



INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH IN PROGRESSIVE EDUCATION & DEVELOPMENT



www.hrmars.com

ISSN: 2226-6348

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To Link this Article: <http://dx.doi.org/10.6007/IJARPED/v7-i4/4842>

DOI: 10.6007/IJARPED/v7-i4/4842

Received: 27 Sept 2018, Revised: 17 October 2018, Accepted: 09 Nov 2018

Published Online: 17 Nov 2018

In-Text Citation: (Razak, Johari, Mahmud, Zubir, & Johan, 2018)

To Cite this Article: Razak, N. H. A., Johari, K. S. K., Mahmud, M. I., Zubir, N. M., & Johan, S. (2018). General Review on Cognitive Behavior Play Therapy on Childrens' Psychology Development. *International Journal of Academic Research in Progressive Education and Development*, 7(4), 134–147.

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Vol. 7, No. 4, 2018, Pg. 134 - 147

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General Review on Cognitive Behavior Play Therapy on Childrens' Psychology Development

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Abstract

This research is on general review regarding play therapy application as a counseling intervention in helping improving of psychology development in children. Discussions in this work are focused on Cognitive-Behavioral Play Therapy (CBPT) which is emphasizes on childrens' development. CBPT is a structural and directive efforts that focuses on children's experience. CBPT developments are results of adaptation and evolution of Cognitive Theory which initially has been developed for adults, and adapted accordingly to children's needs. A lot of challenging issues has been giving negative impact to children's psychological and mental health. Thus, this group deserves a suitable treatment that matches their development. CBPT has been identified as a suitable intervention in treating psychological issues involving children.

Keywords: Counseling, Play therapy, Cognitive-Behavioral Play Therapy, Children.

Introduction

Children are defined as persons under the age of 18 as prescribed in the Child Act 2001. Childhood period is a period filled with excitement and joy. However, lately a lot of issues risen that leaves a negative impact on psychology development of children. Negative environment (Khaidzir et al., 2017, Zanariah et al., 2017), unlimited access to media and technology (Salmah & Malisah, 2016), socio economy (Alavi et.al, 2012) and pressure on family systems (Mariani & Asnarulkhadi, 2016, Zuria et., 2011) has taking toll on the children.

We have been surprised with number of cases or issues that escalated among young children who are still in their primary school such as physical abused, sexual abuse, neglection, kleptomania (recurrent urge to steal), oral sex, drug abuse, smoking, bullying among peers and teachers, depression (Utusan Online, 2016) and much more worrying issues. Without early intervention, these children will grow up as conflicted teenagers or adults with unresolved issues. This will results in negative impact on mental health and psychology development of the affected group and will contribute to behavioral problem and causing trauma to these group due to bad

experiences in the past (Salina et al., 2012). These factors will lead to decreasing in overall mental health and increasing crime rate among civilian in this country.

Counseling is a proof that it has becoming a necessity to children dealing with stress and these problems will affect their emotion, behavior, and mental (Mariani & Asnarulkhadi, 2016). Thus, service offered to these children has to match with their development stage because children are generally having less autonomy compared to adults. Their limited development has caused their expression through thoughts and words are limited (Salcuni et al., 2017). This has results in inability of the adults to understand and respond effectively to children's feeling.

Hence, a parallel approach to child development should be identified. One of the closest approaches to children is playing. In addition to the natural nature of children who like to play, playing is also their natural language (Landreth, 2002). In addition, play also allows and encourages children to use creativity and imagination which in turn contributes to the enhancement of their emotional, physical and behavioral skills, agility and strength (Sarpoulaki & Kolahi, 2016). Hence, play therapy is an appropriate approach in addressing children's psychological issues.

