EFFECTIVENESS OF GROUP PLAY THERAPY THROUGH COGNITIVE-BEHAVIORAL METHOD ON SOCIAL ADJUSTMENT OF CHILDREN WITH BEHAVIORAL DISORDER

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Abstract

Children form main part of the society and their health is so important. Paying attention to their mental health helps them to perform their social functions properly. The present study would be conducted in order to investigate effectiveness of group play therapy through cognitive-behavioral method on social adjustment of children with behavioral disorder. Statistical population of this study includes all male students with behavioral disorder in fifth and sixth grade of elementary school in Arak Iran. Among these students, 20 persons would be selected randomly for experimental group and other 20 persons would be selected through matching their demographic characteristics and placed in control group. Afterwards, group play therapy through cognitive-behavioral method would be implemented for 10 sessions every session 45min for experimental group. California Personality Questionnaire (subscale of social adjustment) would be applied as pre-test and post-test. Data analysis based on t-test for independent groups indicates that group play therapy can improve social adjustment of children with behavioral disorder. Accordingly, it would be suggested to use play therapy and similar methods for improvement of communicative functions of children.

Key words: play therapy, social adjustment, behavioral disorder

Introduction

Adjustment with itself and with surrounding area is a vital issue for every living thing and daily attempt of people is also based on such adjustment. All people, consciously or unconsciously, try to meet their needs in form of social structure and their adjustment is necessarily same social adjustment. Social adjustment, as the most important sign for mental health, is an issue that has gained attention of many scholars and psychologists and also teachers over the decades (Meninger et al, 2002). Since in childhood and adolescence communications with peers is increased and is decreased depended on parents, social adjustment has high significance.
Disability to make communication based on adjustment in such ages can change processes of social growth.

Behavioral disorder is one of the most common disorders in childhood and adolescence age. Specific references to clinical centers have confirmed expansion and development of the problem. Estimations indicate that such references to outpatient clinics for behavioral disorders includes from one third to half of total references of children and adolescents (Kratochwill & Thomas R Morris, 2002).

Children with behavioral disorder are significantly under danger of being rejected by their peers, weak academic performance, increase in aggressive behavior; and also being prepared for mood disorders, drug consumption, causing criminal actions, and antisocial personality disorder in adolescence (Sadock and Sadock, 2003).

The most important effect of behavioral disorder would be as follows: aggression, lack of social adjustment, weak interpersonal relationships, being rejected by peers, academic shortages, disability in solving problems, and some disorders in regard with attention and thinking. Among mentioned effects, lack of social adjustment is one of the most important involved problems in children with behavioral disorder. It seems that children with such disorder have wrong interpretation about mild interpersonal and impartial behaviors of people because of their hostile trend. Children and adolescents with behavioral disorder have some orientations in selective attention and reminding. They pay attention to hostile social signs in their interpersonal interactions instead of reminding and considering positive social signs (Mohammad Ismail, 2005).

Weak interpersonal relationships are correlated to antisocial behavior. Children with aggressive behaviors or other antisocial behaviors would be rejected by their peers and have weak social skills (Kratochwill & Thomas R Morris, 2002). Accordingly, specific treatments for adolescents with behavioral disorder should encompass some attempts, which are focused on providing society-friendly behavior and decreasing defective behaviors.

Society-friendly operation can be considered for positive adaptive behaviors and experiences such as participating in social activities and making relationships (Kratochwill & Thomas R Morris, 2002). Another reason for considering society-friendly behaviors is their probable relationship with long-term adjustment. For example, it seems that increase in academic competence, regardless of decrease in antisocial behaviors, is significant as a society-friendly characteristic. Many kinds of treatments emphasize reduction of symptoms or growth of society-friendly behavior (Kratochwill & Thomas R Morris, 2002).

Any treatment method can be considered effective for all behavioral ranges that are involved in behavioral disorder. Some types of therapies may be useful for specific components of chronic disorder (Kaplan and Sadock, 2003). In general, scholars believe that the most important problem with traditional training and social skills (training, presenting pattern, practicing, feedback, and reinforcement) is lack of generalizability of learned skills to natural environment. This is because; in this method, training a skill is just a direct instruction about certain performance in specific situation and doesn’t include required flexibility for being adjusted to new situations (Rahill, 2002).

