cultural norms around touch and modesty. Similarly, aggressive play themes may be particularly triggering for children who have experienced real violence.

Culturally adapted play materials might include traditional games, storytelling props featuring familiar cultural narratives and art supplies for creating cultural symbols and patterns. Prayer beads, traditional clothing items for dolls and miniature household objects reflecting Afghan family life can help children feel more comfortable and engaged in the therapeutic space. Any pictures or figurines of pigs should be avoided as this is considered very offensive in their culture and religion. The sandbox, a staple of play therapy, can be particularly powerful for Afghan refugee children as it allows for creating landscapes that may represent their homeland and current environment. However, practitioners should be aware that sand play might trigger memories of desert crossings or burial sites, requiring careful observation and processing of children's responses.

Addressing Gender Role Considerations. Families from Afghanistan often maintain traditional gender role expectations that can influence children's therapeutic expression and parent participation in treatment. Boys may be expected to demonstrate strength and emotional restraint, while girls may be encouraged to be modest and deferential. These cultural patterns can create barriers to emotional expression and therapeutic engagement (Hodge *et al*., 2023).

Practitioners must balance respect for cultural values with therapeutic goals of emotional expression and healing. This might involve separate sessions for boys and girls when cultural concerns about mixed-gender activities arise or creating specific opportunities for culturally appropriate emotional expression. For example, storytelling and poetry, which are valued in Afghan culture, can provide outlets for emotional expression that align with cultural norms.

Working with parents to understand the therapeutic value of emotional expression requires gentle education about trauma's impact on development. Framing emotional healing in terms of building strength and resilience, rather than vulnerability, can help parents support their children's therapeutic participation while maintaining cultural values (Hodge *et al*., 2023).

Managing Trauma Triggers. Refugee children from Afghanistan often present with heightened sensitivity to environmental stimuli that may trigger traumatic memories. Sudden loud noises, unexpected physical contact and certain visual cues can precipitate trauma responses during play therapy sessions. Creating a trauma-informed

environment requires careful attention to sensory factors and consistent, predictable therapeutic routines.

The therapeutic space should be designed to minimize potential triggers while providing multiple options for self-regulation. Soft lighting, comfortable seating areas and readily available comfort objects can help children feel safe and in control. Practitioners should establish clear boundaries around physical contact and consistently ask permission before any necessary touching, such as when providing comfort or guidance during activities.

Sound sensitivity is particularly important to address, as many Afghan refugee children have experienced trauma involving explosions, gunfire or other violent sounds. Maintaining quiet, consistent background sounds and avoiding sudden noises helps create a predictable environment where children can engage more freely in therapeutic play.

Integrating Cultural Brokers. Cultural brokers, including Afghan community leaders, interpreters and cultural liaisons, can play crucial roles in bridging understanding between therapeutic interventions and cultural norms. These individuals can provide valuable insights into family dynamics, cultural interpretations of children's behavior and appropriate ways to engage parents in the therapeutic process (Wei *et al*., 2021).

When working with interpreters during family sessions, practitioners should ensure that cultural nuances are accurately conveyed rather than simply translated. This might involve pre-session briefings about therapeutic concepts and post-session debriefings to ensure cultural meanings were appropriately communicated. Interpreters should be trained in confidentiality requirements and trauma-informed practices to maintain therapeutic boundaries. Community liaisons can help practitioners understand broader cultural contexts affecting individual families and provide connections to community resources that support therapeutic goals. They may also help identify cultural strengths and resources within families that can be incorporated into treatment planning (Brar-Josan & Yohani, 2017).

