

Play Therapy Treatment for Post-Traumatic Stress Disorder

Dr. Ibrahim B. Olanya, Aisha Manja

Melzara College Zambia.

1. INTRODUCTION

Play is a key aspect of a healthy growing child's life. It is an avenue through which children express their joyful and traumatic emotions unconsciously.

It is also a very crucial aspect in the emotional, physical and cognitive development of a child. One main type of play which children use to express their feelings is role/imaginative/pretend play.

Play therapy is used primarily for children which is carried out in a comfortable setting. And the goal is to help a child to express his/herself healthily.

Play therapy allows children to create a fictional world and in this way make sense of the real world. Children are made to play in the presence of a therapist who provides a trusting relationship, obtaining relief from the negative effects of anger , shame, sadness and distress.

The effects of Trauma can be long-term and very brutal to the child's emotional and physical wellbeing.

An increasing number of children have been found to be going through Trauma, as they display disruptive/negative behaviours at school (abusive language and behaviour , bullying) . However, many teachers do not realise the main causes of such behaviours. And thus, steps towards intervention are also not carried out effectively.

Psychological research states that mostly children under the age of 6 portray their emotions through actions. And a child can not fully express his or herself through speaking. Thus , the need of play therapy is essential as children can have an opportunity to release their emotions in a manner that they are comfortable and familiar with.

Play therapy is quite prominent in first world countries and not as much in the less developed countries. As a result, children with behavioural issues and disorders in low developed countries are not treated in an effective manner. The punishment intervention is used which in turn causes increase and worse consequences of negative behaviour.

Amongst the many causes of PTSD in children may be sexual abuse , severe medical procedures , divorced parents ,death of family members , war zones, poor refugee environments, children with disorders who are not treated effectively etc.

2. STATEMENT OF THE PROBLEM

In the past decade, information regarding the deep rooted consequences of Interpersonal and Post Traumatic

Stress Disorder (PTSD) has grown immensely. However, very few investigations and analysis have been made to overcome and treat such cases efficiently.

3. SIGNIFICANCE AND PURPOSE OF THE STUDY.

This research study will reveal the effectiveness of play therapy outside of an academic environment. And how it is carried out including the steps, stages and duration which will elucidate the patterns of behaviour and connections of cognition and behaviour etc.

4. SCOPE OF THE STUDY

A case study will be carried out on a 6 year old child in Grade 1, who has been displaying negative behaviour for the past 2 years. His teacher described behaviours like bullying other children, short temperedness, zoning out of class . Etc.

Teachers, researchers and therapists have not come to a general consensus on the effectiveness of play therapy.

Furthermore, from my personal experience as a teacher, I noticed that children with behavioural issues, below the age of 7 were not intervened rightfully.

Therefore, both the above reasons give me a great urge to research and prove the effectiveness of it, which I could then create awareness and encourage its implementation in the schools.

5. LITERATURE REVIEW

Majority of the researches have positive remarks regarding the effectiveness of play therapy. From the very few researches carried out in Africa, a few reviews have had opposing statements based on this topic with agreeable justifications.

Awareness of mental health is not prominent in the underprivileged urban areas and rural areas of low developed countries. Therefore, before carrying out therapy interventions , it would be necessary to create workshops and programmes based on mental wellbeing with the purpose of educating the local people. A study was carried out in South Africa which suggested that “ It would be effective in such socio – economic circumstances to combine therapy interventions with programmes explicitly focusing on mental health education providing an intrinsic motivation for therapy attendance. ” Nadine Van Westrehenen, Elzette Fritz , Rolf Kleber (2019 , p. 11)

Dr Kathryn Frances Hunt writes an article which was published, and stated that a few professionals conducted courses of play therapy in Nairobi, Kenya, East Africa . “The effectiveness of this course was proven as it raised awareness of the therapeutic power of play and removed doubts of inadequacy.” Journal of Psychology in Africa (Volume 16 ,2006)

An intervention of play therapy was used against sexual abuse violence in Botswana. Participants had training in the use of Play therapy as a therapeutic medium for sexually abused children. Qualitative research was conducted using group discussions and a sample 18 social workers and lay counsellors from the region of Botswana. Munita Dunn and Morekwe Selemogwe , Journals of Psychology in Africa (2009, p.127 to p.129)

Furthermore, parents play an integral role in the treatment of the child. Parents and therapists have to work in cooperation and both parties should have open communication for effective results. The Association for Play Therapy’s (APT, 2019) Best practices statement explicitly recommends that “play therapists should include parents /caregivers in the formulation of treatment plans and reaching therapeutic goals.”

