

## The behavior modification through the play of children aged 3-7 years old

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### Abstract

The integration of theory, technique and common factors in psychotherapy has gained prominence since the 1990s. Previously, it was called eclecticism, but integration has become the preferred term to describe the blending of theory, technique and common factors (Norcross, 2005). In the past, eclecticism meant to choose from various theories and techniques a therapeutic strategy that appears best for a particular client (Schaefer, 2003, .308). However, Norcross (1987) explains eclecticism as a further integration through which various theories are applied on interactive and coordinated explanations of the therapy.

Psychological disorders, especially in complex children and adolescents a multifaceted treatment approach is needed (Schaefer 2003).

Indeed, many clients do not come with a clearly defined diagnosis, but rather several overlapping problems due to the co morbidity of issues (such as in the cases of complex trauma resulting in overlapping attention problems, along with phobias and sexualized behaviors). The clinicians trained in one theoretical and treatment approach are finding the "one size" cannot fit in all the presenting problems that are being faced today.

Due to this multidimensional aspect the play child/play therapy calls for the unique demand that the therapist should wear a lot of different hats and should be skillful in changing from one therapeutic stance to another, in order to meet the needs of the child and of the various members in the child's life (Coonerty, 1993). In one moment, the play therapist is intensively involved in deeply evocative and conflicted play therapy the child client. At that moment, the therapist needs to deal with the child's internal struggles, setting limits and being an educator or mediator with the child, while in the next moment the therapist should be engaged with the role of a parent, or school psychologist, or classroom teacher to assess the child's functioning.

**Keywords:** play therapy, children, influence, psychotherapy.

### Introduction

Hypothesis - The play affects on the of the child's behavior modification towards the normal integrity.

The research question: How does the play therapy effect on the modification of children's behavior aged 3-7 years old?

The goal: The goal of this study is to explore the results which the integrated play therapy has on the modification of children's behaviors and their integration in the normal life.

The objectives:

- To evidence the problematic behavior of children aged 3-7 years old included in the study;
- To ascertain the impact of the play in changing their behaviors;
- To argue about the results of the study conducted.

**Methodology:** The methodology used is the study and treatment of cases included on the study through the therapy of the integrative play. The presentation of the initial situation and the change after the treatment was done, through the collected data.

### **Theoretical concepts**

#### **The integrated theory of play/play**

Another good example of the assimilated integration is the theory of play through the object relations, created and utilized by Helen Benedict (2006). The play theory of the relations through objects is mainly based on the therapy techniques which react fast towards children. They are also highly attuned therapy techniques with specific goals in order to meet each child's needs. This treatment approach is based on an attachment of object relations which is a collection of loosely organized models held together by three basic ideas.

The first and the most important theory is the prevailing belief that interpersonal relations are the central driving and motivational in human development. (Benedict, 2006). This is based by the neuroscience research that has been able to show that the early brain development requires attuned and interactive events that are experience dependent (Schoore, 2003).

The second component is that relating through others over one's initial two or three years of life, a cognitive-affective structure develops, which is not only about the self, but also about others by forming objective relations. These examples serve as an internal guide to understand and respond to oneself and others in relationship (Benedict, 2006; Bowlby, 1988).

The third assumption is that the object relations begin to develop from infancy through the initial relationship between the infant and primary attachment figure. These object relations, which have a neurological and experiential basis, importantly influence on the child's interpersonal relationships. However, these examples can be impacted by ongoing relations.

As a result, the relationship the child-therapist relationship becomes crucible whereby the child's maladaptive internal working models can be modified into a more adaptive object relationship. The main component of object relation play therapy is the therapist and child's relations (Benedict, 2006). A long part of the treatment is the development of secure base relationship with the child, who is slow to trust, has negative internal models of himself and others and resists interpersonal connections because of past trauma relations. The therapy with these children is often difficult and time-consuming.

In order to do this, it is compulsory for the therapist in choosing his or her activity level and degree of being leader by giving direct response to cues from the child. His behavior is initiated from the child (of being directive or non directive, whereby the therapist creates a safe and protected (emotionally and physically) and demonstrates attunement, warmth, acceptance, constancy, development appropriateness and child responsiveness (Benedict 2006).

An "invitational" approach is taken by the therapist in observing the child's signals or cues and being attuned before moving into any directive work, which the child

can freely either accept or refuse it.

The goal of the therapy is to change the internal working models or object relations. Thematic play becomes more important in the healing of traumatic experiences and on the other hand it challenges the child's object relations (Benedict, 2006).

The play, especially thematic play, it's an important way to correct the distortive cognitive understandings and to resolve both the emotional reactions as well as traumatic memories. The thematic play is the place where children imagine roles, relations, events and play with them through playful use of objects. It also serves as a communicative medium to convey their concerns, feelings and ideas. It is often the therapist's way of understanding and his response to the child's play that facilitates the therapeutic change (Benedict, 2006).

