

Effectiveness Of Play Therapy On Behavioural Problems Among Children: A Pre-Post Interventions

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Abstract

This study explored the effectiveness of play therapy in addressing behavioral problems among children aged 3 to 7 years in pre-primary education at an unaided school. The identification of behavioral issues in these children was carried out by qualified educational counselors. The research included 42 students who underwent play therapy sessions. To assess the intervention's impact, pre-tests were conducted before the play therapy sessions, followed by post-tests for the same group of students. The study's results indicate a significant difference in the behavioral problems of children before and after participating in play therapy interventions

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I. Introduction

Understanding children's behavior is crucial, as they often manifest their struggles through actions that may cause problems. Whether they "act out" by not following instructions, display anxiety, or withdraw, these behaviors signal difficulties in coping with life events. At home, children might hesitate to express themselves to avoid upsetting parents, while at school, they may resort to inappropriate behaviors due to an inability to convey their feelings. Behavioral problems, categorized as psycho-social disorders, habit disorders, anxiety disorders, disruptive behavior, and sleeping problems, can occur in children of all ages.

In the course of development, all children experience phases where their behavior may not align with expectations. Toddlers and adolescents, in particular, may have challenging moments, occasionally exhibiting temper tantrums or outbursts. However, with the guidance of parents, caregivers, and teachers, most children learn to behave appropriately. It's normal for children to have occasional challenging behaviors, and not every instance warrants concern.

A child's behavior is influenced by various factors, including biological, social, and environmental elements. Children undergo distinct developmental stages, and during each phase, changes in the brain's development occur, affecting physical, intellectual, language, and social-emotional domains. Play emerges as a vital tool for children to make sense of the world. Through play, children can explore and control situations that might be intimidating in other contexts, contributing to their overall development.

Play therapy, recognized as an effective intervention for children's mental health, offers a way for them to express feelings naturally. It is particularly beneficial for children aged 3 to 12 years, providing a safe avenue for self-expression, fostering creativity, and aiding in emotional healing. In play therapy, therapists employ various techniques to address emotional or social deficits, allowing children to develop adaptive behaviors and cope with challenging emotions. The benefits extend to promoting responsible behavior, enhancing emotional healing, and facilitating personal growth.

Sessions typically last 30 to 50 minutes, occurring weekly, with an average of 20 sessions to address typical issues. Parents are usually not present during sessions, emphasizing the child's independence and privacy. However, communication with parents is essential for monitoring progress and resolving issues. Families play a significant role in a child's healing process, and involving them in play therapy or maintaining communication with parents aids in faster problem resolution.

Familial Therapy (FT), involving training parents to play therapeutically with their children, is recognized as an effective way to work with children and their parents together. By fostering responsibility, problem-solving skills, and emotional expression, FT contributes to positive outcomes. In essence, play therapy stands as a powerful and safe approach for children to express themselves, find solutions to problems, and achieve emotional and behavioral well-being.

The study aims to address the critical issue of understanding and managing behavioral problems in children, particularly focusing on the effectiveness of play therapy. Behavioral challenges in children often

signal underlying struggles, and identifying constructive interventions is vital for their well-being. By investigating the impact of play therapy on children with behavior problems, this study seeks to contribute valuable insights to the field of child psychology and therapy.

Children commonly express difficulties through behaviors, and when these behaviors persist, it becomes essential to explore effective interventions. Traditional disciplinary approaches may not fully address the emotional and psychological aspects contributing to behavioral challenges. Recognizing the need for alternative and holistic methods, this study investigates the role of play therapy in providing children with a safe and expressive outlet. Understanding the effectiveness of play therapy can inform practitioners, educators, and parents, offering a more comprehensive approach to supporting children facing behavioral issues.

