



PLAY THERAPY AS A CREATIVE INTERVENTION WITH CHILDREN: PRACTICE, TRAINING, AND HELPFUL FACTORS

Dr. Azizah Abdullah (Kb.Pa)

Senior Lecturer

School of Education, College of Arts and Sciences

Universiti Utara Malaysia, Kedah, Malaysia

Abstract: This study explored the need of play therapy knowledge, skill practices and training for primary school counsellors working with children age four to twelve years old in northern region of Malaysia. The main purpose is to identify basic knowledge, skills, knowledge related to theory, principles and ethics, play therapy assessment, clinical practical skills, supervision and case analysis to conduct play therapy with children. The methodology used were mix method with quasi-experimental design and qualitative interview. A total of 250 participants which are school counsellors at northern region of Kedah involved in this study. A survey questionnaire for training evaluation based on Kirkpatrick Model (1996) for training was given to participants after two days play therapy training, followed by focus group interview. The findings indicated that most participants found play therapy training enhances their knowledges, understanding and skills practices in helping children at school. In addition, they addressed the need for systematic and professional play therapy training as well as on-going supervision session to improve practices. Based on qualitative focus group interview, the helpful factors of play therapy for children are age appropriate, matches developmental needs, facilitate non-verbal communication, mastery skills and fostering symbolization process.

Index Terms – Play therapy, social, emotional, behavior difficulties, helpful aspects, short term training.

I. INTRODUCTION

In the millennial era children need to be approached through creative methods appropriate to their age. One method is play therapy, which is widely used in western countries. Children are often struggling with social, emotional and behavioral related issues that affect their mental well-being and quality of life. The issues and challenges faced will lead to internal crises within the child's life. Problems that seem trivial in the eyes of adults, if not addressed properly will lead to mental health problems among children, might end up with self-destructive, inappropriate or maladaptive behavior. Play therapy is a method of child psychotherapy introduced by Dr. Virginia Axline (1974) in North America. Play therapy has grown rapidly through comprehensive researches in western countries as an alternative method of helping that is effective especially to children and can be adapted to adolescents and adults as well. Play is the main medium of communication for children, while toys are their words for creative expression (Landreth, 2002). Play therapy methods can help professional working with children to explore more deeply issues or struggling of normal children as well as children with special needs. Axline applied Rogers' core concept of the person-centred approach in her therapeutic work, and she demonstrated the necessity of play for children as their way of communication (Axline, 1974). The common view of the therapist's role is to avoid any diagnosis or investigation of the symptoms. Axline also believed the therapist needs to create an environment that allows the child to fully express and explore themselves creatively, in non-directive environment. (Sweeney & Landreth, 2011).

Play therapy can be helpful to promote positive self-concept, improve social skills and adaptive behavior, as well as the ability to deal with life's challenges. In addition, play therapy can also help children to accept and value themselves, become more creative and innovative, and be able to acting out their inner pressure. Psychological stress will affect a person's well-being. This phenomenon also occurs in children who often face problems involving social, emotional, and behavioral difficulties. According to Children & Adolescence Mental Health Services, UK (CAMHS,2019), positive mental health and psychological well-being among children can be defined as being positive, high self-esteem and good social skills (CAMHS, 2019). For decades, the focus on maintaining the mental well-being of children has been a major agenda in counselling and psychotherapy practices around the world (CAMHS, 2019). Childhood is a challenging phase of upbringing to form self-identity and requires support and attention from various parties. The World Health Organization promotes various programs so that the community is aware and uses variety creative intervention to provide services in order to improve the mental well-being of children (WHO, 2015). Prever (2010) stated that verbal therapy to children is a very challenging and tiring task because there will be communication barriers between two generations. Therefore, creative interventions such as play therapy are more effective and can attract children to spontaneously involves with therapy.

II LITERATURE REVIEW

Age appropriate

Among others, age appropriate is considered as one of the important aspects in using selected creative materials for children and young people. A variety of creative activities utilising symbolical represent the client's experiences and can describe various things about their world. In general, as play is considered as children's natural means of communication, toys and materials symbolically represent their language and words, and they will be able to interact spontaneously than they communicate verbally. Thus, materials assist them to communicate and interact through symbolic and creative expression (Prever, 2010). Researchers suggested that the most important and common rationale in psychotherapy with children and young people is the need to consider different stages of their development (Landreth, 2002; Wilson and Ryan, 2005). Therefore, the materials used have to be convenient for different age groups (West, 1996; Landreth, 2002; Behr, 2003; Wilson & Ryan, 2005; Dougherty & Ray, 2007; VanVleet et al., 2010; Cochran et al., 2010). Thus, the clients are free to express their experiences symbolically, creatively and spontaneously.

