Play-Based Interventions for Aggressive Children: Tools for Clinicians

Tonya Davis* and Jetaun Bailey

Alabama A&M University, United States

*Corresponding Author: Tonya Davis, Department of Psychology and Counseling, Alabama A&M University, United States.

Abstract

Managing emotion is critical to successful school and behavioral adjustment. Childhood externalizing behaviors if left untreated can portend poorly leading to adult psychopathologies that can remain stable across time [1,2]. Externalizing behaviors such as aggression, hyperactivity, destruction of personal property, impulsivity and verbal insults can interfere with the rights and behaviors of others. Thus, identifying evidence-based interventions remains paramount for clinicians working with these children. The aim of this literature review was to examine the role and importance of expressive therapies and to evaluate the current state of the literature related to play based interventions by clarifying key approaches reviewing results and limitations.

Keywords: Play Therapy; Aggression; Intervention; Play; Sand Trays; Metaphors

"Play is the Highest Form of Research".

                         – Albert Einstein

Introduction

Developing healthy behavioral and emotional processes are important precursors to a child's success. However, there are cumulative risks associated with chronic exposure to stress during childhood and early adolescence that may thwart the growth of these processes [3]. According to Stewart, Field and Echterling [4], chronic stress and trauma can lead to conditioning the brain such that it is trained to exist in a state of hyperarousal. However, given the voluminous numbers of children referred for mental health services and diagnosed with disruptive and externalizing behavioral disorders during childhood [5-8], this represents a persistent reality interfering with the notion of healthy processes. Resultantly, identifying mental health diagnosis in children has become more pronounced and thereby leading to an increased focus on evidence-based interventions [7,9].

Ray, Stulmaker and Lee [10] report increases in the numbers of children meeting the criteria for externalizing disorders, however diagnosis coupled with the level of impairment at home, school or in social settings sets the stage for treatment seeking. These difficulties with childhood externalizing behaviors can also lead to serious academic as well as socioemotional difficulties [5]. Mounting research points to therapeutic play as an intervention with the curative capacity for helping children resolve emotional conflicts, and develop healthy social processes [11,12]. Therapeutic play based interventions have shown empirical support as well as therapeutic efficacy with children ages 3 through 12 [2,9,13,14]. While there are several theoretical approaches to delivering therapeutic play, empirical support exists for using play based interventions with children presenting with a range of issues such as: aggression, neglect, sexual abuse, chronic illness, enuresis, encopresis, psychosis, and Adhd [7,13-16].

Aim of the Study

The aim of this literature review was to examine the role and importance of expressive therapies as tools for clinicians and to evaluate the current state of the literature related to play based interventions by clarifying key approaches and reviewing results and limitations.

Methodology

The EBSCO and Science Direct, PubMed, PsychINFO databases were used to conduct this search. Boolean operators of AND and OR were used to expand the search when AND had limited search results. Literature was reviewed with the following inclusion criteria; peer-reviewed, research studies. The following search terms were used in the rendering of this literature review: play therapy, aggression, intervention, play, sand trays, puppetry, metaphors. Articles were selected during the years 2000 - 2018.

What is play therapy

Play therapy is a therapeutic process that can serve as an important medium for helping children communicate [17]. Play has been characterized as the language of children while toys have been likened to the words of children [16]. Play therapy interventions can be delivered as a primary intervention or as an adjunct to therapy using an individual or group format [18]. Moreover, significant therapeutic work can be accomplished using expressive techniques such as storytelling, music, art, projective drawings and sand-tray activities [11,13,19].

Play-based therapeutic tools

Sandplay Techniques

Sandplay work is based on tenets from Carl Jung's Analytic Psychology [15,20] and can assist the child with delving into personal issues and traumas using sand, miniatures toys and people [21]. Several studies have shown that Sandplay therapy contributes to the reduction of symptoms related to anxiety, fear reduction, and aggression among children and adolescents across settings and delivery formats. Han, Lee, and Suh [22] found that 16 weekly sessions of sandplay therapy were effective in reducing aggression and negative peer interactions in childcare settings. Similarly, in a sample of 162 Kindergarten students, Kostyunina and Valeeva [23] found that sandplay therapy was effective in reducing children's fears. Sandplay therapy was also effective in improving behavioral problems, self-esteem and emotional intelligence of children in grandparent- led households living in rural areas [24].

