The effect of group play therapy on reduction of separation anxiety disorder in primitive school children

Mehrangiz SHoakazemi a, 1, Mehravar Momeni Javid 1, Fariba Ebrahimi Tazekand c Zahra Shamloo Rad d
Nayereh Gholami e

a, phd, Department of Counseling, Alzahra University, Tehran, Iran
b phd student, Department of Counseling, Shahid Chamran University, Ahvaz, Iran
c MA, Department of Counseling, Alzahra University, Tehran, Iran
dMA, Department of Counseling, Azad University, Rudehen, Iran
eMA, Department of Counseling, Azad University, Rudehen, Iran

Abstract

It is normal to be anxious in certain circumstances but the Anxiety disorders are when children are anxious when there is no reason to be fearful. The occurrence of childhood separation anxiety disorder puts the individual at increased risk of developing some other kind of psychological problem in adulthood. Play therapy is a good way to engage children in the therapeutic process. It provides a multiple intelligences perspective and may meet the specific needs of children more effectively than the traditional ‘talking’ therapies. The purpose of this research was to determine the effect of group play therapy on separation anxiety disorder in 7-9 years old children in Tehran. Sampling was purposeful in which 20 children, who were diagnosed as separation anxiety disorder, were selected, and randomly divided into two experimental and control groups (10 subjects each). Experimental group received 9 sessions of group play therapy once a week Tools were: 1) The Raven’s Colored Progressive Matrices Test. A test of non-verbal intelligence for young children with 36 matrix designs. 2) The Spence Children’s Anxiety Scale (SCAS) with 44 questions and 6 subscale variance & covariance analysis were used for data analysis. The results of covariance analysis showed the significant effect of group play therapy on reduction of separation anxiety disorder in children in post test and follow up stage. (p<0.05)

Key words: group play therapy, separation anxiety disorder, children

1. Introduction

1 Mehrangiz SHoakazemi 091247868322
E-mail address: M_shkazemi@yahoo.com

1877-0428 © 2012 The Authors. Published by Elsevier Ltd. Open access under CC BY-NC-ND license.
Selection and peer-review under responsibility of Dr. Zafer Bekiroglu;ari of Cognitive – Counselling, Research & Conference Services C-crcs.
Separation anxiety typically appears suddenly in children who had no previous signs of anxiety. The anxiety is so severe that such children cannot perform daily activities (American Psychiatric Association, 2000). Excessive control or parental care tend to convey the message to children that they are unable to face challenging circumstances, hence intensifying their sense of insecurity or anxiety (Gastel & et al, 2008). When separated, they become preoccupied with morbid fears of harm that will come to them or fears that their parents will not return. Separation anxiety can give way to school phobia, whereby the children will refuse to go to school because they fear separation from their parents (American Psychiatric Association, 2000). Prevalence of the disorder among girls and boys is reportedly equal. However, in epidemiology samples the disorder is more prevalent among girls (Scott & et al, 2005). The disorder might even start at pre-school ages, but it often starts at 7 or 8 (Sadock & et al, 2003). The evidence shows that childhood separation anxiety puts children at high risk for developing various mental disorders (Schneider et al, 2011). The occurrence of childhood separation anxiety disorder puts the individual at increased risk of developing some other kind of psychological problem in adulthood. They can include adult separation anxiety disorder, personality disorders (Osone & Takahashi, 2006).

Many children who are diagnosed with anxiety disorders undergo a successful cognitive-behavioral treatment, though some children show the least response to the treatment (Victor & et al, 2007). It has been suggested that in a counselling context, play is to the child, what verbalization is to the adult (Tharinger & Stafford, 1995) and literature pertaining to the use of therapeutic play with children frequently describes play as their language and toys as their words (Hall & et al, 2002).

Play Therapy is an effective therapeutic approach to reduce anxiety during a period of time (Althy, 2005). It is known that play is the singular central activity of childhood and is a spontaneous, enjoyable, voluntary and nongoal directed activity (Landreth, 2002). Games can establish a link between the children’s inner thoughts and their outer world and can help children gain control over the objects. It allows children to reveal their experiences, thoughts, emotions and inclinations which are deemed threatening for them (Wethinton & et al, 2008).