Matches developmental needs

The use of creative intervention within the appropriate age for children is closely related to various aspects of their developmental level. For instance, the use of play therapy is based upon developmental understanding from cognitive aspect (Piaget, 1962), Erikson's stages of emotional aspects (Erikson, 1963), infant's development (Stern, 1985), and attachment theory (Bowlby, 1991). For example, based on the above mentioned developmental theories, numerous symbolic play functions differently, which represent different dimensions of the child's life experiences. In contrast to talk therapy and other primary cognitive/educational activities, creative intervention helps clients to bridge the gap between concrete experiences and abstract thought, allowing them to make sense of, and express troubling experiences through symbolic process.

Facilitates non-verbal communication

In addition, a variety of materials and creative techniques that are used in therapy symbolically processes for issues of children, enable the establishment of therapeutic relationship (Case and Dalley, 2008) and serve as important tools in therapy (Crenshaw, 2008). For Crenshaw, symbolic tools enable clients to expand and enrich therapeutic dialogue especially those who are limited in verbal self-expression, demonstrate resistances, reluctant to engage, or less able to articulate their feelings and emotions. The use of specific techniques such as play therapy, symbolically conveys a message that are recollected from particular themes where the clients are reluctant, refuse, resist, or not ready to talk directly (Crenshaw, 2008).

Mastery skills

Through the process of symbolisation, children are able to develop mastery over their life experiences and manage to improve a variety of coping strategies. For example, the use of play therapy enables children to symbolically express their feelings, wishes, fears, dreams, hopes, and struggles, thus opens the door to their inner life (Crenshaw, 2008). He further clarified that the symbolisation processes occur, the processes also expand their creative mind, broaden their cognitive visual, and sharpen their critical thinking about the way they can improve their life. Selected creative technique can provide clients a sense of power and control, improve way of solving problems, and master new life skills. Thus, the symbolisation processes help in improving a variety of life skills including peer relationship, develop cause-effect thinking, process stressful and traumatic experiences, and learn social skills. As a result, it can help to build feelings of confidence, resistance and success (Crenshaw, 2008).

Fostering symbolization processes

Play therapy are based upon the belief that similar to adults who use talking as a means for communication; children will use toys instead of words, and play activity instead of language (Ginott, 1960; Moustakas, 1997; Landreth, 2002; Wilson & Ryan, 2005; Sweeney & Landreth, 2011). The way play therapy fosters the process of symbolization provides good justification and reason for this approach to be enormously sufficient to work with children. The underlying tenet of using toys and materials is that the children have limited ability to express themselves verbally. Therefore, the use of a broad spectrum of toys and materials allows children to symbolically express their feelings, behaviors and thoughts accurately in a more concrete way (Ginott, 1960; Landreth, 2002; VanVleet et al., 2010; Prever, 2010).

Play Therapy Training

The Association for Play Therapy (APT, 2020) in the United States has working with institutions of higher learning to develop a play therapy training program equivalent to the play therapy center at the University North Texas (Landreth, 2002). The Association for Play Therapy began in the USA in 1982, followed by the Canadian Association for Child and Play Therapy (CACPT, 2021) in 1987 and the British Association of Play Therapists (BAPT, 2021) in 1992. In Australia and throughout the Asia Pacific region, Australasia Pacific Play Therapy Association (APPTA) was established in 2007. All of these associations aimed to control the quality of training and qualifications to become play therapists, so that no one abuses this field and has a negative impact on children. To date, various countries have established associations related to play therapy, including in Malaysia, with the aim of building minimum standards and credential in training based on the standards of the three main bodies mentioned above. The purpose of this credential is to maintain the professional and practical ethics of play therapy field, as well as to protect play therapists and the welfare of children as clients. For example, in Malaysia, the Association for Creative Arts and Play Therapy Malaysia (ACAPTM, 2021) was established in 2019 for the similar purpose and invited qualified play therapist and supervisor from abroad to train local practitioners.

