

Play therapy in the prevention of behavioural disorders of school-aged children

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Abstract

The main goal of this research was to identify and understand the effects of play therapy on the prevention of behavioural disorders of younger school-aged children. A semi-structured interview was used as the data collection method with 17 open-ended questions. The study participants were seven parents whose children were involved in play therapy treatment for at least 3 months. It has been shown that play therapy is an effective medium in empathy development, more successful emotion management, encouragement of non-violent communication and reduction in aggressive behaviour. It can be concluded that the effectiveness of play therapy in the prevention of behavioural disorders significantly depends on the involvement of parents in treatment and the relationship between a therapist and a child. This research certainly serves as a basis for further research that will recognise the importance of therapeutic play in solving emotional and/or behavioural difficulties of children and youth.

Keywords: Behavioural disorders, child, play therapy, prevention.

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1. Introduction

Play is the most common form of children's activity and it is extremely important for their overall development. Children develop their creativity through playing, as well as their ability to solve problems that often arise while playing. Play is a training ground for practicing many life skills and adopting future life roles (Miljkovic, Duranovic & Vidic, 2018). Play therapy is a method that uses play as a natural way of children's expression that is fully adapted to the child's developmental abilities and functioning. Traditional therapies based on conversation are most often inappropriate for children and young people who are not always able to express the state of their inner world. Therapists use play to enable the child to successfully communicate with others, to express feelings, modify behaviours, develop problem-solving skills and nurture empathy and respect for the thoughts and feelings of others (Momeni & Kahrizi, 2015).

Play therapy is a psychotherapeutic method based on the theoretical postulates of Virginia Axline, Carl Rogers, Donald Winnicott and Violet Oaklander, whose theoretical assumptions emphasise that children are capable, from an early age, of making decisions independently and taking responsibility for their actions in accordance with their developmental age and abilities. Play therapy is a natural way of children's self-expression, i.e., an approach in which a child has a choice (they choose techniques, toys and media), and a therapist follows them and pays full attention to them. It is this supportive and stimulating atmosphere and focus on the child that helps the child overcome difficult situations.

The supportive relationship that develops between a therapist and a child during treatment can provide the corrective emotional experience needed to heal, and it can also promote cognitive development (Cheng & Tsai, 2014). The therapist can occasionally reflect to a child what the child is doing, all for the purposes of a more productive therapeutic process. Restrictions are placed on the child within the play area only for the purpose of creating a sense of security. In such a relationship, the therapist is a translator of the child's language (play) into the language that adults most often use (words). Play therapists (licensed mental health professionals) are specially educated people who have a wide knowledge of the neurobiological development of a child and are familiar with the influence of brain structures on certain children's conditions accompanied by various manifestations.

Treatments usually take place once a week for 30–50 minutes, and can be carried out individually or in a group (Gjurkovic, 2018). The duration of the therapy depends on the intensity of behavioural disorder, parents' support and the child's temperament. Different media and strategies are used in play therapy: therapeutic storytelling, creative visualisations, dance, music, dramatisation, drawing and painting. In play therapy, the therapist strategically uses toys as a medium through which children express the problems of their inner world (Stulmaker & Ray, 2015). In order for play therapy to be as successful as possible in the prevention of behavioural disorders, parents' involvement in treatment is extremely important.

The family plays a significant role in children's healing processes. The interaction between children's problems and their families is always complex. Sometimes children develop problems as a way of signalling that something is wrong in the family. In all cases, children and families heal faster if they work together (Guerney, 2001). Through educational workshops, parents learn to respond empathically to children's feelings, develop their sense of self-confidence and set therapeutic boundaries during joint play. Play therapy is intended primarily for preschool and younger school-aged children who have emotional and/or behavioural difficulties. Play therapy has been shown to be effective in children who are timid and withdrawn, have difficulty managing anger and concentrating, have difficulty in social relationships, suffer from anxiety disorders, and also in children with autism spectrum disorder. Play therapists (licensed mental health professionals) are permanently trained on regular supervisions. The synergy of therapeutic knowledge and close relationship (therapist–child) presents play therapy as a holistic, integrative therapy concentrated equally on body, emotions, feelings and intellect (Hong & Mason, 2016).