Accordingly, it seems that using indirect methods such as play can be effective. Play allows children to express experiences, thoughts, feelings, and trends, which are threatening for them (Wethington, Hahn, Fugua-whiteley & et al, 2008).

Play therapy is a systematic approach and is based on theory of treatment, which establishes learning processes and adaptive relationship for children. Previous studies in regard with
methods and intervention of play therapy in reduction of emotional and behavioral disorders in children have confirmed effectiveness of this method. A has been conducted by McGive (2000) under the title of “investigation of play therapy effectiveness in reduction of behavioral disorders, increase in emotional adjustment, improvement of concept of self-control”. The mentioned study has been conducted on a 30-person sample of students in pre-elementary school and obtained results indicated appearance of positive trends in children. In addition, Baggerly & Parker (2005) have also reported that play therapy can affect learning of self-control, responsibility, expressing emotions, respecting, self-acceptance and acceptance of others, improvement of social skills and self-esteem, and also reduction in depression and anxiety.

**Methodology**

Applied method in this method has been experimental method in kind of pre-test and post-test with control group. Studied statistical population includes all male students of elementary schools of Arak during academic year 2012-13. Because of expansion of the population, random cluster sampling method was applied for sampling and 4 elementary schools were selected. Then, students in grades 5 and 6 were screened in two steps firstly, using Child Symptom Inventory);, CSI-4 questionnaire (teacher form) as the students with behavioral disorder. Afterwards, sample individuals were placed under diagnosis based on Disorder Diagnostic Criteria from DSM IV-TR. Finally, 40 persons, who gained highest scores, were placed randomly in two control and experimental groups. Afterwards, California Personality Questionnaire (subscale of social adjustment) was applied as pre-test for both groups and then independent variable (group play therapy using cognitive-behavioral method) was implemented for experimental group and no intervention was conducted for control group. After implementing 12 1-h sessions of play therapy, post-test was implemented for both groups during two months.

**Data collection instruments**

In order to select sample and collect required data, children sickness signs (CSL-4) questionnaire and also clinical interview based on DSM-IV TR criteria were applied. CSL-4 questionnaire is a scale for ranking behavior, which was designed for the first time in 1948 by Sprafkin and Gadu based on DSM III ranking, named SLUG, in order to screen 18 behavioral and emotional disorders in 5-12 years old children. Later, the questionnaire was reviewed several times and in 1994, slight changes were created in it according to fourth edition of DSM and t was published under the title of “SCI-4”. This questionnaire includes two forms including teacher and parent forms and two scoring styles:

1. Scoring based on screening
2. Scoring based on severity of sickness symptoms

The mentioned questionnaire has been investigated in several studies and its validity and reliability has been confirmed. In a study by Mohammad Ismail (2001), validity coefficient of the questionnaire has been calculated through implementing retest for behavioral disorder and the coefficient has been reported to 76%. At the present study, sheared points of study of Mohammad have been applied for teacher form of the questionnaire for CSI. In this questionnaire, 9 options have been considered for behavioral disorder, which have been scored as follows: never (0), sometimes (1), most of the time (2), and often (3).

**California Personality Test (subscale of social adjustment)**

California personality test (CTP) form 9-16 year old was developed in 1953 by Clark et al, which evaluated individual and social and also total scale. Accordingly, it includes two poles of personal adjustment and social adjustment, which everyone has 90 two-option questions separately.
In questionnaire of social adjustment, there are 6 subscales and every subscale includes 15 questions. The questionnaire has 6 specific scores for subscales including social frames, social skills, antisocial interests, family relationships, school relationships, and social relations. Moreover, 1 score would be obtained from score of subscales as social adjustment.

In a study by Sharifi (1997), coefficient of stability has been equal to 67% using Spearman-Brown method and has been obtained to 65.2% using Guttmann split-half reliability. Coefficient of cronbach alpha was obtained 89% for personal adjustment and was 79.9% for social adjustment. At the present study, alpha coefficient for social adjustment has been estimated to 84%.

**Results**

Table 1 has presented indicators of social adjustment and its subscales in studied groups.