III RESEARCH OBJECTIVES

The aims of this study were to transfer the knowledge and skills of play therapy to school counsellors, in order to tackle social, emotional and behavioural problems among children at school. Moreover, the objective is to train school counsellors to use play therapy applications for individually and in groups format for children at school.

IV METHODOLOGY

This study uses quasi-experimental with pre-test and post-test data collection process. The data were obtained from participants who involved with intensive 2 days training on Play Therapy. The questionnaire adapted from the training evaluation model of Kirkpatrick (1994), to measure aspects of knowledge, skills and helpful factors of play therapy for children. The analysis of this research is in the form of percentage in terms of basic knowledge, skills in Play Therapy, knowledge related to theory, principles and ethics in play therapy, knowledge in play therapy assessment and clinical practical skills, supervision and case analysis. The Likert scale refers to 1 (Very Low), 2 (Low), 3 (Neutral), 4 (High) and 5 (Very High).

V RESULTS AND FINDING

The findings of the study showed differences before and after school counsellors undergone intensive training in play therapy.

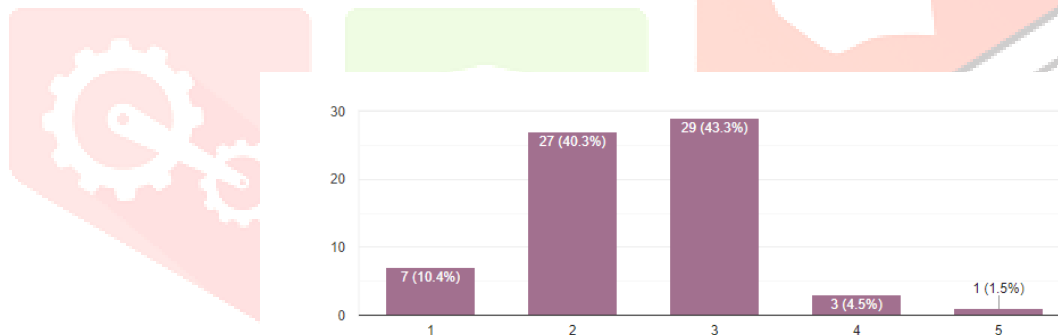
Before Play Therapy Training

Num	Questions	Percentage Likert Scale (%)				
		1	2	3	4	5
1.	Overall learning from this play therapy training	10.4	40.3	43.3	4.5	1.5
2.	Play Therapy skills have been developed or enhanced	14.9	32.8	35.8	14.9	1.5
3.	Level of change in play therapy practical skills	11.9	43.3	38.8	4.5	1.5
4.	Knowledge in the theory, principles and ethics of play therapy	14.9	40.3	37.3	6	1.5
5.	Knowledge in play therapy assessment	22.4	34.3	37.3	4.5	1.5
6.	Skills in clinical practice, supervision & case analysis	22.4	38.8	29.9	7.5	1.5

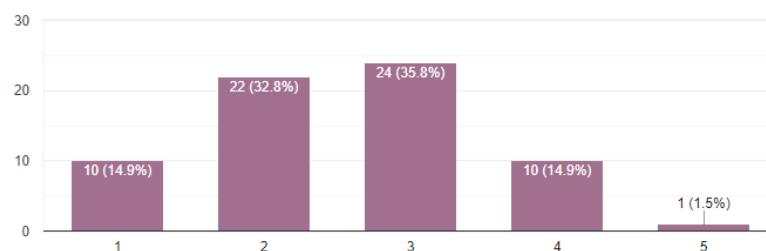
Table 1: Summary of data analysis before training

Referring to table 1 above (summary of analysis before the training), 43.3% of the respondents were neutral on the overall learning from the program. Furthermore, 35.8% of the respondents were also neutral about play therapy skills being developed or enhanced. While some other respondents gave a neutral response of 38.8% related to the level of change in play therapy practical skills. Next, 40.3% agreed that they had low knowledge in the theory, principles and ethics of play therapy while 22.4% had very low knowledge and 34.3% had low knowledge related to play therapy Assessment. In addition, 22.4% and 38.8% of the respondents said that they have very low level of skill in clinical practice, supervision and case analysis. The bar chart below shows the results of the analysis in more detail.