2. Research on the effectiveness of play therapy

The effectiveness of play therapy as a prevention in social, emotional and behavioural disorders is confirmed by research conducted by Levine and Munsch (2018). The results of the study showed that therapy had the most positive effects if the parents were actively involved in the treatments. Play therapy can help children learn the most effective ways to manage their increasingly complex emotions. Ware Balch and Ray (2015) conducted a case study involving five children with autism spectrum disorder between the ages of 5 and 9, and assessment results showed a (high) risk in the areas of self-regulation, social competence and empathy. Parents and guardians actively participated in treatments through interviews and educations. The intervention phase lasted 10 weeks during which the children were included in the treatment twice a week. The results showed that three out of five children experienced positive effects of play therapy, while the other two children showed uneven results. In three children for whom play therapy proved effective, improvement was observed in the areas of self-regulation, social competence and empathy. Of these, the greatest improvement was observed in empathy, which is especially significant given that children with autism spectrum disorder have difficulty empathising and understanding other people. Furthermore, all children showed better results in social competence. Play therapy has proven to be equally effective regardless of the child's developmental age and gender.

A study by Howard, Lindaman, Copeland and Cross (2018), despite limitations such as the absence of a control group and a small and homogeneous sample (eight subjects) aged 3–9 years, confirmed positive effects of play therapy in parents and children showing autism spectrum disorders. After 2 months of regular treatments (once a week) with parents actively involved in play therapy, the research found that parents and children improved their relationship, i.e., better results were observed in parental behaviour in the dimensions of expressiveness and responsiveness to the child.

Effective play therapy is used to reduce anxiety disorders in children. Play therapy can also reduce negative emotions and aggression in school-aged children (Nursanaa & Ady, 2020).

3. Terminological definition of the concept of behavioural disorders

The term *behavioural disorders* refers to a very wide range of behaviours with different manifestations, characteristics, intensities, durations, complexities, dangers and/or harmfulness. According to Koller-Trbovic, Zizak, and Jedud Boric (2010), the term *behavioural disorders* refers to the collective name of all those phenomena that are biological, psychological and social geneses that more or less affect an individual, that adversely affect his or her activity and that unpleasantly and detrimentally influence other individuals and social organisations. Behaviour can be defined as an individual and social form of functioning in social situations. As human beings and society change, the definition and assessment of the phenomenon of behaviour also changes. Thus, the same pattern of behaviour in different time periods and environments will be declared a deviation or a normal form of behaviour (Odobasic, 2007).

Matijevic, Bilic and Opic (2016) divide behavioural disorders into externalised (active) and internalised (passive). Externalised behavioural problems are considered 'active' behavioural disorders in terms of insufficient control, while internalised behavioural disorders refer to self-directed behaviours that are predominantly controlled. Externalised behaviours include attention problems, self-regulation, uncooperativeness and antisocial, aggressive behaviours, while internalised disorders include depressed moods, withdrawal, anxiety, feelings of inferiority and somatic difficulties.

4. Contemporary scientific knowledge on the aetiology of behavioural disorders

Mescic-Blazevic (2007) believes that in addition to biological and psychological factors, a significant place is occupied by the social environment in which the individual develops and grows, as well as by cultural models and behavioural styles. One such theory is Urie Bronfenbrenner's ecological systems

theory. The ecological systems theory holds that the child and the environment continuously and systematically influence each other in a two-way, transactional manner. An ecosystem affects a child (person) through a microsystem, mesosystem, exosystem and macrosystem. The microsystem is closest to the child. It implies the influence that family, kindergarten, school, church and peers have on the overall children's development. The mesosystem is a system of relationships between microsystems, such as parents and teachers, parents and peers, with whom the child interacts (Vasta, Haith & Miller, 2005).

Velki and Jagodic (2014) point out that the exosystem refers to the environment in which the child does not participate directly, e.g., neighbourhood, while the macrosystem refers to the culture, customs and norms of a particular society.

Basic (2009) states that prevention science concludes that one factor cannot be the cause of behavioural disorders in a child or young person, but rather a set of factors in mutual interaction. Howell (2008) cites factors that may influence the manifestations of behavioural disorders: possible physical and sexual abuse, history of delinquent behaviour in the family, parental depression, underdeveloped communication skills, parental unemployment and single-parent and large families.