Parent Coordination Strategies. Integrating parent consultations into a child's therapeutic process creates opportunities for lasting, systemic transformation, as it enables counselors to gain deeper insight into family dynamics and provide targeted support to both the child and their family (Athanasiou, 2001; Cates *et al*., 2006; Lowe, 2022; Post *et al*., 2012). When working with Afghan families, however, successful engagement requires sensitivity to cultural attitudes regarding mental health, family privacy and traditional child-rearing practices. Many Afghan parents may perceive children's emotional or behavioral difficulties as private family matters, best addressed within the home rather than through external professional intervention (Ventevogel *et al*., 2013). Therefore, building effective therapeutic relationships involves demonstrating respect for parental authority and cultural values while also providing education about the potential benefits of professional support.

Various strategies can effectively enhance parent participation in therapy. One is collateral work, a collaborative process between therapists and parents that addresses the child's environment and treatment needs while fostering a strong therapeutic alliance (Post *et al*., 2012). This responsibility can be fulfilled by training therapists to implement models of collateral work that emphasize problem-solving around caregiving challenges (Athanasiou, 2001), providing clear expectations about the play therapy process (Shuman & Shapiro, 2002) and recognizing the emotional labor parents invest in their child's therapeutic journey (Lowe, 2022). Additionally, practical approaches such as

psychoeducational interventions equip parents with the knowledge and skills necessary to support and reinforce their child's treatment actively, further enhancing the effectiveness of parent involvement.

Initial engagement should focus on understanding parents' perspectives on their children's difficulties and their preferred approaches to addressing these concerns, helping to emphasize the parent as the expert of the family system. Many Afghan parents may attribute children's problems to external stressors rather than psychological trauma, requiring gentle education about trauma's impact on development and behavior. Practitioners should emphasize how play therapy can strengthen family relationships and support cultural values such as respect, cooperation and family unity. Framing therapy as a way to help children become emotionally healthier family members and community participants can increase parental support for treatment (Killough-McGuire & McGuire, 2001; Lowe, 2022).

Family Education and Support: Afghan parents may benefit from education about child development, trauma responses and the healing process. This education should be provided in culturally appropriate ways that respect parents' existing knowledge and cultural frameworks for understanding children's needs. Group sessions with other Afghan parents can provide mutual support and reduce the stigma associated with seeking mental health services. These groups can address common concerns such as children's language loss, cultural identity preservation and academic adjustment while building community connections that support family resilience. Providing parents with concrete strategies for supporting their children's healing at home helps extend therapeutic benefits beyond the therapy room. These strategies should be culturally compatible and build on existing family strengths rather than requiring significant changes to family practices (LaMonica *et al*., 2023).

Conflicts may arise between therapeutic recommendations and cultural practices, requiring careful negotiation and creative problem-solving. For example, therapeutic goals of increased emotional expression may conflict with cultural values of emotional restraint, particularly for boys. Similarly, recommendations for increased parent-child communication may challenge traditional hierarchical family structures. Addressing these conflicts requires open dialogue about cultural values and therapeutic goals, seeking ways to honor both while promoting healing. This adjustment might involve adapting therapeutic techniques to align with cultural practices or finding alternative ways to achieve therapeutic objectives that are culturally acceptable.

3.2. Case Studies and Clinical Applications

The following two cases are deidentified, compilations of several cases to protect anonymity:

Case Study 1: Amira, Age 7: Amira, a 7-year-old Afghan girl, was referred for play therapy following reports of nightmares, withdrawal and academic difficulties six months after arriving in the United States. Her family had fled Afghanistan after her father received threats due to his work with international organizations. During the initial assessment, Amira's mother expressed concern about family privacy and whether therapy would interfere with their Islamic practices. The therapeutic approach began with extensive family education about confidentiality protections and how play therapy could support Amira's Islamic identity while addressing her difficulties. Cultural adaptations included incorporating prayer time into session scheduling, providing modest dress-up

clothes for dolls and including culturally familiar storytelling materials. Amira initially engaged hesitantly with play materials but gradually began using the dollhouse to recreate both positive memories from Afghanistan and traumatic experiences during their escape. Her play revealed significant anxiety about family safety and confusion about cultural identity in their new environment.