<table>
<thead>
<tr>
<th>Groups</th>
<th>Experimental</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Variables</td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Social frames</td>
<td>20.05</td>
<td>1.73</td>
</tr>
<tr>
<td>Social skills</td>
<td>19.15</td>
<td>1.8</td>
</tr>
<tr>
<td>Antisocial interests</td>
<td>24.65</td>
<td>2.34</td>
</tr>
<tr>
<td>Family relations</td>
<td>21.25</td>
<td>2.20</td>
</tr>
<tr>
<td>School relations</td>
<td>22.3</td>
<td>1.59</td>
</tr>
<tr>
<td>Social relations</td>
<td>21.25</td>
<td>1.82</td>
</tr>
<tr>
<td>Social adjustment</td>
<td>125.8</td>
<td>5.89</td>
</tr>
</tbody>
</table>

According to table 1, scores of social adjustment and all subscales in experimental group have indicated enhancement in post-test stage, comparing to pre-test stage.

**Table 2: mean values of social adjustment scores in experimental and control group in pre-test and post-test conditions**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Experimental</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Implementation steps</td>
<td>Mean</td>
<td>125.8</td>
</tr>
</tbody>
</table>

Using t-test for two separated groups, mean difference of pre-test and post-test scores between two groups were compared. Obtained results from the comparison have been presented in table 3.

**Table 3: comparing mean difference of pre-test and post-test scores between control and experimental groups**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean</th>
<th>SD</th>
<th>DOF</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>8.55</td>
<td>4.32</td>
<td>78</td>
<td>2.26</td>
<td>0.001</td>
</tr>
</tbody>
</table>
According to table 3, there is a significant difference between experimental and control groups in terms of mean difference for social adjustment scores in pre-test and post-test conditions. In other words, mean difference for social adjustment in pre-test and post-test in experimental group is significantly more than mean difference for social adjustment in pre-test and post-test conditions.

**Discussion and conclusion**

The main objective of the present study is investigating effect of group play therapy using cognitive-behavioral method on social adjustment in children with behavioral disorder. As it was observed from obtained results, play therapy using the mentioned method has been effective in social adjustment of children with behavioral disorder, so that mean value of total score for social adjustment has been increased significantly after training. In order to describe the findings, it could be mentioned that children with behavioral disorder would face some disorders in skills such as finding friends and making suitable relationships with others. It seems that communicating other people, especially peers, has not been learnt by these children or has been learnt in wrong manner. Hence, their request for making relationships would face negative response and they may be rejected by their friends and as a result they may select improper styles for communication instead of using adaptive relationships. The nature of group training can have itself positive effect on increase of adjustment, since gathering together by individuals and believing that some people have similar pains and problems similar to them can help reduction of mental stress and negative spirits and as a result, enhancement of accepting reality and coping with it. In this regard, Berg, Landert, and Faal (1998) have reported that most disorders have basically social and interpersonal nature. When people attend group consultation sessions, they would be able to compare their personalities with constructional personalities of other people and can have proper perception of their own problems through observing others’ behavior. Group can make an opportunity for individuals, so that they can achieve new and desirable solutions for communicating others and solving their own problems. Beggarly and Parker (2005) believe that group play therapy can affect learning, self-observance, sense of responsibility, expressing emotions, respecting others, self-acceptance and accepting others, improving social skills and self-esteem, and also reduction of depression and anxiety.

Barton et al (2005) have investigated effect of play therapy on self-concept, behavioral changes, social skills, and children anxiety. Since children with behavioral disorders have stress in their relationship with others, they would face problem for participating group plays and effective communication with others. In group play therapy, children may have to communicate their peers and attend in group plays. On the other hand, through playing with dolls and playing roles, drawing in group methods and attending verbal plays, children would practice and learn adequate social skills for the purpose of communicating others and controlling stresses in communicational situations. Obtained results from interventions of other researchers have been also specifically in consistency with results of the present study. Zare (2007) has reported that play therapy can affect decrease in behavioral disorders in children.

Spence et al (2000) have provided a cognitive-behavioral plan for children with social fear and have indicated effectiveness of cognitive-behavioral interventions in decreasing social fear and public anxiety. In another study by Gallagher and Rabin (2004), group cognitive-behavioral therapy in short-term has been effective in treatment of social fear and anxiety and depression of children.
According to obtained results from the present study and also review of previous studies in regard with play therapy and its effectiveness, the probability of effectiveness of play therapy as an effective treatment technique can reinforce treatment and control of behavioral disorders. It is suggested to investigate treatment role of this method for other behavioral disorders and use the technique for treatment of children.

The present study has included some limitations too. Expansion of mother statistical population, problems with matching time for students, and limiting the sample to boys have been some limitations in the present study.

References
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