According to Kranzelic Tavra (2002), factors that affect the development of children and youth and thus increase the likelihood of positive developmental outcomes are called protective, while risk factors include all those influences and characteristics of a person and environment that make positive outcomes less likely or increase the likelihood of developmental disorders, primarily in the form of behavioural disorders. Furthermore, they tell us that risk is a basic term that describes children who encounter constraints in their positive development.

5. Prevention of behavioural disorders

According to Basic (2009), prevention is a process that aims to reduce the incidence of behavioural disorders in children and youth and risky behaviours of children and youth. Preventive activities should begin as early as possible, and prevention programmes should include all relevant developmental factors that affect the child's psychosocial development. Basic (2009) emphasises that for quality prevention of a certain area it is important to identify the positive sides of a certain area (protective factors) and negative sides or shortcomings (risk factors) on the basis of which the prevention programme and the level of action are adopted.

The aim of this study was to identify and understand the impact of play therapy in the prevention of behavioural disorders in younger school-aged children. In line with the stated goal, the following research questions were asked:

1. What are the motives of the participants (manifestations of behavioural disorders) for the inclusion of younger school-aged children in play therapy treatments?
2. What kind of previous experiences do the participants have with different forms of prevention of behavioural disorders in younger school-aged children?
3. What is the significance of play therapy in the prevention of behavioural disorders in younger school-aged children?

6. Research methods

In order to collect specific and relevant data, a semi-structured interview method was used with 17 open-ended questions. The participants of the study were seven parents whose children were involved in play therapy treatment for at least 3 months. The interview was preceded by two meetings with parents who wanted to participate in the research. The aim of those meetings was getting to know each other and creating a more relaxed atmosphere between the participants and the interviewers. A total of three interviews were conducted during June and July 2020 and they were recorded on a dictaphone with prior written consent of the participants. Each interview required the interviewer to

prepare and inform the participants about the aim and purpose of the research, their anonymity and the possibility of giving up at any time. During the interview, participants' non-verbal signs were documented. These notes, or non-verbal signs of the interviewees, were used to complete the content of the recorded conversation. The collected data were processed by a qualitative analysis method of coding.

7. Results and discussion

7.1. Theme 1. Behavioural disorders

This code includes all the participants' statements that describe the various behavioural disorders that they noticed in their children. It is clear from the interviews that these behavioural disorders are manifested through internalised and externalised forms.

7.1.1. Internalised behavioural disorders

'I have noticed that my child is really very timid and is very afraid of certain school activities...'

'My little girl is very indifferent and quiet at school. She often stays away from other students!'

7.1.2. Externalised behavioural disorders

'I have noticed that my son is often very aggressive towards his sister. He often pulls her hair and roughly pushes her away'.

'My son shows no respect for authority!!'

'I am very sad, but also disappointed because my daughter often disrupts the class. The teacher and special education school service often call me in for a parent interview'.

'We started with play therapy treatments because our son was diagnosed with ADHD'.

'We decided to start with play therapy treatments because we read that it can help children with aggressive behaviour make progress, and our son is one of them'.

By analysing the participants' answers, it was found that six participants noticed more frequent unacceptable behaviours in their children when they started school, while one participant pointed out that she noticed her son was behaving more aggressively when the second child was born.

7.2. Theme 2. Experiences of other treatments

This code includes the statements of participants (four of them) whose children were included in other forms of prevention programmes, i.e., in different treatments with the goal of producing more socially acceptable patterns of behaviour. The experiences of other treatments were mainly related to psychologists, educationalists and special education teachers.

7.2.1. Psychologist

'My son used to talk to a school psychologist up to ten times in 1 month'.

'My daughter talked to a school psychologist at least once every 2 weeks'.

These statements are not surprising because, as Skopljak, Mihajlovic and Kovacevic (2020) state, one of the key roles of school psychologists is precisely intervention and psychological assistance to students.

7.2.2. Educationalist

'As part of a preventive school programme aimed at preventing school violence, my son often participated in workshops organised by the school educationalist'.

7.2.3. Special education teacher

'My son often disrupted the class due to severe ADHD, so he regularly visited a special education teacher'.

Skopljak et al. (2020) point out that special education teachers have an advisory role which is manifested through assistance to the headmaster and students with learning and behavioural problems. With their work, special education teachers encourage and improve the entire educational process.

Two participants stated that their children were ridiculed and mocked by other children because of their visits to a school psychologist:

'... he was often ridiculed by other children for going to the psychologist's office'.