Puppetry

Puppet modeling and puppet simulation can serve as effective communication tools. Historically, puppets hold unique appeal across ages and cultures. Puppets come in various forms such as hand puppets, marionettes, and ventriloquist dummies. Puppets serve as symbols that allow children to project feelings and try out new feelings and ideas [21]. Overall, puppetry techniques contribute to the therapeutic environment by aiding the therapist with diagnosis thru the use of empathetic listening and understanding of nonverbal communication [25] and by allowing countless opportunities for children to safely disclose difficult feelings, thoughts, or experiences [16].

Art therapy/therapeutic drawing techniques

Art techniques (i.e. paints and drawings) represent a three-way communication between the counselor, the child and the image/drawing [26,27]. Using art as a play based intervention allows the child to experience a feeling of satisfaction because there is no correct way to draw, color, or paint [16]. Therapists can also use art as a segway to extend the dialogue as it relates to metaphors, while improving the child's level of communication as the art serves as symbols of emotion for the child (Henderson and Thompson, 2011). Mounting research indicates that art therapy techniques contribute to the reduction of aggression and externalizing disorders. Findings from a randomized trial of children with intellectual disabilities and externalizing disorders revealed art therapy delivered in a group format could alleviate symptoms of anxiety and aggression [28].

Therapeutic story-telling/narrative techniques

Therapeutic storytelling is a technique designed to assist the child with discussing or recounting difficult issues [21,29]. Therapeutic storytelling assists with learning, critical thinking and decision-making skills. During storytelling play themes observed from the child's play serve as the initial starting points for the development of the narratives. The goals of the play session are to assist the child with creating a process in which they transform the meaning attached to their experiences [16,30]. During play, the intersection of the child's real and imagined worlds are explored with the inclusion of real and imaginary objects [31]. Therapeutic storytelling involves a dynamic interplay utilizing the content of the child's stories and the client's background experiences. Using art therapy techniques allow clinicians to strengthen rapport and serve as a therapeutic framework for communication between client and therapist. Therapeutic stories reflect the everyday life of clients and can reduce the signs of stress disorders, aggression, and behavioral disorders in children [32]. Moreover, art therapy techniques can teach children how to deal with violence, how to develop social and problem-solving skills while assisting with increasing hopefulness.

Metaphors/fantasy/symbolic play

Using metaphors in the play therapy environment can be effectively utilized to facilitate healing as well as trust-building [21,33]. The goal of fantasy play is to allow children to resolve past traumas while dealing with current issues and struggles. Pretend play or symbolic play offers the child the opportunity to express thoughts and emotions in a safe environment [16,34,35]. Moreover, these role plays allow children to develop empathy building skills as children investigate the roles thru dress up and character role plays (i.e. superhero, doctor, police office, or teacher). Symbolic play has also been found to be efficacious with adolescents struggling with role confusion [36]. The content of play can yield information about the nature of conflict and reflect the child's range of defenses [15].

Pathways to aggression

While some amount of aggression is expected in young children as they negotiate developmental milestones, behavior is characterized as a serious concern when the frequency, duration, and intensity consistently stands out in comparison to peers of similar age and developmental level [3,37]. Further, anger is an emotion that can vary in intensity and frequency. That is, anger expression proceeds along a developmental continuum. For example, Potegal and Davidson [38] reports that temper tantrums are common in children ages 1 to 4 year-old children and range in frequency from 5 to 9 times per week with the average duration of 5 to 10 minutes. Conversely, Sukhodolsky., *et al.* [8] note that anger outbursts that are intense in nature in response to perceive provocation can manifest across the development continuum as well as various psychiatric disorders.

How play-based interventions help to manage aggression

The process of delivering play based interventions can serve as powerful techniques. Play allows for self-expression in a safe environment which is thought to activate areas in the limbic system which stimulates the release of neurotransmitters such as dopamine. Moreover, neurobiological research points to the act of play as a self-regulating activity with the power to also create new neural pathways (Hong and Mason, 2014). When therapists have an understanding of the role of neuroscience and neurobiology, they are in a better position develop treatment plans and to communicate with clinical efficacy. Axline [39] asserts that while play is cathartic, play also serves as a tool for communication, emotional release, mastery, and creativity. To add, play offers opportunities for indirect self-expression thru symbolic play thereby allowing the child act out thoughts and fears. Play is also emotionally engaging and is thought to increase the level of oxytocin [4].

