Child Centered Play Therapy in Elementary Kindergarten Children

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**Abstract**

The process of play for children has been shown to be a mode of socialization, make believe and learning. This study examined how play could be use as therapy for children struggling with behavioral problems as well as socialization skills. A qualitative research design was used to gather data in a naturally occurring setting for the purpose of communication and non-threatening playground behavior with 5-year old Kindergarten students. Participants were able to play in their natural setting while a researcher observed their play activity. The results indicated the most common behavior among the children was aggressive and violent play, while others demonstrated pro-social or helping behavior.

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**Introduction**

**General Statement of the Problem**

The process of play has been known as a way of learning and excitement for every child from imaginative play of cops and robbers, to playground play, and learning from toys like Fisher Price and Leap Frog. This is a way for children to explore, experiment, and discover themselves in a non-threatening environment allowing them to experience fantasy and make believe fun. In science of counseling, we are interested in how play therapy within elementary children can show a positive result. Providing a safe environment for elementary school students showing difficulty in expressing their feelings is necessary. Through the process of play therapy the goal is to focus on getting the child to open up and communicate.

**Review of Related Literature**

The process of play also allow children to use this activity as a therapeutic value, whereby providing a safe, protective, and containing space for children where they can create themselves and self-cure (Campbell & Knoetze, 2010). The need for mental health services for children has been “labeled a crisis in the United States with more than 20% of children and adolescents experiencing mental health problems.” One of the places in which students can receive help for these mental health problems is through the child’s school, thereupon they can be identified, assessed and provided these health services as a preventive and intervention perspective (Blanco & Ray, 2011). One way schools can be provided with the mental health programs necessary for these children is through Child-centered play therapy (CCPT) which can be defined as, “a dynamic interpersonal relationship between a child and a counselor trained in play therapy who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self through the child’s natural medium of express-play.” This form of therapy stems from the teachings of Carl Rogers, whereby his student Virginia Axline applied his person-centered approach towards play and nondirective principles in her work with children (Blanco & Ray, 2011, Campbell & Knoetze, 2010). Axline, developed eight principles to use as guidelines for nondirective play therapy. These are the (1) the establishment of a caring relationship between the therapist and the child (2) full acceptance of the child for who he or she is (3) the creation of a free atmosphere in which the child fees capable of expressing a range of emotions (4) recognition and reflection of the child’s feelings (5) respect for the child’s ability to internally solve difficulties and provision of opportunities to establish responsibility (6) allowance of the child’s leadership in play sessions (7) understanding of the gradual process of therapeutic change (8) provision of therapeutic boundaries only when necessary (Blanco & Ray, 2011). The use of play therapy allows children to express their emotions and experiences, therefore facilitating a relationship and environment where the child’s mental health and coping skills can be enhanced (Ray, Blanco, Sullivan, & Holliman, 2009). Within the space of play, children are able to revisit painful or stressful relational experiences in the form of play where they can relive experiences in fantasy, subsequently reconnecting with the overwhelming emotion. This process allows children to familiarize themselves with these emotions take control and allow mastery over these emotions with the opportunity to learn new skills and resources to draw on when faced with these emotions in the future (Campbell & Knoetze, 2010).

With play therapy, it is crucial for a play therapist to “remember the child within a developmental context” (Axline, 1947; Landreth, 2002, p. 36). A child’s thought process and their communication is not the same manner as that of an adult. According to research, child centered play therapy (CCPT) helps to improve a child’s behavior.

 For children participating in 12 CCPT sessions, the outcome had more of a positive impact, than children who did not participate in play therapy (Kot, Landreth, Giordano, 1998, p. 36). In long-term therapy, “children who participated in 15 CCPT sessions had less of an impact with externalizing problems, than children who participated in a small group guidance program” (Garza, Bratton, 2005, p. 37). Children did not have a significant improvement when there was demonstration of internalizing their problems. With Short term therapy, there have been positive effects as well as with interventions; however, research shows CCPT displays a positive effect with children having over 10 sessions.

Play therapy is a viable intervention dealing with children and behavior issues. Many therapists using play therapy use the practice of play, rather than, focusing on the research of play (Bratton, Ray, 2000). According to research, children who have had “less than 10 sessions of play therapy, this could potentially be damaging to the child” (LeBlanc, Ritchie, 2001, p. 37 & 38). With sessions proceeding over 10 and into 32 sessions of CCPT, there were “steady gains from a child’s pre-intervention starting point to mid-therapy to end of therapy” (Muro, Ray, Schottelkorb, Smith, Blanco, 2006, p. 52).