Moreover, traumatic experiences are primarily stored in the sensory networks of the brain often resulting in dysregulation. This already indicates that traumatic experiences are not stored as verbal memories and further making it difficult for children to narrate their emotions. "Traumatic events are not saved as verbal memories, resulting in lack of narrative memory and rational thought about the experience (Gaskill and Perry, 2012 ; Ogden and Minton , 2000 ; Vand der Kolk , 2014).

The California Evidence Based Clearinghouse for Child welfare (CEBC) recognizes child centered play therapy as promising for anxiety, disruptive behaviour and domestic violence (based on 10 experimental researches)

There have been three major meta analyses on play therapy indicating effectiveness of it. (Bratton et al, 2005 ; Lin and Bratton, 2015 ; Ray et al, 2015)

Shens (2002) conducted a trial upon children who were traumatized by an earthquake and Dung et al (2010) published case studies demonstrating positive impacts for children affected by Hurricane Katrina in the United States.

In India, therapeutic cloning and play techniques have been utilised for effective intervention against long term hospitalization , chronic illnesses such as cancer, surgery and post-surgical treatment. (Ellison, 1995)

6. HYPOTHESIS

Is play therapy intervention effective for immediate results?

What factors trigger the delay of behaviour improvement in play therapy?

Can this intervention be utilised in rural areas or underdeveloped countries?

Is this intervention the only solution to behavioural problems?

7. RESEARCH METHODOLOGY

The observation method was used, with the help of descriptive and Evaluative variables.

Before the treatment

I initially prepared the child mentally and emotionally by speaking to him regarding general day to day topics before he was placed in the play room. He blended in very quickly as compared to other kids as he seemed to possess an extroverted personality.

Prior to this, I involved the parents by briefing them about the child's behavioural issues. On the initial encounter, the parents were in denial. However, after a few sessions of therapy, it assisted them to understand the connections between the environment and the cognitive behaviour of the child. Furthermore, I discovered that this nuclear family lived with an extended family in one unit of a house. This caused a few internal conflicts within, resulting in negative effects on the child.

Treatment plan

The child was placed in a room filled with different toys; dollies, balls , legos, few super hero robotic toys. A session of 30 minutes was conducted each day for 3 months. These findings and observations were then placed in graphical terms below which will elucidate the behavioural change patterns and finally the improvements too.

Two variables that were analysed were frequency and intensity.

I used the tally system to record frequency of each day. Furthermore, I then used daily frequencies to create the weekly and monthly means.

The frequency variable includes:

How many times the child carried out violent behaviours towards the toys ? E.g. throwing balls at the legos, stamping on the dollies

How often the child screams or yells

How often does the child pretend talks to the toys?

The intensity variable was recorded within a range of 1 to 10 which included:

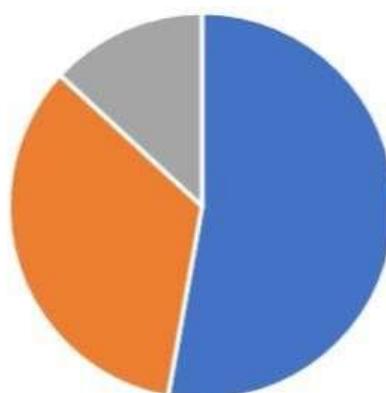
How loud the child yelled ?

How hard he hit the ball at the toys?

