

# The Effect of Individual Child-Centered Play Therapy on Decreasing the Externalizing Problems of Children with Anxious Mothers

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**ABSTRACT:** Despite the widespread use of play therapy in the treatment of children's problems, this method has not yet found its place in Iran and is less used. Present study was implemented to evaluate the effectiveness of individual child-centered play therapy to reduce the symptoms of externalizing disorders in preschool children with anxious mothers. The method of this research is Semi-experimental and applied research. Among all parents of girls and boys aged 3 to 7 years in nurseries welfare organization in the city of Sari during the spring of 2013. The State-Trait Anxiety Inventory (STAI) was completed by 210 mothers, then 35 people who showed the highest degree of anxiety were screened, 31 of them participated in the study (16 cases and 15 controls). Then both the control and experimental groups completed Michael Rutter behavior questionnaire (parents Form) and then only the experimental group got educated the child centered play therapy course in 8 sessions for one month. Afterwards both groups completed Michael Rutter behavior questionnaire. Then pretest and posttest were examined and compared with covariance analysis using SPSS software version 19. The mean scores for externalizing problems, children in the experimental group play therapy statistically significantly decreased ( $0.05 = \alpha < 0.000 = \text{Sig.}$ ). Child-centered play therapy can decrease externalizing problems such as fights and beatings, disobedience, lying, bullying and vandalism in children with anxious mothers.

**Keywords:** Externalizing Problems, Child-Centered Play Therapy, Preschool Children.

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## INTRODUCTION

After a decade of research on disorders of children and adolescents, the difference between internalizing and externalizing disorders is accepted by the vast majority of psychologists and psychiatrists. Internalizing problems are interpersonal and they are revealed as disruption in social interaction, inhibition, anxiety and depression. But, externalizing problems are outside the individual. In other words, they're mismatched behavioral models that conflict with other people and their expectations (Ingole et al. 2015).

This group of problems that are identified in researches, as behavioral problems, discipline problems, rebellion behavior, crime and uncontrollable behavior, involves a wide range of problems and can have destructive effect on the child, family, child's retainers (teachers, coequal children,...) and generally on the whole society. The

symptoms of these disorders, despite internalizing behaviors appear in children's outward behavior and represent the child's negative actions on the external environment (Tucker et al., 2015).

Therefore, they cause trouble for others rather than the person himself. Externalizing symptoms that are visible from the second year of life, are: restlessness, bad temper, a lot of cry and stubbornness (Liu, 2004).

In following years; physical aggression, conflict and early forms of law breaking at home and school environment are placed on top of the charts of symptoms and finally in teen years, verbal aggression, more hidden forms of aggression, such as theft, fraud, drug use and serious antisocial behavior, that can opposed to the rules of society obviously and lead teenagers to crime, overcome (Young et al., 2001).

Various studies have shown that a high percentage of externalizing disorders in children and young adults is leading to antisocial personality disorders, drug use and other problems like violence and criminal acts (Gilliom & Shaw, 2004).

On the other hand externalizing problems are usually associated with several problems. Arousal, aggression and emotional reactivity in children, interaction with peers and makes it difficult for them to follow ostracism. Poor social-cognitive skills and learning problems of children are other serious problems (Gilliom & Shaw, 2004).

All these problems can exacerbate the externalizing problems than before and interrupt socialization of children. Due to the effects of long-term outcomes and externalizing problems, early intervention can reduce the severity of symptoms and prevent them from being stable (Dadsetan & Bayat, 2009).

Some researchers also emphasize early treatment of these problems in early ages, which is some kind of prevention, have shown that early identification of these problems in pre-school ages and early treatment of children will be greatly reduced the problems and improve the child's performance in various areas. Hence, finding effective treatments and prevention strategies for children at risk of developing behavioral problems is the major scope of research in this area. One method of therapy which focused on the children is "play therapy" that many psychologists and researchers for decades used this method to treat a range of disorders and problems and its effectiveness were proved (Gilliom & Shaw, 2004).

Play therapy, is a specific method of child therapy which with compared to other methods, has an outstanding rating. First, this is the way of communication between children and according to some researchers, it is an important part of the process of the children therapy (Gilliom & Shaw, 2004).

In other words, children, unlike adults, in the lack of secondary processes of verbal thinking, rather than being able to speak about their problems, they turn it to the game (Ray et al., 2001).

Second, this method which is basically considered by the children, provides detailed review of the individual's behavior patterns and all aspects of their problems. So it seems play therapy for children with multiple emotional and behavioral problems, is an effective method (Ray et al., 2001).

Thus we can expect that play therapy, having the ability to assess and treat a variety of problems, can be used effectively to treatment of externalizing problems. Despite of the widespread use of play therapy in the treatment of children's problems, this method has not yet found its place in Iran and is less used. In a few studies, play therapy have been used to training specific behavior or changing some behavior.