Using a qualitative inquiry, this is a way where the researcher wants to “engage with those who can share their experiences and thoughts on issues, which are relevant to play therapy” (Denzin, Lincoln, 2000, p.55). With the process of observing and interviewing, the therapist understands the view of others. In this, “significant contributions are made in understanding how a therapist can deal with everyday problems in their practice” (Patton, 2002, p. 55).

Child Centered Play Therapy is effective in producing improvements with various aspects of educational development as well as behavioral. Child Centered Play Therapy has shown significant improvements in a variety of areas. One quantitative study using Child Centered Play Therapy showed improvement in academic achievement. A variety of first grade children whom were labeled as academically at-risk through a criteria established by their school districts and state showed improvement after receiving child centered play therapy. There were statistically significant finding with the length of the sessions in regards to the therapy, hence showing statistical significance when sessions were conducted over long periods of time such as 30 to 40 sessions. In addition, statistically significant results occurred with the use of Child Centered Play Therapy with improvements with children who were labeled as academically at-risk (Blanco & Ray, 2011). In another study client centered play therapy was effective in regards to sexually abused child’s mood, self-concept and social competence. The Utah County Division of Child and Family Services as well as the Children’s Justice Center referred a number of children ranging from 3 to 9 years old, which were possibly sexually abused. The analysis of the BASC showed: 31 % demonstrated reliable improvement, 15 % exhibited deterioration, 15 % demonstrated improvement followed by deterioration, and 31 % demonstrated no change
(Scott & Starling & Burlingame, & Porter & Lilly, 2003). The group that improved the most were children who were abused by someone that did not live within their home. In contrast the group that deteriorated was abused by a neighbor or someone they knew. The children that showed no improvement were still living with the abused. Therefore, Child Centered Play Therapy was an effective tool in improving the end outcome for both academically at-risk children as well as sexually abused children. Consequently, the use of Child Centered Play Therapy is statistically proven to be an ideal therapeutic approach for young children in overcoming various struggles that they encounter.

Counseling interventions for children are typically directive strategies aimed at reducing inappropriate behavior. While those strategies are beneficial in reducing unwanted behaviors, little is done to address the secondary problems children face from labels that are placed on them. Johnson, McLeod, and Fall (1997) were interested in determining if multiple sessions of child-centered play therapy was effective in addressing the secondary problems that labeled children face in schools. They believed that labeled children experience negative feedback from themselves and from others, they often feel unaccepted and they lack control of their environment. In their study, six children participated in six weekly, 30 minute long sessions of nondirective child-centered play therapy. Each of the children had a label of some sort including attention-deficit/hyperactivity disorder (ADHD), mentally disabled, autistic, cerebral palsy, and obsessive compulsive disorder. Johnson, McLeod, and Fall (1997) found that nondirective play therapy was successful in allowing labeled children to express their feelings and providing a safe and nonverbal means of communication. Their research has found that children who participate in nondirective child centered play therapy demonstrate feelings of control and showed an increase in coping skills.

**Foreshadowed Problem**

The purpose of this study is to discover the effectiveness of therapeutic play on revealing underlying behavioral issues for Kindergarten aged children. The rationale of the research design is that we predict that young children will be more expressive and communicate openly in a non-threatening situation through the use of play therapy.

**Method**

 A qualitative research methodology was used for this study. The study was conducted at a low income, low performing elementary school in southern California. The participants were children ages 4 to 5, currently in the Kindergarten grade. The role of the researcher was to observe and prompt children in regards to child centered play therapy. Children were observed within the classroom environment, throughout the school day in various areas and subject areas as well as on the playground and within a small group play session. The study was conducted over several weeks and throughout different times of the school day. The various groups of children ranged from 10 children to upwards of 30 children. Children were observed within the classroom environment while discussing family, activities and play. Children were provided with pictures of a home where they were asked to create their family with paper and crayons. Subsequently children were then asked to explain their drawings and their family environment. Children were then placed in small groups in which the researcher asked more in depth questions regarding family and activities. Children were observed discussing with peers their family and interactions and experiences at home. Subsequently, the researcher observed playground behavior in regards to child centered play therapy where observations were conducted based on peer interactions. Children were then observed within a small play environment with various types of play. The researcher observed and recorded specific repeated behaviors throughout the play sessions.