Play Therapy

Play Therapy has been identified as effective and appropriate to help early stage children suffering from mental health problems. This therapy has been widely used in the West since the 1990s, by applying the developmental psychotherapy method to meet the social-emotional needs of children. In addition, play therapy is also a form of therapeutic method that aims to help children understand and deal with the psychosocial problems they are experiencing. According to Axline (1969), children cannot express their problems and dissatisfaction verbally, but instead express it during play. Similarly, Landreth (2002) views that while playing children can play their feelings, it is even more powerful than the real situation. This is because during play, children feel more confident and able to control their lives. Through play too, children will gradually release their negative emotions and form a sense of self-esteem which is essential for positive self-development.

Play therapy has proven effective in treating children's behavioral and emotional problems. However, Bratton et al. (2005) found that play therapy was also appropriate in many situations, age, gender, population and in various clinical and non clinical situations. This explains that play therapy is an appropriate approach developed and applied by counseling practitioners as the benefits are comprehensive.

Although this method of play therapy has long been practiced in the West, in Malaysia its use is still limited (Ku Suhaila et al., 2014). However, lately, the Malaysian society, especially the counseling practitioners are increasingly aware of the benefits and importance of playing against children. This has been proven by the existence of studies on play therapy in the Malaysian context as analyzed by Mariani & Asnarulkhadi (2016), Ku Suhaila et al. (2014), Kuet (2014), Busu & Rusli (2014) and Salina Nen (2014). However, these studies are a focus on generalized play therapy and Child Centered Play Therapy approach (CCPT). Other play therapy approaches such

as the Adlerian Play Therapy, Gestalt Play Therapy, and Cognitive Behavior Play Therapy (CBPT) is a rather alien approach among counseling practitioners in our country.

Therefore, this study focuses on the Cognitive Behavior Play Therapy (CBPT) approach in order to prove, contribute and expand the studies on play therapy.

Cognitive Behavior Play Therapy (CBPT)

Lack of literature review on CBPT makes this approach not as popular as the CCPT approach (Lambert et al., 2005). In general, CBPT is to help children making an active change thus being able to handle the problems faced. This approach is also based on cognitive and behavioral theories on emotional development as well as psychopathology (Knell, 1998). The basic framework of this approach is from the Cognitive Theory (CT) as what has been conceptualized in Aaron Beck's concept (1964, 1976).

i. Cognitive Theory (CT)

The development of CBPT is a result of the adaptation and modification of CTs originally developed for adult use and adapted according to the needs of children (Knell, 1993). About 50 years ago, Aaron Beck created an innovation in psychotherapy by introducing CT. Year after year, CT has been widely applied in various populations as well as issues such as depression, anxiety, personality problems and medical issues.

In addition, Aaron Beck also develops CT with an understanding of the importance of belief systems and thinking in determining behavior and feelings (Knell, 1998). How individual understanding of an event determines how the individual's behavior and feelings are. Beck (1976) also stressed that one's emotional experience was determined by cognitive formation from the beginning. CT is a short-term structured therapy that uses active collaboration among clients and therapists to achieve therapeutic goals. This therapy is also oriented to the current problem and focuses on deviant thinking. Subsequently, using certain techniques can alter maladaptive thinking.

In fact, CT is heavily influenced by the writings of Albert Ellis in relation to Rational Emotive Behavior Therapy (REBT). Although there are little contradictions, these two approaches have similarities where they focus on the wrong beliefs on the client. The CT approach is also effective for adults. Therefore, without any change and adaptation, this theory is not suitable for children and adolescents (Knell, 1998).

ii. Cognitive Theory (CT) and Children

In order to ensure effective and effective implementation of the CT in children, some adaptations and changes have been made. Since the verbal ability of a child is limited then the playing element is combined with CT. Clinical members also suggest that child intervention should involve play in connecting children with traditional verbal based interventions (Knell, 1998). Looking at the development of children who are limited especially from the aspect of cognitive development does not allow the CT approach to be applied to this group. This is because children are not able to distinguish between rational and irrational as well as logical and non-logical

thinking, which is an important requirement in CT applications. Hence, some changes have been made to the way CT is delivered to suit the needs of children. However, it still maintains the basic framework and concept of CT.