'... she didn't hate going to the psychologist until her best friend started making fun of her'.

By analysing the data, it was found that most prevention activities took place within the school, while one participant pointed out that her child was included in the prevention programme outside the school:

'In collaboration with a special education teacher, my son participated in the workshops of the Home for the Upbringing of Children and Youth in Zagreb'.

Further data analysis shows that participants, whose children had experience with previous forms of prevention, express dissatisfaction with the way the prevention providers worked:

'...often the school psychologist could not get a word out of him!'

'He often cried while talking about his experiences with the psychologist. I knew that because of that kind of relationship, it could not bear fruit'.

'My son was not very successful in verbalising his emotions, but unfortunately the special education teacher was not able to recognise that'.

7.3. Theme 3. Parent involvement in treatment

This code includes all the participants' statements that describe their involvement in play therapy treatments.

'It is especially important to me that as a parent I can be involved in play therapy treatments'.

'The therapist is a big support for me! Thanks to her, I am becoming a better parent!'

'Attending educational workshops makes me happy! I feel they are helpful!'

'It is very important to me that the therapist informs me about everything'.

'My husband and I regularly come to parent meetings with the therapist'.

'Thanks to the therapist's instructions, my husband and I develop our parenting skills'.

The interview codes show that all participants emphasise the importance of their involvement in play therapy treatments. They point out that they develop their parenting skills in collaboration with the therapist. Three participants emphasised that their relationship with the therapist served as psychological support:

'She listens to me so carefully. I know she is there for me!'

'She gives me great confidence'.

'I know she will not judge me'.

7.4. Theme 4. Effects of play therapy

This code includes all the participants' statements that describe the effects of play therapy on their child.

'You cannot imagine how happy I am to see my son's courage as he enters into social relationships with other children. I am convinced that this is the result of a warm relationship between the therapist and my son. Lately, he's been talking nicely even about school. I've never heard that from him before'.

'...um, I still notice indifference in her behaviour, but what makes me happy is that she voluntarily wanted to sit with someone in school. The therapist has recently told me that I can expect something like that'.

'To be honest, the conflicts between my son and his sister still exist, but it is extremely promising to watch him play more gently with his sister! I think that is the result of a therapeutic play and an appropriate relationship between the therapist and my son'.

'Yesterday I read in a student agenda that the teacher praised him for following the class rules. I was overjoyed!'

'During a parent interview about 10 days ago, the teacher told me that she was more cooperative in class and that other children were complaining less about her'.

'When your child has ADHD, every step makes you happy. Thanks to play therapy, we have noticed that he is less impulsive in competitive games. The trusting relationship between the therapist and my son has borne fruit!'

'We noticed the greatest impact of play therapy in his empathy. It is like a wind in our backs!'

8. Conclusion

The goal of this research has been achieved and all research questions have been answered. The interview codes show that all participants noticed the effectiveness of play therapy, at least in some areas. From the perspective of parents whose children are involved in play therapy treatments, it can be concluded that play therapy has a positive effect on building relationships within family and school and on the development of prosocial behaviours. According to the participants, therapeutic play has proven to be a very good medium for the development of empathy, control of anger and frustration and reduction in aggressive behaviour. The participants indicate the involvement of parents in treatments and the therapist's attitude towards the child as some of the most important factors in play therapy. In the Republic of Croatia, there is insufficient talk about children's mental health. The limitation of this research is that it does not cover all centres that conduct play treatments in all areas of the Republic of Croatia, which would give insight into their activities and provide even more relevant data on the importance of therapeutic play as a prevention of behavioural disorders.

9. Recommendations

It is extremely important for all those who share the responsibility of upbringing and education of children and young people to identify the manifestations of behavioural disorders on time and to take appropriate preventive actions to prevent extreme behaviours. In scientific terms, the presented results will contribute to a better understanding of the importance and significance of the application of therapeutic play in the prevention of behavioural disorders. It will also facilitate the process of awareness raising and solving emotional and social problems in children and youth. As much as possible, children need to be educated on the topic of emotions through carefully designed activities. The goal is to teach them that emotions are a natural part of human life and to work on developing the skills of expressing emotions in a healthy and socially acceptable way. This research is one of the few that has established the relationship between play therapy and prevention science and can

certainly serve as a basis for further research that will recognise the importance of therapeutic play in solving emotional and/or behavioural difficulties of children and youth.

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