Group Play Therapy (a combination of Play Therapy and Group Therapy) is the natural connection between two effective treatments. Group Play Therapy is a psychological and social process through which children learn how to learn from themselves as well as others by forging ties with each other at a play room. Group Play Therapy provides therapists with an opportunity to help children learn how to solve problems (Dyale, 2002). The main goal of Group Play Therapy intervention is to help children participate in learning, self-avoidance, gaining a sense of responsibility, controlling emotions, showing respect, self-acceptance and accepting others, improving behaviors such as social skills, increasing self-esteem and reducing depression (Baggerly & Parker, 2005).

Numerous researches indicate that Play Therapy has successfully managed to bring Separation Anxiety Disorder among children under control. In a research by Kendall (2007), 47 children with Generalized Anxiety Disorder (GAD), Separation Anxiety Disorder, Avoidant Disorder participated. An analysis of the data revealed that symptoms of anxiety disorder among 64 percent of children in experimental group disappeared. ollendik & et al (2007) designed a program for children with Separation Anxiety Disorder. Some follow-up programs were also conducted for 3-month, 6-month or one-year periods after the treatment. Results show that intervention has tremendous effects on the treatment. Also Last & et al (1998) conducted a research on the effectiveness of Play Therapy on improving Separation Anxiety Disorder, whose results show improvement among school children (Bernseyin & et al, 2005).

Leblan & Ritchie (2001) conducted a meta-analysis of play therapy outcomes with children to determine the overall effectiveness of play therapy and the variables related to effectiveness. A strong relationship between treatment effectiveness and the inclusion of parents in the therapeutic process was reported. Play therapy appeared to be as effective as non-play therapies in treating children experiencing emotional difficulties.

Shen (2002) investigated the effectiveness of short-term child-centered group play therapy in elementary school settings with Chinese children in Taiwan who experienced an earthquake in 1999. 65 children (aged 8-12 yrs) were screened. Findings revealed Children in the experimental group scored significantly lower on anxiety level and suicide risk after play therapy than did children in the control group.

Bretton et al. (2005) investigated the efficacy of play therapy with children: A meta-analytic review of treatment outcomes. Analysis revealed that effects were more positive for humanistic than for non-humanistic treatments and that using parents in play therapy produced the largest effects. Play therapy appeared equally effective across age, gender, and presenting issue.

Bratton & Ray, (2000) summarized the results of a comprehensive literature review of 82 play therapy research studies from 1942–2000 in which positive outcomes were noted with each of the research areas. Self-concept, behavioral adjustment, social skills, emotional adjustment, intelligence, and anxiety/fear are topics demonstrating the most significance regarding the efficacy of play therapy.

2. Methodology

Method of research was semi-experimental with control group. Procedure of sampling was purposeful in which 20 children, who were diagnosed as separation anxiety disorder, were selected and randomly divided into two experimental and control groups (10 subjects each). Experimental group received 10 sessions of group play therapy once a week.

2.1. Tools

The Raven’s Coloured Progressive Matrices Test Natalie Bass

The Raven’s CPM is internationally recognised as a culture-fair or culture reduced test of non-verbal intelligence for young children (Raven et al., 1990). The testee is shown a series of patterns with parts missing. In the recent standardisations, the retest reliability of the Raven’s CPM was revealed to be .90 over the whole range of development (Raven et al., 1990), (Natalie Bass, 2002).

The Spence Children’s Anxiety Scale

The SCAS was initially developed to assess the symptoms of anxiety purported to represent the subtypes of child anxiety, consistent with specific DSM-IV anxiety disorders (Spence, 1998). Several studies have been reported that have examined the psychometric properties of the SCAS. The scale has shown high internal consistency, not only for the total score but also for each subscale, with satisfactory test-retest reliability (Spence, 1998; Spence et al., 2003; Muris et al., 2002).

2.2. Treatment Planning Sessions

First Session: Establishing an appropriate relationship with the child in a way that the child feels comfortable when the therapist is present, talking about the child’s interests, drawing a painting by the child and asking him/her about the drawn painting for gathering information on the child’s personality and behavior, completion of sentences for evaluating the severity of the child’s anxiety by the therapist in different conditions and circumstances.

Second Session: This session is aimed at assessing the child’s understanding and knowledge of emotions and also teaching major emotions (fear, anger, sadness and happiness) and facial-physical changes related to different emotions through educational books and direct modeling.
Third Session: This session is aimed at completing the child’s awareness of different emotions. For this purpose, the play was done with emotional words. The therapist tells a story and the child should recognize the feelings of different characters in the story.