Communication and resiliency building skills

Play based interventions are used by health professionals in therapeutic, and educational settings. Play not only reflects the child's developmental level [40] play also facilitates growth by allowing professionals to gain valuable insight into how children play while observing their play. Play also offers the child indirect opportunities for self-expression thru pretend play with dolls and the like thereby giving them a safe distance to explore frustrations, impulses, and aggression. Play also serves as a protective factor by teaching children preventive and resiliency building thoughts and behaviors designed to prevent and or inoculate children against stress and worry.

Social relationship building skills

All relationships and environments have the power to effect a child. Consequently, the nature and quality of the relationship between the therapist and the child can serve as an extension of the child's ability to connect with others [29]. The nature of the therapeutic environment depends a great deal on the counselor's perceptions and behaviors during the counseling session. While play-based interventions have shown therapeutic efficacy, the therapist's beliefs about therapeutic tools are an important factor that may determine their implementation of this treatment modality.

The theoretical orientation of the therapist will serve as a platform for how the session will proceed. That is, a therapist with a Child-Centered approach will focus on leading the session that is focused on relationship building and complete acceptance with the belief that the child's stressors will manifest without therapist interference [41]. Nalavany., *et al.* [42] conducted research using a concept mapping strategy and found that relationship building skills and facilitative conditions as identified by Carl Rogers such as i.e. empathy, warmth, and genuineness were listed as most important qualities in play therapists.

Playroom Environment

The therapist's playroom serves as an inviting and nurturing environment with toys that normally fall into the following categories: family/nurturing toys, scary toys, aggressive toys, expressive toys, and pretend/fantasy toys [16]. The playroom serves as a place where the child can feel secure and able to exert autonomy. The play environment proffers the opportunity for the child to express a myriad of feelings from a safe psychological distance while limiting the experience of the painful effects [16,33].

Conclusion

The purpose of this literature review was to evaluate the current state of the literature related to play based interventions as a treatment modality by clarifying key approaches, results and limitations. Play-based interventions have shown therapeutic efficacy however therapists beliefs about therapeutic tools are an important factor that may determine their implementation of this treatment modality. Understanding the contexts of interventions can help guide the development and curricula for the needs of children can guide policymakers funding decisions. Given the increased focus on aggression, play-based techniques can be used to improve prosocial behaviors, and family cohesion while also addressing the mental health needs of children and adolescents.

Overall play based techniques have been shown to contribute to a reduction in a constellation of symptoms related to aggression, stress, fears and anxiety. Interventions such as storytelling, puppetry, fantasy, art therapy, and sandplay have shown clinical utility when delivered as a standalone or as an augment to existing therapy services. Further, play based interventions offers the flexibility of being delivered in an individual or group format. Play is a natural part of the developmental process and includes immeasurable developmental process such as cognitive, socioemotional, and neurobiological processes that must be included when developing empirically based interventions [29,40]. Thus parents, therapists and other allied helping professionals can learn valuable information about self-perceptions thru play [2,9].

Future efforts in the field of play therapy may include the infusion of technology. The use of tablet-based technologies, digital apps, digital avatars and other learning platforms has implications for the clinician and the client. Clinicians will need technological competence related to the delivery and selection of play based interventions to increase opportunities for effectiveness. Technology in the playroom can ameliorate access-related barriers as interventions may be delivered in an online environment. Given the importance of assessment and monitoring, technology may also offer more efficient methods for tracking the efficacy of the interventions [43-58]. The inclusion of digital avatars can also support the therapeutic alliance while enhancing the communication between the therapist and the client. Thus, the infusion of technology can be useful for the clinician and the client in numerous ways.

Bibliography

1. Barkley RA. "Behavioral inhibition, sustained attention, and executive functions: Constructing a unifying theory of ADHD". *Psychological Bulletin* 121.1 (1997): 65.