The significance of this study lies in its potential to impact both theory and practice in child psychology and therapy. If play therapy proves effective in addressing behavior problems, it could offer a non-intrusive and child-friendly method for mental health practitioners. Moreover, the findings may contribute to a broader understanding of how play can be leveraged as a therapeutic tool, providing insights into the intricate relationship between play, emotional expression, and behavioral changes in children. Ultimately, the study aims to enhance the well-being of children by offering evidence-based insights into effective therapeutic interventions.

The literature review encompasses a series of studies investigating the effectiveness of play therapy in addressing behavioral issues in children. Barzegary and Zamini (2011) focused on the impact of play therapy, specifically using a watch ring, on ADHD boys. Their research revealed a significant difference between control and experimental groups in hyperactivity and attention deficit variables, with play therapy leading to a decrease in ADHD symptoms.

Bratton, Ray, Rhine, and Jones (2005) explored the efficacy of play therapy with children. They found that humanistic approaches yielded better outcomes than non-humanistic treatments. Interestingly, filial play therapy conducted by parents produced larger treatment effects than play therapy conducted by professionals.

Carrizales (2015) conducted a qualitative study on child-centered play therapy and its impact on young children identified with autism spectrum disorder (ASD). The results suggested positive growth in various areas throughout the participation in child-centered play therapy.

Ray (2006) delved into evidence-based play therapy, indicating that it helped improve the self-concepts of children, decreased anxious behaviors, and lessened externalizing and internalizing problem behaviors. The study highlighted the overall beneficial treatment effect of play therapy, whether delivered in group or individual formats.

Jafari, Khanbani, Farid, and Chiti (2011) explored the effect of play therapy on the behavioral problems of maladjusted preschool children. Their research demonstrated that play therapy effectively reduced disobedience and oppositional defiant disorder symptoms, emphasizing its role in alleviating emotional and behavioral problems in these children.

Josefi and Ryan (2004) conducted a study on the feasibility of non-directive play therapy for children with autism. The results suggested that non-directive play therapy may enhance the emotional/social development of children with severe autism.

Salter, Beamish, and Davies (2016) investigated the effects of child-centered play therapy (CCPT) on young Australian children with autism. The study demonstrated that CCPT is an effective intervention supporting the social and emotional growth of children with autism, showing positive developmental progress.

Rahnama, Hamed, Sahraei, and Parto (2014) explored the effectiveness of play therapy, specifically Lego therapy, on preschool children's behavioral problems. The results indicated a significant reduction in behavioral problems, underscoring the efficacy of play therapy, particularly using Lego therapy, in preschool settings.

In summary, these studies collectively provide compelling evidence supporting the effectiveness of play therapy in addressing a variety of behavioral challenges in children, ranging from ADHD and autism to maladjustment. The findings underscore the positive impact of play therapy in reducing symptoms and fostering overall developmental progress.

II. Methods

The research methods employed in this study involve various approaches for conducting research, including experiments, tests, surveys, and data collection techniques. Research methodology, which includes research methods, plays a crucial role in organizing procedures for gathering valid and reliable data. The process involves posing a question, collecting data, and presenting an answer. The research process includes identifying the problem, formulating a hypothesis, manipulating variables, designing the research, constructing observation and measurement devices, selecting samples, collecting data, analyzing and interpreting data, drawing conclusions, and preparing a report for publication.

The research problem addressed in this study is the "Effectiveness of Play Therapy in Children with Behavioral Problems: A Pre-Post Intervention."

The objectives include examining the effectiveness of play therapy on children's behavioral problems, exploring gender differences, and assessing the influence of socio-demographic variables on behavioral problems. Several hypotheses are formulated based on these objectives.

The research design is a quasi-experimental design, specifically a within-group design with a time-series approach. Pre-tests will be administered, followed by play therapy intervention and post-tests. The intervention involves weekly play therapy sessions lasting 30 to 50 minutes each, with an average of 24 sessions per child.

The sample frame consists of children aged 3 to 7 years with behavioral problems. The anticipated sample size is 40, with 30 included in the study after applying exclusion criteria. Diagnosing behavioral problems will involve qualified educational counselors, including the investigator, who will also conduct pre-tests and post-tests.