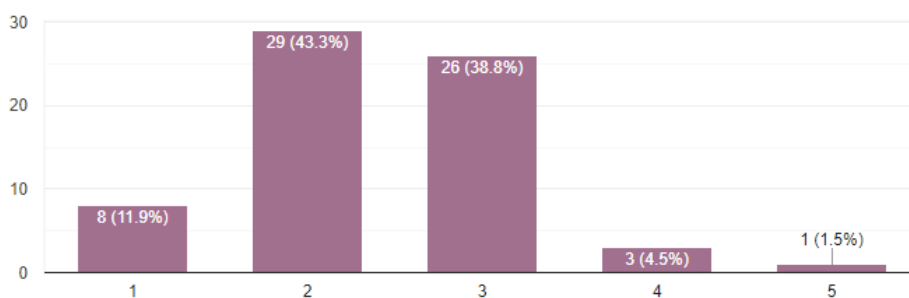
i. Overall learning from this play therapy training.



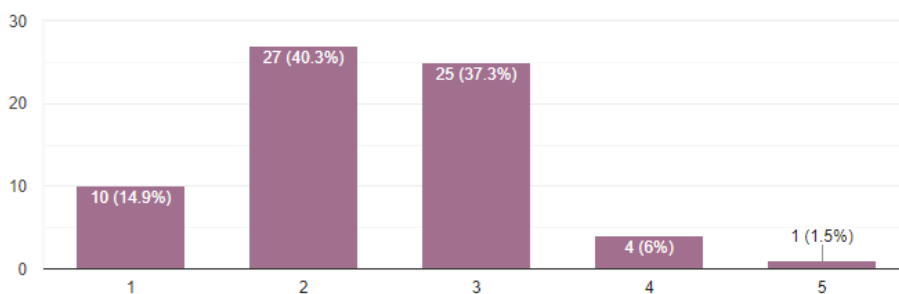
ii. Play therapy skills have been developed or enhanced.



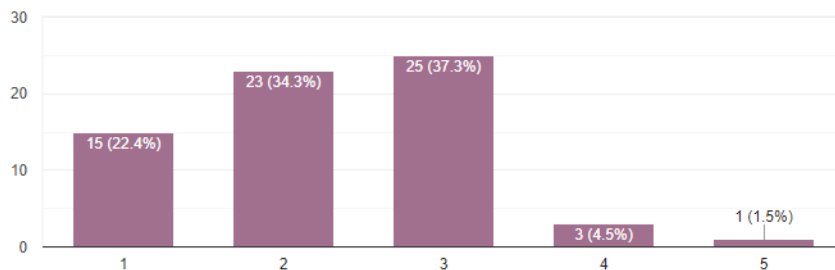
iii. Level of change in play therapy practical skills.



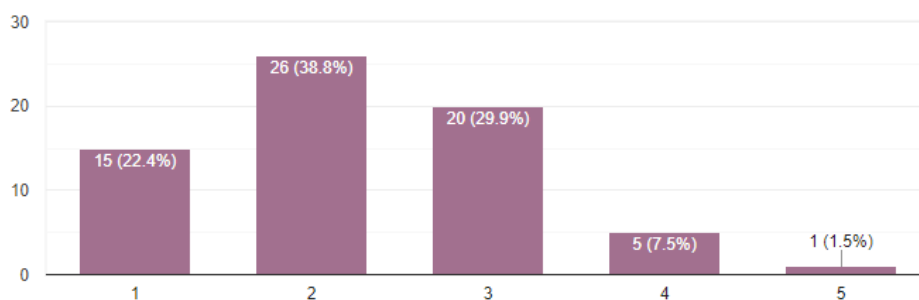
iv. Knowledge in the theory, principles and ethics of play therapy.



v. Knowledge in play therapy assessment.



vi. Skills in clinical practice, supervision & case analysis.