2. Webster-Stratton C. "The incredible years: Use of play interventions and coaching for children with externalizing difficulties" (2016).

3. Davis TJ. "Teacher beliefs and perceptions about preschool bullying". (Unpublished Doctoral dissertation, The University of Alabama Tuscaloosa) (2015).

4. Stewart AL., *et al*. "Neuroscience and the magic of play therapy". International *Journal of Play Therapy* 25.1 (2016): 4-13.

5. Barfield S., *et al*. "Neurosequential model of therapeutics in a therapeutic preschool: Implications for work with children with complex neuropsychiatric problems". *International Journal of Play Therapy* 21 (2012): 30-44.

6. Bratton SC., *et al*. "Head start early mental health intervention: Effects of child-centered play therapy on disruptive behaviors". *International Journal of Play Therapy* 22.1 (2013): 28-42.

7. Foulkrod K and Davenport BR. "An examination of empirically informed practice within case reports of play therapy with aggressive and oppositional children". *International Journal of Play Therapy* 19.3 (2010): 144-158.

8. Sukhodolsky DG., *et al*. "Behavioral interventions for anger, irritability, and aggression in children and adolescents". *Journal of Child and Adolescent Psychopharmacology* 26.1 (2016): 58-64.

9. Schaefer CE and Cangelosi D. "Essential Play Therapy Techniques: Time-tested approaches". Guilford Publications (2016).

10. Ray DC., *et al*. "Child-centered play therapy and impairment: Exploring relationships and constructs". *International Journal of Play Therapy* 22.1 (2013): 13-27.

11. Bratton S and Ray D. "What the research shows about play therapy". *International Journal of Play Therapy* 9.1 (2000): 47-88.

12. Padilla DM and Pierson MR. "The effectiveness of social stories implemented through technology: Is there a difference in outcomes between males and females?" *Journal of Gender and Power* 4.2 (2015): 59-65.

13. Green EJ., *et al*. "Treating children with psychosis: An integrative play therapy approach". *International Journal of Play Therapy* 24.3 (2015): 162.

14. Guterman JT and Martin CV. "Using puppets with aggressive children to externalize the problem in narrative therapy" (2016).

15. Davis ES and Periera JK. "Combining reality therapy and play therapy in with children". *International Journal of Choice Theory and Reality Therapy* 33.1 (2013): 78-86.

16. Landreth GL. "Play therapy: The art of the relationship". Routledge (2012).

17. McMahon L. "The handbook of play therapy and therapeutic play". Routledge (2012).

18. Association of Play Therapy (n.d.).

19. Kottman T and Meany-Walen K. "ACA Partners in Play: An Adlerian approach to play therapy". John Wiley and Sons (2016).

20. Kaliff DM. "Sandplay: A psychotherapeutic approach to the psyche". Temenos Press (2003).

21. Carmichael KD. "Play therapy: An Introduction". Upper Saddle River, N.J: Pearson (2006).

22. Han Y., *et al*. "Effects of a sandplay therapy program at a childcare center on children with externalizing behavioral problems". *The Arts in Psychotherapy* 52 (2017): 24-31.

23. Kostyunina NY and Valeeva RA. "Sandplay therapy in psycho-pedagogical correction of preschool children fears". *International Electronic Journal of Mathematics Education* 11.5 (2016): 1461-1469.

24. Yang YS. "The Effects of Sandplay Therapy on the Behavioral Problems, Self-esteem, and Emotional Intelligence of Children in Grandparents-grandchildren Families in Rural Korean Areas". *Journal of Symbols and Sandplay Therapy* 5.1 (2014): 7-13.

25. Sharma M. "Learning with Puppets: Revival of puppetry craft". NIFT (2018).

26. Case C and Dalley T. "The Handbook of Art Therapy". Routledge (2014).

27. Petersburg JW., *et al*. Art Therapy with Children (2012).

28. Beh-Pajooh A., *et al*. "The effectiveness of painting therapy program for the treatment of externalizing behaviors in children with intellectual disability". *Vulnerable Children and Youth Studies* 13.3 (2018): 221-227.

29. Wheeler N and Dillman Taylor D. "Integrating interpersonal neurobiology with play therapy". *International Journal of Play Therapy* 25.1 (2016): 24.