Originally, a combination of CT and play therapy was found to be incompatible. However, in the mid-1980s, Phillips (1985) suggested that a combination of cognitive and behavioral techniques in subsequent play interventions had triggered Knell's idea of expanding it. Therefore, adaptation for the use of children has been named as CBPT involving cognitive, behavioral and play therapy.

iii. Philosophy of CBPT

Like the CT philosophy, CBPT also supports problematic behavior arising from maladaptive thinking which in turn affects the feelings and behavior of children. Meanwhile, playing activities are used as oral and non-verbal communication. According to Knell (2009), CBPT has six specific properties or pillars that provide a positive share of revenue. The pillars are as follows:

- 1- CBPT involves the treatment of children through play methods.
- 2- CBPT focuses on children's environment, fantasy, thinking and feeling.
- 3- CBPT provides strategies for developing more behavioral adjustments and thinking.
- 4- Apart from open, CBPT is aimed at, in the form of directions and structured.
- 5- CBPT combines empirically demonstrated techniques.
- 6- CBPT allows treatment to be evaluated empirically.

In addition, there are similarities and differences between CBPT and traditional play therapy. The similarities are from the aspect of establishing positive therapeutic relationships, communication through play methods, therapy is a safe place for children, therapists get signal to understand children and in fantasy form. Meanwhile, CBPT's difference with traditional play therapy is that CBPT focuses more on the obvious goals, therapists play an active role in the selection of tools and activities, in the form of instruction and practice compliments to shape behavior. Table 1 shows a clear comparison between CBPT and other forms of play therapy.

Table 1: Comparison between CBPT approaches and traditional play therapy

| Psychodynamics | Nondirective Approach | Directive Approach/ Cognitive Behavior |
|--|--|--|
| Goals and directions | | |
| Determination of direction is not from therapist. | Determination of direction is not adopted as the child is leading the process of intervention. | Therapeutic goals are built. Goal-based direction is the basis of intervention. |
| Playing tools and activities | | |
| The therapist is an observer, not a playmate. Therapists do not recommend equipment or activity. | The playing tools, the activities and the direction of play is determined by the child. | Both therapists and children choose and determine the tools and activities. |
| Learning through play | | |
| Play is not used as teaching method. | Teaching is not appropriate because it is in the form of instructions. | Play is used to teach alternative skills and behaviors. |
| Interpretation and relationship | | |
| Interpretation as the ultimate tool. | Not done by the therapist unless the child specifies in advance. The therapist does not interpret the symbolic play. | Introduced by a therapist that creates a conflict to the verbal child-alterations. |
| Praises | | |
| Not applicable. | Praise should not be done by a therapist, it tells the child that therapists do not accept children. | Praise is an important component. It is a communication which means that behavior is appropriate and continues to promote that behavior. |

Source: Cognitive Play Therapy Behavior, Knell 1993

iv. Intervention Method

Previous studies suggest that the combination of cognitive and behavioral interventions is most effective in helping children deal with emotional difficulties or events (Compont et al. (2004) and Velting et al. (2004).

Cognitive techniques are as follows:

- Psycho-education: Teaching children about a disorder, rationalizing emotions and explaining CBPT applications.
- Cognitive restructuring: Identifying, challenging and altering maladaptive thinking which is a source of negative emotions and behaviors.

- Positive self-expression: Teaching clear and decisive statements to replace maladaptive thinking.
- Problem solving: Teaching on an active and systematic solution. Engage in identifying problems, generating goals, arguing about ideas, evaluating results and choosing the best strategies.

While behavioral techniques are as follows:

- Modeling: Provides a model to present adaptive thinking and behavior.
- Relaxation exercises: Teaches strategies to calming body reactions such as breathing, imagery or muscle relaxation.
- Contingency management: Behavior will be changed with implementation of consequences. For example, a positive behavior will increase if given a social promotion (praise) or a form of material (a sticker).
- Shaping: Helps children achieve goals in stages.
- Systemic desensitization: Negative emotions and maladaptive behavior will disappear if replaced with emotional or adaptive thinking.
- Exposure: teach children to deal with objects or situations that are difficult for them.