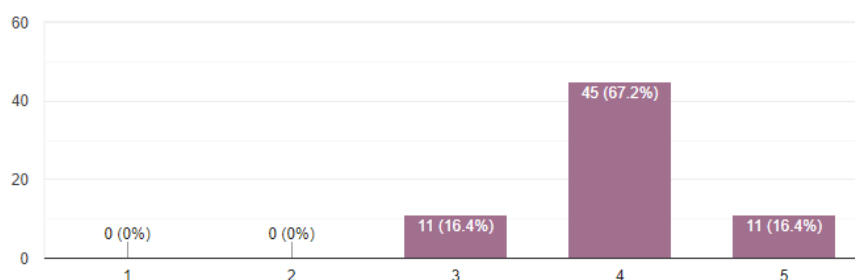
After Play Therapy Training

Num	Questions	Percentage of Likert Scale (%)				
		1	2	3	4	5
1.	Overall learning from this play therapy training	0	0	16.4	67.2	16.4
2.	Play Therapy skills have been developed or enhanced	0	0	20.9	64.2	14.9
3.	Level of change in play therapy practical skills	0	1.5	17.9	58.2	22.4
4.	Knowledge in the theory, principles and ethics of play therapy	0	1.5	25.4	56.7	16.4
5.	Knowledge in play therapy assessment	0	0	28.4	55.2	16.4
6.	Skills in clinical practice, supervision & case analysis	1.5	1.5	22.4	53.7	20.9

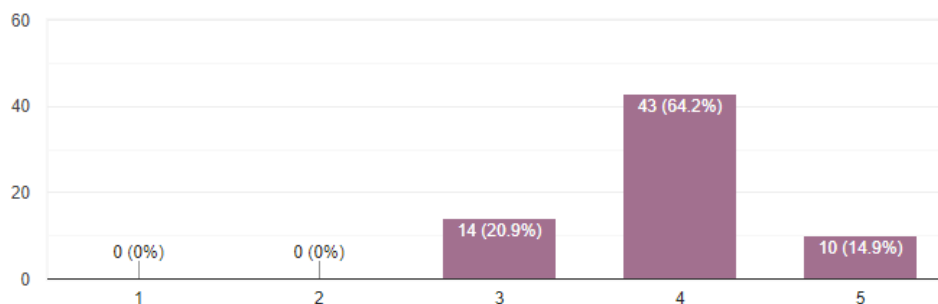
Table 2: Summary of data analysis after training

Referring to table 2 above (summary of the analysis after the training), there were changes in the feedback from the participants. 67.2% responded high and 16.4% very highly to the overall learning from the program. Subsequently, a total of 64.2% gave high feedback and 14.9% gave very high feedback on the play therapy skills have been developed or improved. Meanwhile, 58.2% and 22.4% gave high and very high responses related to the level of change in play therapy practical skills. Next, 56.7% and 16.4% agreed that they had acquired a high and very high level of knowledge in the theory, principles and ethics of play therapy. In addition, 55.2% of the respondents responded that they had acquired a high level of knowledge and 16.4% had a very high level of knowledge related to play therapy assessment. Finally, 53.7% and 20.9% of the respondents said that the level of skills in clinical practice, supervision and case analysis was high and very high. The bar chart below shows the results of the analysis in more detail.

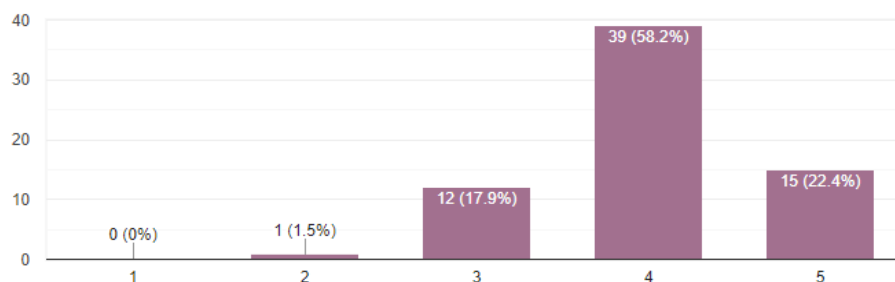
i. Overall learning from this play therapy training.



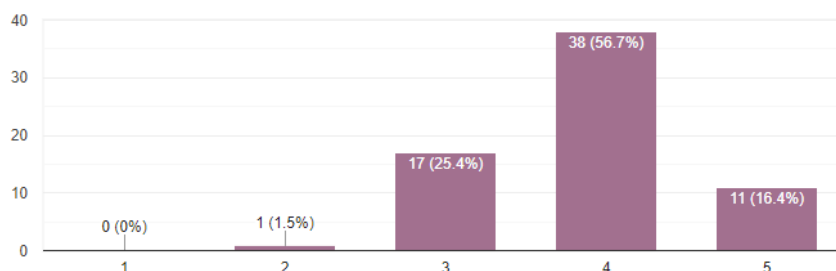
ii. Play therapy skills have been developed or enhanced.