30. Anderson KM and Wallace B. "Digital storytelling as a trauma narrative intervention for children exposed to domestic violence". *Film and Video-Based Therapy* (2015): 95-107.

31. Taylor de Faoite A. "Narrative Play Therapy : Theory and Practice". London: Jessica Kingsley Publishers (2011).

32. Karimi Nasab A. "The Effectiveness of Narrative Therapy on Depression in Children with Cancer". Mashhad: Ferdowsi University of Mashhad (2000).

33. O'Connor KJ., *et al*. "Handbook of play therapy". John Wiley and Sons (2015).

34. Rubin LC. "Using superheroes in counseling and play therapy". Springer Publishing Company (2006).

35. Rubin KH and Pepler D J. "The Development and Treatment of Childhood Aggression". Psychology Press (2013).

36. Irwin EC. "Factors Leading to Success in Puppet Play". Puppet Play Therapy: A Practical Guidebook (2017).

37. American Academy of Child and Adolescent Psychiatry. Facts for Families (72) (2011).

38. Potegal M and Davidson RJ. "Temper tantrums in young children: Behavioral composition". *Journal of Developmental and Behavioral Pediatrics* 24.3 (2003): 140-147.

39. Axline VM. "Play therapy". Ballantine Books (2012).

40. Erickson F. "Viewpoints on children in hospitals". *Hospitals* 1 (1963): 37-47.

41. Menassa BM. "Theoretical orientation and play therapy: Examining therapist role, session structure, and therapeutic objectives". *Journal of Professional Counseling, Practice, Theory, and Research* 37.1 (2009): 13.

42. Nalavany BA., *et al*. "Mapping the Characteristics of a 'Good' Play Therapist". *International Journal of Play Therapy* 14.1 (2005): 27.

43. Snow MS., *et al*. "The Ipad Playroom: A therapeutic technique". *Play Therapy* (2012).

44. American Psychological Association (n.d.).

45. Ceballos PL., *et al*. "Play/Activity Therapy". In: Levesque R. (eds) Encyclopedia of Adolescence. Springer, Cham (2017).

46. Dillman Taylor D and Bratton SC. "Developmental appropriate practice: Adlerian Play Therapy with preschool children". *Journal of Individual Psychology* 70.3 (2014): 205-219.

47. Dodge K., *et al*. "Aggression and antisocial behavior in youth". In W Damon and R Lerner (Series Eds.) and N Eisenberg (Ed.): Handbook of child psychology: Volume 3. Social, emotional, and personality development (6th edition). New York, NY: Wiley (2006): 719-788.

48. Dreikurs R and Soltz V. "Children: The challenge". New York, NY: Hawthorn/Dutton (1964).

49. Hull KB. "Technology in the Playroom". Handbook of Play Therapy (2016): 613-628.

50. Kottman T. "Play therapy: Basics and beyond". John Wiley and Sons (2014).

51. Marvel Hero Maker Programs (2016).

52. Meany-Walen KK., *et al*. "Effects of Adlerian play therapy on children's externalizing behavior". *Journal of Counseling and Development* 93.4 (2015): 418-428.

53. Perry BD., *et al*. "Childhood trauma, the neurobiology of adaptation, and 'use dependent' development of the brain: How states become traits". *Infant Mental Health Journal* 16.4 (1995): 271-291.

54. Richardson T., *et al*. "Computerized cognitive behavioral therapy for the prevention and treatment of depression and anxiety in children and adolescents: a systematic review". *Clinical Child and Family Psychology Review* 13.3 (2010): 275-290.

55. Robinson E. "The Influence of Superhero Characters on Moral Judgment in School-age Children". (Doctoral dissertation, Alfred University, Alfred, NY) (2014).

56. Rodkin PC., *et al*. "A relational framework for understanding bullying: Developmental antecedents and outcomes". *American Psychologist* 70.4 (2015): 311-321.

57. Warlick J. "Adlerian Play Therapy". Techniques In Adlerian Psychology (2013): 323.

58. White D., *et al*. "Look up in the sky: Latent content analysis of the real life superhero community". *The Qualitative Report* 21.2 (2016): 178-195.