CBPT Effectiveness Studies

There have been numerous studies conducted previously that have proven the effectiveness of CBPT in addressing children's problems which include various issues including issues of external behavior, self-esteem, social skills and learning disabilities.

External behavior issues

Some researchers have found that CBPT is effective in addressing external behavioral problems among children. Ghodousi et al. (2017) conducted an experimental study on 40 street girls and children working at the Kiana Sociaculture Group Center between 7-10 years old. Findings show a reduction in external behavior such as aggressive attitude and unlawful attitude towards treatment groups versus control groups. Meanwhile, Murray (2015) also conducts similar studies on kindergarten children. The assessment was conducted by the teacher using the Behavior Assessment System for Children (Second Edition) and the result was an issue of external behavior involving aggressive and hyperactive children found to have decreased after undergoing CBPT intervention for 8 sessions. Subsequently, Ghaderi (2006) who conducted a study on 24 children aged 8-11 who were involved with behavioral problems had shown a downward trend in aggressive attitude after intervention using the CBPT approach. Likewise, Badamian & Moghaddam (2017) managed to treat as many as 20 aggressive Tehran children aged between 6-9 years. After undergoing 10 sessions of the CBPT approach interventions, the children showed a reduction in the wrong response but were more likely to respond correctly and less mistaken. In addition, the study of the effectiveness of CBPT in addressing external behavior problems in children was also proven by Nasab et al. (2014) and Akbari & Rahmati (2015).

Self – esteem

CBPT also demonstrates the effectiveness of treatment on self-esteem. An experimental study on primary school girls who have identified low self-esteem after the implementation of the

Cooper Smith Self-Esteem Inventory (1967) conducted on them. After engaging with 10 group intervention sessions using the CBPT approach, finding shows that the approach has increased the self-esteem of children of the treatment group compared to the control group (Siahkalroudi & Bahri, 2015). Next, Bana et al. (2017) made the same study among children who faced intellectual difficulties. Studies involving pre-test, post-test, control group and treatment group were given CBPT intervention for 12 sessions and were conducted twice a week. Using the Cooper-Smith Self-Esteem Inventory (CSEI), the findings have shown an increase in the level of self-esteem of children from treatment groups compared to the control group. Additionally, Hassani, Mirzaeian and Khalilian (2014) in their study also found that CBPT has increased self-esteem for Attention Deficit Disorder (ADD) children as well as Attention-Deficit Hyperactivity Disorder (ADHD).

Social skills

Social skills are important skills for children. This skill does not only helps in facing challenges (Fazio-griffith & Ballard, 2014) but also helps to improve academic level (Walker & Hopes, 2003; Lynch & Simpson, 2010; Feldman 2014) and improve emotional function (Fazio-griffith & Ballard, 2014). Problems involving social skills are such as weak interpersonal relationships, difficult to communicate, unable to control emotions and difficulty managing stress. Therefore, Fazio-griffith & Ballard (2014) has worked to improve the level of social skills among children. Using the CBPT intervention on primary school students, it is found that the student's social skills have increased. The CBPT approach has taught children a variety of social skills and how to apply the skills in communication while in and out of the classroom. In addition, Siahkalroudi & Bahri (2015) reviewed the application of CBPT on social skills among 30 primary school girls. Experimental studies that involved pretest and posttest were measured using Matson's social skills measure. After 8 weeks of intervention, the level of social skills has increased among treatment groups compared to control groups. Meanwhile, research from Rahmani & Majidi (2016) also shows the same effectiveness on elementary students aged 9-11 years. Next, Sokhodolsky et al. (2004) describes play therapy based on CBPT is effective in improving the social skills of children and adolescents in addressing aggressive issues among them. The study was consistent with Salamat et al. (2013) which has also conducted a CBPT effectiveness study.