Parent coordination involved weekly meetings with Amira's mother to discuss observations from therapy and strategies for supporting healing at home. The mother learned to recognize signs of anxiety and developed culturally appropriate comfort strategies that incorporated familiar prayers and traditional lullabies. After 7 months of treatment, Amira showed significant improvement in sleep patterns, social engagement and academic performance. Her family reported an increased understanding of trauma's impact and felt more confident in supporting her adjustment while maintaining their cultural values.

Case Study 2: Ali, Age 10: Ali, a 10-year-old boy, was referred following aggressive behavior at school and defiant behavior at home. His family had experienced multiple traumatic losses during their journey to the United States, including the death of Ali's grandfather during a dangerous border crossing. Ali's father initially resisted therapy, viewing his son's behavior as discipline issues rather than trauma responses. Engaging Ali's father required extensive cultural consultation and patience. The therapist worked closely with an Afghan cultural broker to understand the family's specific regional traditions and the father's concerns about outside intervention. Therapy was framed as strengthening Ali's character and preparing him to be a good man, aligning with the father's traditional Muslim values.

Ali's play therapy incorporated traditional Afghan storytelling, allowing him to express grief and anger in culturally appropriate ways. Sand play became particularly meaningful as Ali created scenes depicting both his beloved grandfather and the dangerous journey that led to his death. Family sessions discussed their grief rituals and the importance of honoring the grandfather's memory while helping Ali move forward. The father gradually recognized the connection between his son's losses and his behavioral difficulties, becoming an active participant in the healing process. Treatment outcomes included reduced aggressive behavior, improved family relationships and Ali's development of healthy coping strategies that incorporated both therapeutic techniques and Islamic practices such as prayer and reflection.

4. Discussion

Implementing culturally responsive play therapy with Afghan refugee children demonstrates significant potential for positive outcomes when cultural factors are carefully considered and addressed, along with parent consultations. Key findings from the literature and clinical practice suggest several important considerations for practitioners working with this population.

4.1. Therapeutic Effectiveness

Culturally adapted play therapy interventions show promising results in reducing trauma symptoms among refugee children from Afghanistan. Studies indicate that children who receive culturally responsive treatment demonstrate greater engagement, faster therapeutic alliance formation and more sustained improvement compared to those

receiving standard play therapy interventions (Betancourt *et al*., 2015). The integration of cultural elements into play therapy appears to enhance children's sense of safety and identity validation, creating conditions more conducive to trauma processing and healing. Children who can maintain connections to their cultural identity while working through traumatic experiences show greater resilience and adaptive functioning (Somo, 2024).

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4.2. Parent Engagement Outcomes

Strong parent coordination emerged as a critical factor in therapeutic success. Families who received comprehensive cultural education and ongoing support showed higher treatment completion rates and better child outcomes. Parental understanding of trauma's impact on child development increased significantly when education was provided in culturally relevant frameworks. However, engaging Afghan fathers in the therapeutic process remained challenging, requiring specialized approaches and extended relationship-building periods. Cultural brokers proved essential in facilitating father participation and addressing concerns about family honor and privacy (Brar-Josan & Yohani, 2017; Wei *et al*., 2021).

Structured and intentional parent consultations are a vital component of play therapy, promoting both immediate and long-term benefits for children and their families. In the initial face-to-face session, therapists gain insight into parents' reasons for seeking counseling and their approaches to managing problematic behaviors with their child. During this stage, therapists introduce relationship-building skills, such as play therapy techniques, that parents can use at home to strengthen their connection with their child (Cates *et al*., 2006). Teaching these skills not only supports the child's therapeutic progression but also actively involves parents in the treatment process by encouraging them to apply play therapy strategies between sessions (Post *et al*., 2012; Piotrowska *et al*., 2017).