Mean

Month 1	20.5
Month 2	13.2
Month 3	5.1

MEAN

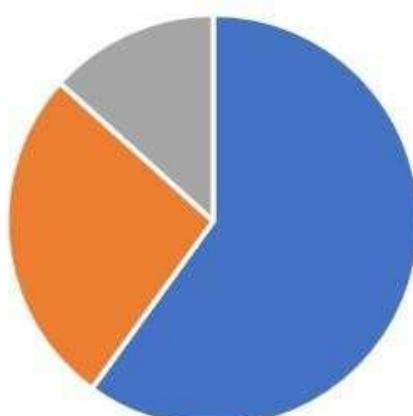


■ Month 1 ■ Month 2 ■ Month 3

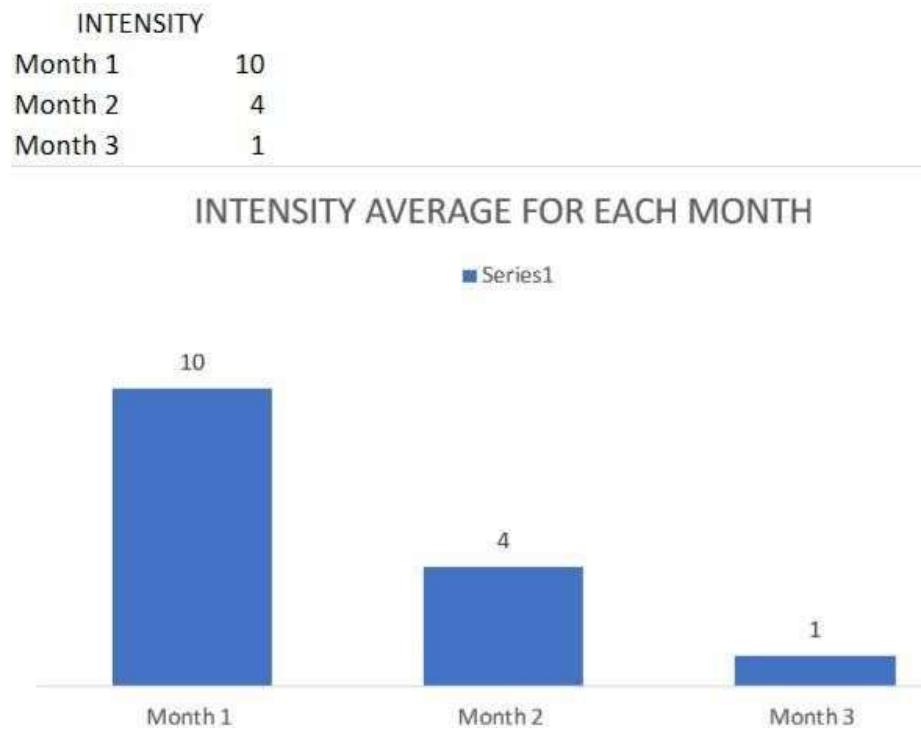
FREQUENCY

Month 1	9
Month 2	4
Month 3	2

FREQUENCY AVERAGE FOR EACH MONTH



■ Month 1 ■ Month 2 ■ Month 3



8. CONCLUSION AND DISCUSSION.

The above results depict a positive response to play therapy for treatment of trauma. However, during the second and last week of the second month, I noticed that the frequency and intensity increased to base line results due to a number of factors, which include:

Conflicts at home increased in the second month resulting in the parents not cooperating and maintaining a stable home environment as per discussed prior to treatment.

One parent left home for a few days to go for a business trip resulting in lack of attention.

Also, the child was affected with a heavy flu.

Play therapy costs are a little pricey as qualified therapists, teachers or trainers need to be recruited for effective results. Also, one has to provide a room and different kinds of toys. Evidently, this will not be suitable for low developed countries or rural areas in high developed countries due to increased poverty.

However, the government should provide aids or should request for NGO's that deal with welfare of children, so they can assist its implementation across all parts of the country and provide voluntary qualified therapists.

Furthermore, play therapy does not produce immediate results. It takes varied times depending on the intensity of the negative behaviours one wants to diminish. Other intervention methods can be used if one is expecting quick results.

INFO

Corresponding Author: Dr. Ibrahim B. Olanya, Aisha Manjra, Melzara College Zambia.

How to cite this article: Dr. Ibrahim B. Olanya, Aisha Manjra, Play Therapy Treatment for Post-Traumatic Stress Disorder, Asian. Jour. Social. Scie. Mgmt. Tech.2022; 4(3): 130-134.