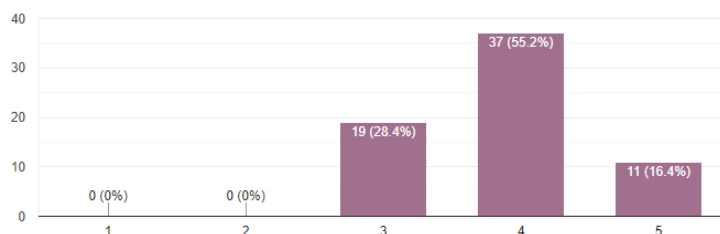
iii. Level of change in play therapy practical skills.



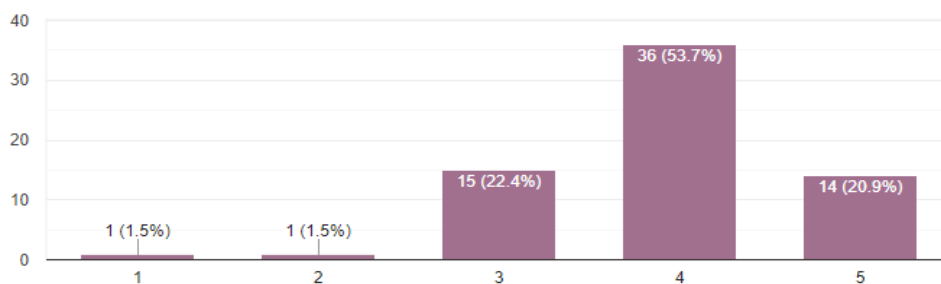
iv. Knowledge in the theory, principles and ethics of play therapy.



v. Knowledge in play therapy assessment.

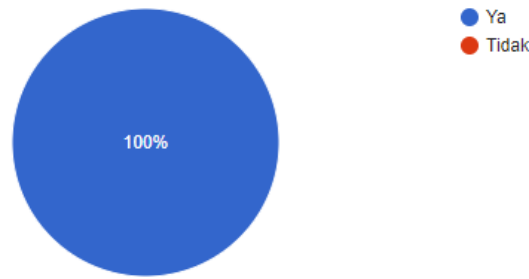


vi. Skills in clinical practice, supervision & case analysis.

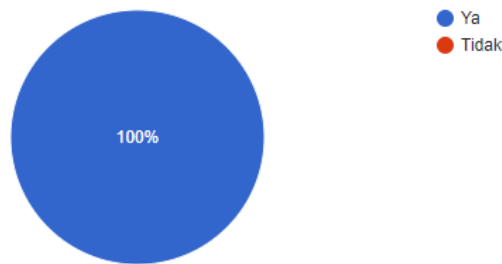


Training Needs Analysis

Participants were also asked about the requirements for play therapy certification and 100% responded that professional play therapy certification should be organized as in the Pie chart 1 below.



Apart from that, participants were also asked about specific advanced training on clinical aspects of practice and supervision, 100% gave feedback the need for this specific training as in Pie chart 2 below.



VI DISCUSSION

The results of this study showed a change in the views of school counselors before and after receiving intensive two days training of play therapy. There are changes in overall learning from this play therapy training, play therapy skills have been developed or enhanced, level of change in play therapy practical skills, knowledge in the theory, principles and ethics of play therapy, knowledge in play therapy assessment and skills in clinical practice, supervision & case analysis. In addition, all participants also highlight for the need of professional play therapy certification, advanced training on clinical aspects of practice and supervision after involved in two days intensive basic training. These findings are consistent with the primary purpose of play therapy associations around the world that seek to safeguard the credentials, ethics, professional practice as well as to protect play therapists and clients (APT,2021; CACPT, 2021; BAPT, 2021: ACAPTM, 2021).