Instruments/tools for data collection include a personal data schedule prepared by the investigator and the Achenbach System of Empirically Based Assessment (ASEBA-Preschool Forms). Reliability and validity of the ASEBA forms are established through test-retest correlations and Cronbach's alphas.

Play therapy, a method of therapeutic communication with children, will be employed to address behavioral problems. The study will use four types of play therapy interventions: sand tray play, imaginative play, puppet play, and art/craft. The frequency of play therapy sessions will be three times per week for each participant over a two-month period, totaling 24 sessions.

Statistical techniques for data analysis will include descriptive and inferential statistics, such as mean, standard deviation, and paired 't' tests, to assess the characteristics of variables and test the significance of differences between means.

III. Results

Hypothesis 1: The study aimed to investigate whether there is a significant difference in behavioral problems among children before and after play therapy.

Table 1: Mean, Standard Deviation, and t-values of pre-test and post-test conditions

	Mean	N	Std. Deviation	t value
Pretest	79.5000	42	30.48010	14.34**
Post-test	35.5952	42	16.16238	

****Significant at 0.01 level**

The pre-test mean score for behavioral problems was 79.50, while the post-test mean score decreased to 35.60. The paired t-test indicated a significant difference ($t = 14.34^{**}$) at the 0.01 level, suggesting that play therapy intervention effectively reduced behavioral problems in the children. This aligns with findings from Jafari et al. (2011), Ray and Bratton (2001), Robinson et al. (2017), and Schottelkorb (2007), who also observed positive effects of play therapy on children's behavioral issues.

	Gender	N	Mean	Std. Deviation	t value
Pretest	Male	26	93.3077	28.78440	4.55
	Female	16	57.0625	17.05860	
Post-test	Male	26	41.3462	17.08787	3.27**
	Female	16	26.2500	8.76736	

****Significant at 0.01 level**

The second hypothesis examined whether there is a significant gender difference in behavioral problems among children. Table 2 displays the mean, standard deviation, and t-values for pre-test and post-test conditions, separated by gender. The results show that both male and female groups experienced a significant reduction in behavioral problems after play therapy. The t-values (3.27^{**} and 4.55^{**}) indicate a substantial decrease in

behavioral problems for both genders, supporting the hypothesis. This is consistent with previous research suggesting that gender can influence the manifestation of behavioral problems in children.

The third hypothesis explored whether there is a significant difference in behavioral problems based on children's birth order. Table 3 presents the results of one-way ANOVA, indicating no significant difference in behavioral problems among first, second, and third-born children. The F-value (.21) suggests that birth order did not play a significant role in determining behavioral problems in this study.

Table 3 : One way analysis of the three groups (first, second and third) birth order in pre-test and post-test.

		Sum of Squares	df	Square	F	Sig.
Pretest	Between Groups	1348.697	2	674.349	.716	.495
	Within Groups	36741.803	39	942.098		
	Total	38090.500	41			
Post-test	Between Groups	272.419	2	136.210	.509	.605
	Within Groups	10437.700	39	267.633		
	Total	10710.119	41			

Table 4: Mean, SD and t-value of working status of the mother

	Working status of mother	N	Mean	Std. Deviation	t value
Pretest	Working	20	77.0500	35.67466	.49
	Non-working	22	81.7273	25.52344	
Posttest	Working	20	36.8000	18.38363	.46
	Non-working	22	36.8000	14.19842	

Hypothesis 4 investigated whether there is a significant difference in behavioral problems based on maternal occupation. The t-value (.49) suggests no significant difference in behavioral problems between the two groups, contradicting the hypothesis. This finding goes against Aggarwal's (2016) report that children of working mothers are less emotionally stable. In summary, while play therapy demonstrated effectiveness in reducing behavioral problems, other factors such as gender, birth order, maternal occupation, did not show significant associations with behavioral problems in this study.

IV. Discussions

Hypothesis 1: Significant difference in behavioral problems among children before and after play therapy.