Learning Disabilities

Children with learning disabilities are more likely will be alienated which impact can lead to low self-concept (Hamidi, 2015). In his study, Hamidi conducted a study on children with learning disabilities. Quasi-experimental studies on 24 male and female students in Tehran district have been conducted to examine aggressive behavior and learning problems amongst them. Analysis of findings shows that CBPT is effective in lowering aggressive levels and fixing spelling disorder (Sarpoulaki & Kolahi, 2016). In addition, Malek et al. (2013) also conducts a study using CBPT on children's groups with reading difficulties and has proven to be effective.

In addition, there are many studies on the effectiveness of CBPT such as effective on depressive children (Peristaos-Kiritsis, 2009), nonretentive encopresist children (Knell, 1990), children's anxiety (Hassani et al (2013) having sleep problems (Knell & Dasari, 2006) and so on.

Discussion

The discussion is focused on the unique aspects or advantages of CBPT identified based on the studies discussed above. Undoubtedly, CBPT's approach to therapy learning is not as popular as the CCPT approach which has been particularly focused among internationally and internationally counseling practitioners. This is because there are more past studies that use the CCPT approach to child issues as compared to the CBPT approach (Lambert et al., 2005). This is due to lack of writing about interventions and clinical intervention studies related to the CBPT approach (Knell & Dasari, 2011). In addition, Bratton and Ray (2000) and Ray (2006) also support that non-directive approaches are more written through broader titles such as child-centered, nondirective, self-directed and relationship-oriented. The CCPT approach is more vulnerable which in turn makes it more recognizable than other play therapy approaches. Hence, this study is expected to contribute further studies in the field of play therapy and further develop a treatment approach to children.

According to the basic concepts of the CBPT approach it is established for use by children between 3-9 years (Knell, 1993). The effectiveness of CBPT approach to children at that age has been proven after many researchers conducted the study as discussed above. However, the attraction of the CBPT approach has also been found and proven effective against children aged 9-14 years as evidenced by Seyed et al. (2015). The study was conducted on 8-14 year-old cancer patients and the CBPT approach has reduced the level of anxiety and depression among them. Therefore, researchers conclude CBPT is suitable for both children and adolescents.

In addition, studies on the effectiveness of the CBPT discussed have also shown that most CBPT approaches are effective in altering the behavior of children, particularly on external behavior issues rather than other issues. In addition, if observed on its implementation method, from 2013 to 2017 most implementation of CBPT approaches to external behavior issues are grouped. It can therefore be concluded that the CBPT approach is appropriate in the development programs or in school settings where children are grouped according to the type of issues facing them. This is also in line with the philosophy of the CBPT approach itself which focuses on teaching children primarily on solving skills (Knell, 1998).

Next, the CBPT approach is a directive that makes the process faster than non-directive approaches. The nondirective approach does not really give directions to children and session path is guided by children. This make the intervention of non-directive approaches such as CCPT take longer than CBPT. Most CBPTs take up to 10-12 sessions. On the other hand, most studies using the CCPT approach were more than 12 sessions, such as the study conducted by Baggerly & Jenkins (2009) which conducted 14 sessions of CCPT with homeless children, Blanco et al. (2016) conducted a study on children's anxiety of 16 sessions, while Ritzi et al. (2017) conducted studies on children who experienced external behavioral problems of 20 sessions. Thus, the CBPT approach is seen to address the issues of counselors in dealing with workload situations. The shorter duration of intervention can provide the counselor with room and opportunity to work productively.

Hence, looking at some of the advantages of the CBPT approach that has been described is highly relevant, this approach is one of the main approaches to intervention of children.

Conclusion

CBPT is one of the play therapy approaches that have proven its effectiveness in treating children's psychological issues. Looking at some of the privileges that have been described, the understanding and implementation of this approach to children is highly demanded. This CBPT approach is also seen to be of great contribution not only in the treatment of children but also in counseling professions where counselors can act more quickly and productively. Since the CBPT approach has not been widely spread in Malaysia, it is recommended that a CBPT approach modules in line with the context of Malaysia's culture built to assist and guide counseling practitioners in applying this approach thereby widening the skills pattern of counseling practitioners as well as providing effective treatment to children.

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