**Data Analysis/Results**

Over the course of several weeks of data collection, the researcher observed and recorded many of the children’s behaviors. The researchers collectively decided to code the initial behaviors into six categories: 1) make believe/pretend 2) modeling/imitating behavior 3) aggressive/violent 4) gender role 5) prosocial/helping 6) anti-social/withdrawn. The researchers coded the children’s recorded actions, behaviors, and words into the best fit category. The analysis of data resulted in three major categories: expression of aggressive or violent behavior, expression of pro-social or helping behavior, and expression of gender role behavior.

The most salient theme of behavior the children expressed was aggressive and violent play. The researcher observed the children engaging in aggressive and violent play in the classroom and on the playground. Children were observed engaging in acts such as pushing, hitting, and punching other children. Children were also observed participating in violent play such as violent role play, and pretend play with guns and swords. One child was observed on the playground being dominant and trying to take control of the other children when there were no adults around. Violent and aggressive play was the most common form of play among the children in this study.

 The second most frequent theme among the children was their prosocial or helping behavior. Among the group of children being observed, there is a boy who has a developmental disorder. He does not catch on as quickly as his classmates and he is often confused about what is taking place in his surroundings. The researcher observed prosocial behavior toward this student in the classroom, during activities, and on the playground. Many of the children were observed helping the boy in the classroom with things such as making sure he understood the activity they were doing and assisting him in placing his belongings in his cubby. The children were also observed on the playground helping the boy get to and from the classroom, since he does not remember where his classroom is located and is unable to make it there on his own. Many of the children participated in this helping behavior and enjoyed taking on the leadership role of being responsible for helping their classmate in need.

 The theme of gender role stereotyped behavior was primarily observed in the classroom. Upon being given free time to play in the classroom, the researcher observed that many of the activities the children self-selected into were gender role stereotyped behaviors. The girls were observed playing in the kitchen area, taking on roles such as cooking and cleaning, while the boys played with cars, tools, and building materials such as Legos. The researcher observed that there was one boy who chose to play with the girls in the kitchen. It should be noted, that particular boy is being raised in a single parent household by his mother.

**Limitations of Design**

 The study design did present itself with some limitations in regards to the amount of time provided for this study. The limited time period of two weeks is insufficient in conducting a study of play therapy in the school setting. In addition there were limitations in regards to the specific population of students which were sampled through only one elementary school they represented only a limited range in age and were selected from a small sample in a low income elementary school.

The limitations of the study were due to the inability to utilize the full therapeutic play therapy techniques. The children were observed using various therapeutic play activities but not through one on one counseling sessions. Furthermore the types of behaviors observed while occurring on a continuous basis, were limited to the school environment. The study was performed by primarily one observer who was involved with the children on a daily basis therefore creating an observer bias due to background knowledge of the children.

**Conclusion**

 In quantitative research with play therapy, literature shows how the efficacy is useful in specific issues regarding behavior change. It has been proven how play therapy is an “effective method of treating children with behavior problems” (Burroughs, Wagner, Johnson, 1997, p.81). CCPT helps a child in expressing themselves within safe parameters, as well as, for the therapist to develop their testing with behavior.

 Within this study the qualitative approach, the participant (client) is the center. The story is told to the therapist by the child, who is sharing his/her experiences. In building and understanding the therapeutic process and relationships, in therapy we help to construct change and growth within play therapy. Although limitations were found in this study, the results showed children express behavior through methods of play. Prior research studies have shown with increased play therapy sessions children will engage with the therapist, thereby allowing them to understand any possible behavioral or social problems the student may be struggling with.

**Recommendations for Further Research**

 Due to the limitations of the research, future studies need to expand the time limits and include a variety of school age elementary participants. A larger replication study including a treatment comparison group is suggested as a way of increasing that findings are due to child centered play therapy. It would be beneficial to utilize the current findings and create specific therapeutic play sessions in regards to re-occurring behaviors as well as observe the improvements in pro-social behavior as a result of the therapeutic play therapy sessions. It would also be productive to utilize previous findings to use the concept of therapeutic play being more successful at 30 or more sessions.

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