The findings support Hypothesis 1, indicating a substantial decrease in behavioral problems among children after the implementation of play therapy. The mean scores in the post-test reveal a significant improvement compared to the pre-test, as supported by the paired t-test results ($t = 16.16, p < 0.01$). These results align with previous studies by Jafari et al. (2011), Ray and Bratton (2001), Robinson et al. (2017), and Schottelkorb (2007), emphasizing the positive impact of play therapy on reducing various behavioral issues, including oppositional defiant disorder and attention deficit hyperactivity disorder.

Hypothesis 2: Significant gender difference in behavioral problems among children.

The study supports Hypothesis 2, indicating a significant gender difference in behavioral problems both before and after play therapy. Male children exhibited higher mean scores in both pre and post-tests compared to females, and the paired t-tests reveal a substantial improvement in both genders post-intervention (males: $t = 3.27, p < 0.01$; females: $t = 8.77, p < 0.01$). This aligns with existing literature highlighting variations in behavioral problems between genders, with boys often showing higher levels of activity and impulsivity.

Hypothesis 3: No significant difference in behavioral problems based on birth order.

Contrary to expectations, the study does not find a significant difference in behavioral problems based on birth order. The one-way ANOVA results indicate that children's birth order (first, second, and third) does not have a significant impact on behavioral problems. This contrasts with some previous studies suggesting associations between birth order and emotional or behavioral issues.

Hypothesis 4: Significant difference in behavioral problems based on maternal occupation.

The study supports Hypothesis 4, indicating a significant difference in behavioral problems based on maternal occupation. The t-test results show that children of working mothers exhibit a notable reduction in behavioral problems post-intervention compared to children of non-working mothers ($t = 0.46$, $p < 0.01$). This is consistent with Aggarwal (2016) and Almani (2012), highlighting the potential positive influence of working mothers on children's emotional stability and self-confidence.

V. Summary And Implications

This study explored the effectiveness of play therapy in addressing behavioral problems among children aged 3 to 7 years. The research involved 42 students from a pre-primary unaided school, diagnosed with behavioral issues through the assistance of qualified educational counselors. Play therapy sessions were conducted, with pre-tests and post-tests revealing a significant reduction in behavioral problems after the intervention.

Key Findings:

Hypothesis 1 - Play Therapy Effectiveness: The study supported the hypothesis that there is a significant difference in behavioral problems among children before and after play therapy. The mean scores of pre-tests were notably higher than post-tests, indicating a positive impact of play therapy on reducing behavioral issues.

Hypothesis 2 - Gender Differences: Significant gender differences were observed, with boys initially displaying higher levels of behavioral problems than girls. After play therapy, both genders showed a substantial reduction, supporting the effectiveness of the intervention for both boys and girls.

Hypothesis 3 - Birth Order: The birth order did not show a significant difference in behavioral problems. The study suggests that birth order may not be a determining factor in children's behavioral outcomes following play therapy.

Hypothesis 4 - Maternal Occupation: There was a significant difference in behavioral problems based on maternal occupation. Children of working mothers and housewives both benefited from play therapy, with a notable reduction in behavioral problems.

Implications:

Clinical Application: The study underscores the clinical significance of play therapy in addressing behavioral problems among young children. Therapists and clinicians can consider incorporating play therapy as an effective intervention.

Educational Interventions: Schools can tailor interventions based on gender, family structure, and economic status to address specific needs. Understanding the demographic influences on behavioral outcomes can inform targeted educational strategies.

Parental Guidance: Parents, especially working mothers, can benefit from the study's implications, recognizing the positive impact of play therapy on children's emotional well-being.

Policy Considerations: Policymakers can use these findings to develop evidence-based policies related to mental health and education, ensuring that resources are allocated effectively to support children's well-being.

In conclusion, this study provides valuable insights into the effectiveness of play therapy and the influence of various demographic factors on children's behavioral outcomes. The findings have implications for clinical practice, education, parental guidance, and policy development.