As therapy progresses, therapists maintain regular consultations with parents, providing a consistent structure and clear expectations for both the sessions and the broader play therapy process (Cates *et al*., 2006). Clearly communicated guidelines offer structure, helping parents feel more engaged and less defensive during challenging conversations, as they become active participants in their child's therapeutic journey (Lowe, 2022). Furthermore, a transparent consultation framework may reduce parental anxiety and stress, particularly when processing therapeutic recommendations (Boswell, 2014). These weekly meetings help establish predictability, which supports the child's therapeutic progress and fosters a sense of safety among the child, parents and therapist, resulting in lasting therapeutic results over time (Killough-McGuire & McGuire, 2001). Parent consultations also provide opportunities for parents to learn strategies for supporting their child's emotional development and addressing problematic behaviors at home (Athanasiou, 2001; Lowe, 2022). These sessions allow parents to share observations of their child's experiences at home, school and with peers, offering valuable context for the therapist (Killough-McGuire & McGuire, 216). Additionally, therapists use this time to explain expected therapeutic progression, facilitate parental participation and motivate consistent attendance (Shuman & Shapiro, 2002).

The most common recommended practice by Killough-McGuire and McGuire (2016) involves parents meeting with the therapist once a week for 15 minutes. In contrast, Post and colleagues (2012) describe a three-step process to promote therapist accountability in including parents: initial engagement, ongoing consultations and termination. Guerney and Ryan's filial therapy model involves parents participating in small adult groups led by a trained therapist once a week for six months, during which they learn play therapy skills and hold weekly play sessions with their child at home (Geurney, 2000; Guerney & Ryan, 2013). This model has demonstrated positive outcomes, including changes in family structure and improvements in children's self-perception, as parents become more adept at fostering trust and strengthening their bond with their child (Guerney & Ryan, 2013; Boswell, 2014).

Therapists can choose from various models for conducting parent consultations, ranging from flexible to highly structured approaches. For instance, Kottman (2003), Landreth (2012) and Post et al. (2012) advocate for a flexible design, while medium-structured methods have been described by Killough-McGuire and McGuire (2016) and Guerney and Ryan (2013). Highly structured models include Child-Centered Play Therapy (CCPT), Parent-Child Interaction Therapy (PCIT) and Child-Adult Relationship Enhancement (CARE).

The final stage of parent consultations is termination, which occurs at the conclusion of the child's therapy. It is essential for therapists to conduct a dedicated termination session with parents, providing a space to discuss the possibility of regression and to support parents in navigating the transition out of therapy (Cates *et al*., 2006).

4.3. Cultural Adaptation Benefits

Incorporating cultural elements into play therapy materials and techniques enhanced therapeutic engagement without compromising treatment effectiveness. Children showed particular responsiveness to storytelling interventions that incorporated familiar cultural narratives and values. Religious integration, when appropriately implemented, strengthens rather than conflicts with therapeutic goals. Children who could connect their healing journey to Islamic concepts of patience, faith and community support demonstrated enhanced resilience and meaning-making abilities. The concept of allowing oneself to calm, relax, deep breathe and regulate the nervous system in concert with prayer times during the day was well-accepted.

4.4. Challenges and Limitations

Several challenges emerged in implementing culturally responsive play therapy with refugee families from Afghanistan. Language barriers, even when interpreters were available, sometimes impeded nuanced communication about emotional experiences and therapeutic concepts. Cultural stigma around mental health treatment requires ongoing education and community engagement to address effectively. Gender role expectations occasionally created conflicts between therapeutic goals and cultural values, requiring creative problem-solving and sometimes acceptance of modified therapeutic objectives. Additionally, the ongoing stress of refugee or asylum-seeking status, including legal uncertainties and financial hardships, sometimes interfered with therapeutic progress.