Fourth Session: This session is aimed at increasing the child’s awareness of his/her own behaviors and acts in different emotions and also aimed at promoting awareness of physiological changes related to them. For this purpose, the therapist and the child act in circumstances described by the child as anxiety-causing and each time the role of the therapist and child is shifted with an emphasis on the physical acts and physiological changes.

Fifth Session: Acting based the emotions the therapist and the child alternately play mime in which the actor’s emotions should be guessed by the therapist or the child. Telling stories (with the theme of the child’s anxiety) and the possibility of the child’s participation in the process of story-telling with the therapeutic purposes of the story in mind.

Sixth Session: This session is aimed at letting out the undesirable emotions and catharsis (shredding paper technique) and showing sympathy for the child.

Seventh Session: This session is aimed at providing comparative methods and positive monologues in the child. In this session the therapist can tell a story based on the child’s anxiety and asks the child to help the child in the story reduce his/her fear or sadness. Then, the child and therapist can practice the provided solution within the framework of a game.

Eighth Session: The last overview session is aimed at increasing the child’s awareness of his/her emotions and actions in anxiety-causing situations. Providing “My Book” with the help of therapist and repeating factor analysis of Spence anxiety.

Ninth Session: This session is held one month after the last treatment session to follow up on the effects of treatment. In this session factor analysis of Spence anxiety is carried out to assess the sustainability of treatment effects.

Statistical analysis

<table>
<thead>
<tr>
<th>variable</th>
<th>Groups</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>Experimental</td>
<td>12</td>
<td>8/8</td>
<td>3/73</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>12</td>
<td>10</td>
<td>4/87</td>
</tr>
<tr>
<td>Psychological health</td>
<td>Experimental</td>
<td>12</td>
<td>10</td>
<td>3/29</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>12</td>
<td>8/5</td>
<td>4/11</td>
</tr>
<tr>
<td>Social relationship</td>
<td>Experimental</td>
<td>12</td>
<td>7/9</td>
<td>2/84</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>12</td>
<td>8/6</td>
<td>2/22</td>
</tr>
<tr>
<td>Environment of life</td>
<td>Experimental</td>
<td>12</td>
<td>9/4</td>
<td>4/27</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>12</td>
<td>5/6</td>
<td>3/56</td>
</tr>
</tbody>
</table>
### TABLE 2
Mean and Standard deviation in Quality of life (post-Test)

<table>
<thead>
<tr>
<th>variable</th>
<th>Groups</th>
<th>N</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical health</td>
<td>Experimental</td>
<td>12</td>
<td>6/8</td>
<td>3/35</td>
</tr>
<tr>
<td>Control</td>
<td>12</td>
<td></td>
<td>9/6</td>
<td>5/12</td>
</tr>
<tr>
<td>Psycho logical health</td>
<td>Experimental</td>
<td>12</td>
<td>5/5</td>
<td>2/83</td>
</tr>
<tr>
<td>Control</td>
<td>12</td>
<td></td>
<td>8/1</td>
<td>3/47</td>
</tr>
<tr>
<td>Social relationship</td>
<td>Experimental</td>
<td>12</td>
<td>6/2</td>
<td>2/2</td>
</tr>
<tr>
<td>Control</td>
<td>12</td>
<td></td>
<td>8/4</td>
<td>2/2</td>
</tr>
<tr>
<td>Environment of life</td>
<td>Experimental</td>
<td>12</td>
<td>4/8</td>
<td>3/67</td>
</tr>
<tr>
<td>Control</td>
<td>12</td>
<td></td>
<td>5/7</td>
<td>3/62</td>
</tr>
</tbody>
</table>

### TABLE 3
T–Test to independent group (experimental and control) in physical health

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Different score</th>
<th>Standard deviation</th>
<th>Error</th>
<th>Different mean</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>12</td>
<td>-2</td>
<td>2/26</td>
<td>0/71</td>
<td>-1/6</td>
<td>2/13</td>
</tr>
<tr>
<td>Control</td>
<td>12</td>
<td>-0/4</td>
<td>0/69</td>
<td>0/22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For all variables, Df= 22 and P<0/05

### TABLE 4
T – Test for independent groups in psychological health

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Different score</th>
<th>Standard deviation</th>
<th>Error</th>
<th>Different mean</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>12</td>
<td>-4/5</td>
<td>1/84</td>
<td>0/58</td>
<td>-4/6</td>
<td>2/13</td>
</tr>
<tr>
<td>Control</td>
<td>12</td>
<td>-0/4</td>
<td>0/69</td>
<td>0/22</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For all variables, Df = 22 and P < 0.001