## **MATERIALS AND METHODS**

The reliability coefficient of STAIC test is reported between 0.73 to 0.86. This questionnaire with other scales measuring anxiety, such as Taylor anxiety scale has a good correlation which represents the criterion validity of this tool. The correlation coefficient is reported between 0.75 to 850

For the reliability of Rutter test, the questionnaire was administered on 91 children with retest approach with in a distance of thirteen weeks and reliability coefficient is reported 850

Present study was implemented to evaluate the effectiveness of individual child-centered play therapy to reduce the symptoms of externalizing disorders in preschool children (3-7 years old) with anxious mothers during the spring of 2013. The method of this research is Semi-experimental and applied research. The statistical community consisted of all parents of boys and girls (3-7 years old) of kindergarten in welfare organization in Sari, which according to the organization report were 861 people. Random and available sampling were used. Available sampling was used to measuring The State-Trait Anxiety Inventory (STAI) and random sample was used to measuring

This study has both experimental and control groups. The relationship between the dependent and independent variables were identified and checked after the post-test and pre-test taken from each experimental and control groups.

The State-Trait Anxiety Inventory (STAI) was completed by 210 mothers whom their children were in the kindergarten, then 35 people who showed the highest degree of anxiety were screened. The names were written on a small paper and were put into a pocket for test and control groups to random selection. After the random selection from the pocket, 18 patients were in the experimental group and 17 patients in the control group. Then both the control and experimental groups completed Michael Rutter behavior questionnaire (parents Form) and then only the experimental group got educated the child centered play therapy course in 8 sessions for one month (two sessions per week) in Fereshtehaye koochak, Niko and Roshd kindergartens (the control group did not pass this course). Afterwards both groups completed Michael Rutter behavior questionnaire. It should be noted that two children in the experimental group were excluded because they were not participated in more than one-third of play therapy courses, also two parents from control group did not completed the assessment forms so they were excluded too. Thus the experimental group decreased to 16 people and control group decreased to 15 people. Then pretest and posttest were examined and compared with covariance analysis using SPSS software version 19.

**Child -centered play therapy sessions**

In the child centered play therapy sessions, therapy goals for the children were not predetermined and children themselves run the sessions and the therapist must develop a warm and friendly relationship with the child together with communication and understanding create the sense of leniency. Child is responsible for bringing choice and creating change in the meeting and the therapist isn't responsible for the child's guidance actions, his states and talks and also the therapist does not attempt to accelerate the progress of treatment.

In this study, individual (not group) child-centered play therapy was used to pay more attention to children's moods, feelings and creating more safety and security. For this reason it isn't possible to explain every sessions of child-centered play therapy to the children like other play therapy such as cognitive - behavioral, etc. As the children didn't feel safety to play therapy sessions also their parent's dissatisfaction, there was not any video or photography.

**RESULTS**

Results obtained in the mean disobedience, lying, fighting and beatings, bullying and childish sabotage in the pre-test and post-test, respectively, are shown in tables 1 to 5 .

Results of data analysis using the covariance analysis to examine the impact of child-centered play therapy in reducing children's externalizing problems, showed that the children's externalizing problem scores at pre-test and post-test were not the same and statistically there was a significant difference between the mean scores ( $0.05 = \alpha < 0.000 = \text{Sig.}$ ).

**Table 1.** Covariance analysis of impact of child-centered play therapy in reducing children's externalizing problems.

Source	SS	df	MS	F	Sig.
Test	936.806	1	936.806	31.499	0.000
Group	594.252	1	594.252	19.981	0.000
Error	832.732	28	29.74	-	-
Total	2374.194	30	-	-	-

Also, the mean scores of fights and beatings of children in pre-and post-tests were not identical and statistically there were significant differences between the mean scores of two groups ( $0.05 = \alpha < 0.001 = \text{Sig.}$ ).

**Table 2.** Covariance analysis of impact of child-centered play therapy in reducing children's fights and beatings.

Source	SS	df	MS	F	Sig.
Test	2.633	1	2.633	13.359	0.000
Group	6.031	1	6.031	19.981	0.000
Error	5.517	28	0.197	-	-
Total	13.419	30	-	-	-

The results of mean scores of disobedience indicate that, the 95% confidence level, there was significant difference between the scores of children disobedience in both experimental and control groups, ( $0.05 = \alpha < 0.001 = \text{Sig.}$ ). So the mean scores of children's disobedience were declined in the post-test in the experimental group compared with the control group.

**Table 3.** Covariance analysis of impact of child-centered play therapy in reducing children's disobedience.

Source	SS	df	MS	F	Sig.
Test	3.588	1	3.588	13.797	0.000
Group	3.354	1	3.354	12.896	0.000
Error	7.282	28	0.26	-	-
Total	13.935	30	-	-	-

In the field of lying in the children it can be argued, with 95% confidence, that the mean scores of children lying on the pre-test and post-test were not identical and statistically there were significant differences between the mean scores of the two groups ( $0.05 = \alpha < 0.000 = \text{Sig.}$ ).