4.5. Implications for Practice

Mental health professionals working with refugee children from Afghanistan require specialized training that goes beyond general cultural competency education. This training should include understanding of Islamic principles, Afghan cultural practices, trauma-informed care for refugees and specific techniques for adapting Western therapeutic interventions for non-Western populations (Miller *et al*., 2018). Ongoing consultation with cultural experts and Afghan community members is essential for maintaining cultural responsiveness and avoiding inadvertent cultural violations. Practitioners should also receive training in working with interpreters and cultural brokers to maximize communication effectiveness. Traditional therapy service delivery models may require significant modifications to accommodate refugee families from Afghanistan. This might include flexible scheduling to accommodate prayer times and religious observances, provision of same-gender therapists when culturally necessary and adaptation of physical therapy spaces to be culturally appropriate. Integration with community-based services, including religious organizations and cultural centers, can enhance therapeutic effectiveness and reduce the stigma associated with mental health treatment. Collaborative care models that include not only parental consultations but also medical providers, educators and social services can address the multiple needs of refugee families more comprehensively.

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4.6. Policy and Systemic Considerations

Effective implementation of culturally responsive play therapy for refugee children from Afghanistan requires supportive policies at the institutional and governmental levels. This includes funding for interpreter services, cultural broker programs and extended treatment duration to accommodate cultural adaptation needs. Training standards for mental health professionals working with refugee populations should incorporate cultural competency requirements specific to major refugee groups in local communities. Additionally, policies supporting community-based mental health services can improve accessibility and cultural acceptability of interventions.

4.7. Recommendations for Future Research

Long-term research is needed to understand the sustained effectiveness of culturally adapted play therapy interventions for refugee children from Afghanistan. Studies should examine not only symptom reduction but also cultural identity preservation, family functioning and academic and social integration outcomes. Research comparing culturally adapted interventions to standard play therapy approaches could provide evidence for the specific benefits of cultural modifications. Additionally, studies examining the cost-effectiveness of culturally responsive interventions could support policy and funding decisions.

Family Systems Research. Further research is needed on effective strategies for engaging Afghan fathers and extended family members in therapeutic processes. Studies examining the impact of family-based interventions compared to individual child therapy could inform treatment planning decisions. Research on the role of cultural

brokers in therapeutic outcomes could guide the development of formal cultural broker training programs and service delivery models that maximize their effectiveness.

5. Conclusion

Play therapy offers significant potential for addressing the complex trauma needs of refugee children from Afghanistan when implemented with careful attention to cultural factors and strong parent coordination. The successful adaptation of play therapy techniques to honor Afghan cultural values while promoting healing requires practitioners to develop deep cultural understanding, establish strong community partnerships and maintain flexibility in therapeutic approaches.

Key elements of effective culturally responsive play therapy for Afghan refugee children include comprehensive family education about confidentiality and therapeutic processes, adaptation of play materials and techniques to reflect cultural values, sensitive navigation of gender role expectations, careful attention to trauma triggers and environmental factors and integration of cultural brokers to bridge understanding between therapeutic and cultural frameworks. Parent coordination emerges as a critical component of successful treatment, requiring practitioners to understand Afghan family structures, respect cultural values around child-rearing and family privacy and provide ongoing education and support that strengthens rather than challenges cultural identity. The integration of Islamic principles and Afghan cultural practices into therapeutic frameworks can enhance rather than hinder therapeutic effectiveness when appropriately implemented.

While challenges exist in implementing culturally responsive interventions, including language barriers, cultural stigma and resource limitations, the potential benefits for refugee children and families from Afghanistan are substantial. Children who receive culturally adapted play therapy demonstrate improved trauma symptoms, stronger cultural identity and enhanced family relationships compared to those receiving standard interventions. The growing population of refugees from Afghanistan worldwide creates an urgent need for mental health professionals trained in culturally responsive interventions. Investment in training programs, community partnerships and research initiatives focused on culturally adapted therapeutic approaches will be essential for meeting the mental health needs of this vulnerable population effectively and ethically.

As the field of refugee mental health continues to evolve, the principles and practices outlined in this paper can serve as a foundation for developing comprehensive, culturally responsive services that honor both therapeutic effectiveness and cultural integrity. The ultimate goal remains to support Afghan refugee children, parents and families in their healing journey while preserving the cultural strengths and values that contribute to their resilience and identity.

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