TABLE 5
T – Test for independent groups in social relation

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Different score</th>
<th>Standard deviation</th>
<th>Error</th>
<th>Different mean</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>12</td>
<td>-1/7</td>
<td>2/66</td>
<td>0/84</td>
<td>-1/5</td>
<td>1/70</td>
</tr>
<tr>
<td>Control</td>
<td>12</td>
<td>-0/2</td>
<td>0/42</td>
<td>0/13</td>
<td>0/84</td>
<td>0/13</td>
</tr>
</tbody>
</table>

For all variables, Df = 22 and P < 0.05

TABLE 6
T – Test for independent groups in environment life

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Different score</th>
<th>Standard deviation</th>
<th>Error</th>
<th>Different mean</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>12</td>
<td>-4/6</td>
<td>2/91</td>
<td>0/92</td>
<td>-4/7</td>
<td>5/07</td>
</tr>
<tr>
<td>Control</td>
<td>12</td>
<td>0/1</td>
<td>0/31</td>
<td>0/1</td>
<td>0/92</td>
<td>0/1</td>
</tr>
</tbody>
</table>

For all variables, Df = 22 and P < 0.001

2.3. Results

The level of significance chosen for all analyses was 0.05. The results of IQ in Raven’s (CPM) test demonstrated in table 1. As indicated the low IQ = 104 and high IQ = 125. Table 2 presented mean and standard divisions of children and parents in pre-pos and follow up (SCAS) tests. According to table 2, there was significant difference in separation anxiety disorder in (SCAS) children form. And also there was significant difference in separation anxiety disorder in (SCAS) parents form. Table 3 indicated analysis of covariance of separation anxiety disorder in stage 1. According to table 3 there was no interaction between pretest and independent variable indicating that play therapy significantly decreased the mean of separation anxiety disorder. Table 4 showed analysis of covariance of separation
3. Discussion

This research was carried out to assess the effectiveness of Play Therapy on reduction of separation anxiety disorder among 7-9 years old children. It seems children with Separation Anxiety Disorder in school age start the struggle with the disorder after experiencing the first period of separation from their parents and coping with postponing their desires. Play Therapy can help children recognize their improper and illogical thoughts through acting and puppet shows. Through these plays and complementary ones, such as miming the emotions, the child is helped with catharsis and releasing the emotions which is a step towards improvement. Through plays, children learn they will be able to visit their parents if they be a little bit more patient. Children learn to be responsible, especially in social terms, and trust others. For children who are restless and unstable in their studies, the therapist can take advantage of shredding paper technique to assess the child’s tension. Then the therapist can use alleviating methods and group plays in the form of homogenous groups, and help the children for catharsis. Parents’ participation in supervising the children’s acquired behavior and managing the children’s behavior can be useful and consequently can improve the treatment results. These findings are consistent with existing evidence of the efficacy of play therapy with children (e.g., Baggerly, 2004; Bratton et al., 2000; Leblann & Ritchie, 2001; Dayle, 2002; Shen, 2002) especially in reducing the separation anxiety disorder (e.g., Kandall, 2007; ollendik & et al., 2007; Last & et al., 1998; Bernsyein & et al., 2005). In clarifying this finding it can be said that Play Therapy focuses on the improper and illogical thoughts of children by various methods and replaces these thoughts with proper and logical ones through play techniques. Therefore, since this treatment method pays attention two main components of disorder in children and adolescents, namely recognition and behavior, and takes advantage of game which is an attractive activity for children, treatment yields effective results.

References


anxiety disorder in stage 2. Accordingly there was no interaction between pretest, post test and independent variable indicating that play therapy significantly decreased the mean of separation anxiety disorder. Also the follow up results showed that effectiveness of intervention could persist after 1 month.


Kendall, P .C (2007), Anxiety disorders: Researchers from tempie university,Department of psychology describe findings in anxiety disorders in children,www.prequest.com


Ollendick, H., Thomas, Horsch, M., Laura (2007), Fears in clinic referred children; relations with child anxiety sensitivity, behavior therapy, vol 38, Iss, Pg. 402


Scott, W., Roxanne, Mughelli and Deas (2005). An overview of controlled studies of anxiety disorders treatment in children and olderscents. journal of national medical association, 97,1,Proquest Health Module pg.147