The findings indicate, among other things one of the significant factors that creative intervention assisted the development of alternative forms of nonverbal communication when words alone were not enough. This is consistent with the views of the previous authors who stated that verbal communication is necessary but not sufficient, particularly for children who use materials instead of language, and toys instead of words (Ginott, 1960; Landreth, 2002). Existing literature indicate that, offering concrete and diverse media of expression, as well as more accurate and wider symbolisation of experiences can be attained by utilising creative intervention. (Landreth, 2002; Wilson & Ryan, 2005). The finding of this current study supports the above statement. The finding further revealed that children becomes more responsive according to their needs and age level, as well as acquiring a variety of general skills. The themes that emerged are that play therapy are age appropriate for children, followed by being responsive to the client`s limitations and preferences, and meeting specific needs of the specific groups consistent with previous literature (Landreth, 2002; Wilson & Ryan, 2005).

VII CONCLUSION

This study has shown good results from the feedback of 250 school counselors after play therapy training to handle the problems of children aged 5-14 years. The results provided practical and constructive information regarding the need for training and supervision in play therapy, as well as the helpful factors of play therapy as creative intervention for children.

REFERENCES

- [1]. Association for Play Therapy. (2021). Accessed 10 February 2021: <http://www.a4pt.org/ps.playtherapy>.
- [2]. Axline, V. M. (1974). *Play Therapy*. London: Churchill Livingstone.
- [3]. Behr, M. (2003). Interactive Resonance in work with children and adolescent: A theory-based concept of interpersonal relationship through play and the use of toys. *Person-centered and Experiential Psychotherapies*, 2(2), 89-103.
- [4]. Bowlby, J. (1991). *Attachment and loss* (2 ed.). London: Penguin Books.
- [5]. British Association for Play Therapy. (2021). Accessed 18 February 2021: <http://www.bapt.info>.
- [6]. Case, C. & Dalley, T. (2008). *Art Therapy with Children. From Infancy to Adolescence*. London: Routledge.
- [7]. Children and Adolescence Mental Health Services. (2019). London: Department of Health.
- [8]. Cochran, J. L., Cochran, N. H., Nordling, W. J., McAdam, A., & Miller, D.T. (2010). Monitoring two boys' processes through the stages of child-centered play therapy. *International Journal of Play Therapy*, 19(2), 106-116.
- [9]. Crenshaw, D. A. (2008). *Therapeutic engagement of children and adolescents: Play, symbol, drawing, and storytelling strategies*. New York: Jason and Aronson.
- [10]. Dougherty, J., & Ray, D. (2007). Differential Impact of Play Therapy on Developmental Levels of Children. *International Journal of Play Therapy* 16(1), 2-19.
- [11]. Erikson, E. (1963). *Childhood and society* (2nd ed.). New York: Norton.
- [12]. Ginott, H. G. (1960). A rationale for selecting toys in play therapy. *Journal of consulting psychology*, 24(3), 243 - 246.
- [13]. Homeyer, L.E & Morrison, M.O. (2008) American Journal of Play Vol 1, No 2.
- [14]. Kirkpatrick, D. (1996). Great ideas revisited. Techniques for evaluating training programs. Revisiting Kirkpatrick's four level model. *Training and Development*, 50, 54-59.
- [15]. Landreth, G. L. (2002). *Play Therapy: The Art of Relationship* (Second ed.). New York: Brunner-Routledge.
- [16]. Moustakas, C. (1997). *Relationship Play Therapy*. London: Jason Aronson Inc.
- [17]. Piaget, J. (1962). *Play, Dreams and Imitation in Childhood*. New York: Norton.
- [18]. Prever, M. (2010). *Counselling and Supporting Children and Young People: A Person-centred Approach*. London: Sage.
- [19]. Rogers, N. (1993). *The Creative Connection: Expressive Art as Healing*. California: Science & Behavior Books, Inc.
- [20]. Sweeney, D., & Landreth, G. (2011). Child-centred Play Therapy. In C. E. Schaefer (Ed.), *Foundation of Play Therapy* (Second ed., pp. 129-152). New Jersey: John Wiley and Sons.
- [22]. VanFleet, R., Sywulak, A. E., & Sniscak, C. C. (2010). *Child Centred Play Therapy*. New York: The Guilford Press.
- [23]. West, J. (1996). *Child centred play therapy* (Second ed.). London: Jessica Kingsley.
- [24]. Wilson, K. & Ryan, V. (2005). *Play therapy: A non-directive approach for children and adolescents* (2nd ed.). London: Elsevier.
- [25]. World Health Organization. (2015). *Child and Adolescent Mental Health Resources*: Switzerland: WHO.