### **Therapeutic powers of play**

As it was stated before, the common factors aspects of integrative psychotherapy were assessed by Grenavage and Norcross (1990). In their observation, they found that almost half of the proposed commonalities had to do specifically with the change processes of the client's characteristics. The consensus across categories was in the development of a therapeutic alliance, opportunity for catharsis, acquisition and practice of new behaviors and the client's positive expectancies (Grenavage & Norcross, 1990).

Observing the variety of integrative approaches in play therapy, the curative powers of the play become the change mechanism within the play, which can help child as clients and adolescents to overcome psycho-social, behavioral, emotional difficulties. Consequently, the integrative and perspective approach obliges the play therapist to become skillful in numerous therapeutic powers and to apply them differentially in order to meet the individual needs of the clients. "This approach is based on the individualized and differential consistency which is focused in the curative skills to the specific causative powers that are found in the client's problems" (Drewes, 2009). Depending on each theoretical frameworks are utilized within the integrative approach, the therapeutic powers underlying the models can change. Aside from those stated before (by using Schaefer's (1999) catharsis, the development of relationships, behavioral rehearsal and sense oneself), any number of the following can be seen as a change factor: self-expression, access to unconscious, direct/indirect teaching, abreaction, stress inoculation, counter conditioning of negative effect, positive effect, sublimation, attachment and relationship enhancement, moral judgment, empathy, power/control competence and self-control, accelerated development, creative problem solving, fantasy compensation and reality testing (Drewes, 2009). Further research is needed to illuminate which therapeutic powers of play are the most effective with specific presenting problems and within the blending of different models and treatment approaches. It is very important for the play therapists to understand that are the "invisible power forces resulting from the therapist-client play interactions are successful in helping the client overcome and heal psychological difficulties" (Schaefer & Drewes, 2009). The greater our understanding of these curative factors and change mechanisms, the more effective the play therapist is in

being able to apply them to meet the particular needs of their clients (Schaefer, 1999).

### **Role of the Therapist/Role of the Parent**

Because each treatment model can vary, the role of the play therapist will vary accordingly. There will be times when the play therapist will need to be nondirective, or child-initiated, allowing the child or adolescent to lead. Other times the therapist will need to take a much more directive and involved stance, offering parent training or introducing treatment components and tasks. Such shifts in approach may happen within the same session or might occur sequentially over the treatment. Therefore, the play therapist needs to be flexible both in thinking and in treatment approach. The same can be said of the role of the parent. This can vary depending on which theories and style of treatment are utilized. Some integrative play therapy approaches (e.g., filial therapy or child-parent relationship therapy) require the parent to observe the therapist conducting the sessions with their child, thereby learning and rehearsing approaches before actually working with their child together in a dyad. Other approaches may not include the parent in the session at all, until the end, when the child teaches the parent what he or she learned, allowing for solidifying and the generalizing of skill development. Other approaches may work exclusively with the client and only have contact IN with the parent to obtain information regarding treatment progress and systemic changes.

### **Clinical applications**

The integrative play therapy model can be utilized across all disorders and development levels. Because it relates all the different theories as well as the treatment approaches, the best fit can occur. By its nature, the integrative play therapy is also a perspective approach in order to be applied and it seeks out the best treatment for the child's presenting problems and it is flexible within and across sessions in achieving the treatment plan. As a result, an integrative play therapy model allows for a broad application in its use over the only, fixed and treatment approaches.

### **The study results**

In this study were included 20 children aged 3-7 years old who were randomly selected. These children were classified with social and emotional problems in the relation with the surrounding of social environment. They often were indicated as problematic in their behavior by displaying emotional problems, aggressiveness, controversy and lack of communication.

- The play therapy led by the child who serves to help building relationships and therapeutic alliance, along with providing control in the selection of materials and tasks and a release from traumatic and stressful materials.

- The use of cognitive therapy management techniques of behaviors in order to manage and reduce his/her strong or emotional damages (anger, depression), to become aware of the emotional causes and to develop alternative and collaborative skills.

Working hard in order to be focused on helping each case in order to face the hardships and problems of life. Parent-child didactic therapy has also been utilized to help children adapt to the specifics of each of them. In addition, they are in contact with the school environment and their friends. Different theoretical frameworks used and the accompanying techniques include: therapy, psychodynamic therapy of play, the sand tray therapy, cognitive-behavioral plays therapy, family therapy and the systems theory.

Through the healing power of play and integrative treatment approach, each case was able to learn and implement the best facing strategy: Being able to make a breakthrough to his unconscious problems about stressful events like death or events unexplored before; be allowed for catharsis on the disposal of anger and resentment over his sense of abandonment; to gain power and control, along with competence, self-control, and a greater appreciation for himself and through CTB techniques, in order to apply creative solutions to problems, evidence of behavior and an effect reverse of negative effects.

The Integrated play therapy is a relatively new approach in development with regard to work with children and adolescents. It provides hope for success in using the flexibility of theories and techniques in integrating ways in order to provide the client with a better treatment for his or her problems. More work is needed to be done to create training within university campuses about this approach, as well as within the scope of play therapy through seminars, conferences, presentations and publications to help the play therapists to be flexible in their thinking and approaches

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