**Table 4.** Covariance analysis of impact of child-centered play therapy in reducing children's lying.

Source	SS	df	MS	F	Sig.
Test	1.797	1	1.797	8.454	0.000
Group	4.09	1	4.09	19.239	0.000
Error	5.953	28	0.213	-	-
Total	10.774	30	-	-	-

In the post-test, the mean scores of bullied children significantly declined in the experimental group compared with the control group ( $0.05 = \alpha < 0.000 = \text{Sig.}$ ).

**Table 5.** Covariance analysis of impact of child-centered play therapy in reducing children's bully.

Source	SS	df	MS	F	Sig.
Test	2.049	1	2.049	12.381	0.000
Group	4.684	1	4.684	28.301	0.000
Error	4.634	28	0.166	-	-
Total	10.387	30	-	-	-

Data analysis of the children sabotage showed that the mean scores at pre-test and post-test were not identical and statistically there was a significant difference between the mean scores ( $0.05 = \alpha < 0.000 = \text{Sig.}$ ).

**Table 6.** Covariance analysis of impact of child-centered play therapy in reducing children's sabotage.

Source	SS	df	MS	F	Sig.
Test	3.609	1	3.609	19.91	0.000
Group	5.912	1	5.912	32.619	0.000
Error	5.075	28	0.181	-	-
Total	14.839	30	-	-	-

## DISCUSSION AND CONCLUSION

The findings of the present study indicate that, using intervention based on child-centered play therapy could decline the signs of aggression in 3 to 7 years old children with externalizing disorders.

Looking at children with externalizing problems in this study in different days of the week and the list of different symptoms of externalizing problems, in most cases, indicating that play therapy was more effective in experimental group compared with control group. If we draw the baselines in early intervention, this baseline at the

end of the intervention indicates externalizing behavior changes, but for examining the changes in the contents of externalizing problems, it is necessary to focus on the content of treatments.

Results of a study by Neill (1999) the effectiveness of play therapy with empathy, confrontation, interpretation and clarification of the children with externalizing disorders done, is along with our study (Sullivan & Lewis, 1995). Many controlled studies have been reported which indicate the impact of play therapy in the treatment of children with behavioral disorders (Tucker et al., 2015; Webb, 1999; Casy–Cudely, 1997). Different studies, also reported the impact of play therapy in treatment of urine and feces (Landreth, 2002), sexual and emotional problems, schizophrenia (Casy–Cudely, 1997), trichotillomania (Webb, 1999), the reading and learning disorders (Carmichael, 1994; Lewis & Boucher, 1995), impaired memory (Carmichael, 1994), selective muteness (Brady & Friendresh, 1982) and aggression (Liu, 2004; Carmichael, 1994; Leland et al., 1959) have been reported.

It should be noted that the findings of this study, is not along with the findings of Volcker and Tabada (Young et al., 2001). Their study showed that play therapy could improve intellectual potential but it was not effective to reduce or improve the treatment of aggression.

In play therapy According to Kudson and Schaefer (1999), spontaneous, organized and goal oriented activities are in balance with each other and this is the strength of this study.

The therapist activity in order to achieve specific goals that are necessary for the treatment and play therapy, may be another possible explanation for the success and positive results of the present study (Casy–Cudely, 1997). Because in this method, the therapist is more active than the other traditional methods. Children positive participation in their treatment may be also another explanation. Because, this treatment creates a framework for the children to participate actively in the treatment by controlling their behavior by themselves and it emphasis that children are responsible for their change behavior (Gerald, 1999).

A final explanation is that the mechanism of the effects of play therapy is result from direct modification of perceptions of maladaptive behavior. In this context, the child can be helped to identify and change the beliefs that are potentially incompatible (Knell, 1998).

It is notable that all of the children with externalizing disorder who participated in this study have been part-time in the Kindergartens which well-supervised by Welfare organization. Limited intervention sessions have been performed directly on children without the involvement of parents. Therefore, if such an approach were performed on children with participation of their families, we probably would have seen a different result. However, based on the findings of this study, the child-centered play therapy is effective in reducing the amount of component of externalizing disorders in children. However, the stability of the results of this study is needed to further research in future.

Child-centered play therapy can decrease externalizing problems in children with anxious mothers. Also Child-centered play therapies can decrease fights and beatings, disobedience, lying, bullying and vandalism in children with anxious mothers.

So to reduce externalizing problems, parents and educators can use play therapy as a means of enjoyable and creative element.

Also, parents and educators can use the play therapy to reduce fighting and beatings, teaching legislating and respect the rights of others to reduce the problems of disobedience, educating humility, patience and respect for others, to reduce bullying problems, instrument to honesty and integrity in order to reduce lying, learning humility, patience and respect for the reduction of bullying problems, also it can be the effective tools to exercise regulation, organizing and reconstruction to reduce vandalism problems in the children.

On the other hand, externalizing problems usually associated with several other problems. Arousal, aggression and emotional reactivity in children, causes trouble interaction with peers and brings about rejecting by peers.

### **Conflict of Interest**

The authors declare no conflict of interest.

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