Effectiveness of cognitive behavioral play therapy group on self-esteem and social skills in girls' elementary school

Sareh Ghasemian Siahkalroudi, Mohammadreza Zarbakhsh Bahri *
Departments of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

Abstract: Childhood is a critical period in the human life and the right time for major interventions such as increased self-esteem and social skills in children. The aim of the present study was to determine the effectiveness of cognitive-behavioral group therapy on self-esteem and social skills of the girl students. This study was an experimental, pretest-posttest design with a control group. For this purpose the list of all girls' primary school regarding the educational system of Roodsar city in the years 2013-2014 one school was selected as a sample by stratified random sampling. After the implementation of the Cooper smith Self-Esteem Inventory (1967) and the scale of measurement of the Matson's social skills of children form (1983), from the students whose score in both questionnaires was less than one standard deviation below the mean, 30 were selected using simple random sampling and were randomly divided into control and experimental groups. The experimental group participated in 10 sessions of one hour cognitive behavioral play therapy group. Then the Cooper smith Self-Esteem Inventory and Matson's social skills scale was performed as posttest on both groups. The data obtained were analyzed by multivariate analysis of covariance. The findings showed that with the control effect of the pre-test, post-test there were significant differences between the control and experimental groups (P<0.01), and the means of self-esteem and social skills in group play therapy posttest increased compared to the pretest and control group. The findings are aligned with the results of other research in communities with different environments and cultures. Thus, it appears that cognitive behavior play therapy group can help to effectively boost self-esteem and social skills of girls' elementary school.

Key words: Cognitive-behavioral play therapy group; Self-esteem; Social skills

1. Introduction

In the context of social and emotional learning, social skills can recognize and manage emotions, develop care and concern for others, develop positive relationships, make responsible decisions and handle challenging situations which is defined constructively and ethically (Zins et al., 2004). Celest (2007) argues that, even in environments where there is a lot of support, Children should have a Treasury of social skills to enter the community so that they can create sustainable interactions and become socially independent. Evidence has shown that higher perceptions of children's social skills, promotes positive progress, Also it has been shown that social relations, will lead to greater success in school (Lynch and Simpson, 2010; Walker and Hobbes, 2003). Schools are a unique position to identify children who suffer from emotional and behavioral problems as well as providing the usual early intervention that can prevent more serious problems (Bratton and Kottman 2014). Teachers report that the single greatest challenge is that the majority or all of the children's social skills are lacking all or some which seem necessary for academic achievement. These children in spite of the appropriate IQ are to be able to meet the expectations of social behavior and not school and can be excluded on behalf of the teacher and peers and suffer failure. In this case the teaching and learning are not allowed and will lead to academic failure (whitted, 2011). So the lack of social and emotional skills is one of the reasons for the failure of many children in school (Chari et al., 2013). Undoubtedly, social skills play a key role in the adaptation and psychopathology in children of any age (Matson and Wilkins, 2009). The most appropriate age to intervene and facilitate and accelerate social behavior and help children to learn adaptive behavior and appropriate communication skills, is childhood (Bruner and Seyfert, 2013). Another variable in this study is focused on the self-esteem. The self-esteem is the sense of individuals' worth and approval towards themselves (Harter, 2007). Self-esteem is considered one of the determinants of human behavior. In fact, its people's perception and judgment that determines how they deal with various issues. A person who has low self-esteem and self-worth and no self-respect, may suffer isolation, withdrawn or anti-social behaviors and aggression (Mackie and Smith, 2002).

Researchers have shown that self-esteem has an important role in the psychological well-being. For example, numerous studies have shown that low...
self-esteem is associated with depression and anxiety (Lazaratou et al., 2007; Frank, 2007; Taylor and Montgomery, 2007; Chang, 2001). High self-esteem is an important source of support against adverse events and adverse events in a person's life which reduces the negative effects (Taylor et al., 2000). As in today's society, social norms have changed greatly. Students of all ages (from preschool to university) are faced with many challenges that can harm their self-esteem (Norton, 2011). Various interventions is used to increase self-esteem and social skills of children, But it is known that play therapy is an important technique of psychological intervention for children due to the play (Davenport and Bourgeois, 2008). Because children's limited ability to express concerns as significant through words and play therapy for children provides a non-verbal means of expression that passes through the barrier of language and culture (Gile and Drewes, 2005). Landreth (2002) states that it has been reported that play therapy is an effective way for children 3 to 12 years. Studies show that play is an effective communication tool for early childhood and educational play-based approaches are the best psychological intervention for children (Fleer, 2008). Play is a useful tool for learning (Johnson et al., 1999; Chinekesh, 2014) and for the treatment of children (Meany-Walen et al., 2014; Ray et al., 2009). Play awakens children's emotions and feelings and guides her/him towards social life and responsibility (Khalatbary, ghorban Shirudi and Sam Khanian, 1390). Emotional development has been confirmed through the play. If your child's self-esteem through the play increases by becoming more adept at regulating emotions and learning to identify the emotional position of others (Lindsey and Colwell, 2003; Normandeau and Guay, 1998).

Cognitive-behavioral play therapy attracts behavioral and cognitive intervention into a pattern of play therapy. Play activities are used as verbal and nonverbal communication. Cognitive behavioral play therapy provides a theoretical framework based on the principles of cognitive behavior therapy and this framework combines these principles in terms of growth. Cognitive behavioral theorists, sees children's play as a reflection of the specific patterns of maladaptive behavior and irrational thinking. They exploit during children's play activities and behavior modification and change strategies to strengthen their adaptive behaviors or to use play opportunity to teach structured problem-solving skills or coping skills and coping. Also it prepares opportunities for play to provide activities for children that are in tune with social behavior, such as participation and observation times (Ismail, 2010). This treatment emphasizes on the participation of children in treatment and addresses issues related to control, dominate and take responsibility for changing their behavior Kaduson and Schaef er, 2000).

Group play therapy, such as group counseling for adolescents and adults, is basically a psychological and social process in which children learns things about them and other children during the normal process of interaction with other children in the playroom. Children help each other in the process of interacting, to accept responsibility in the relationship between the individual. Since then the children are able to quickly and naturally to expand this interaction to their peers outside of the play therapy (Landreth, 2002).

During group play therapy, children are forced to share toys, tools and the therapist play time with others. Each child has an opportunity to explain the project that has created. This means that every child should respect the time of other children. Of course therapist play also helps child to respect other children and not to hurt them. Child understands that dispute, teasing others and being rebellious is time consuming and reduces the opportunity to explain what he/she has done. Also the fact that every child has the opportunity to participate in a play that will notice the benefit of playing for themselves and others. In addition, the group play therapy, children can develop their moral judgments. Experience of play therapy helps children in order to be able to push back the belief that the rules are arbitrary and can be determined only by adults. Instead, children usually learn how to cooperate with others and treat all children equally (Tiggs, 2010).

Many researchers have shown the usefulness of play therapy for children with problems. Meany-Walen et al. (2014) have shown in their study that Adler play therapy reduces the chaotic behavior of the students. Bratton, Ceballos, Sheely-Moore and Meany-Walen (2013) have showed in their study the effectiveness of child-centered play therapy on the significant decrease of destructive behaviors in preschool children. Wetzig, Coleman and Geider (2011) concluded in their study that direct and short-term play therapy significantly improved assertiveness, self confidence and trust of children and also improves verbal communication and acceptance of them and reduces their social isolation. Ray, Blanco, Sullivan and Holliman (2009) showed in their study that child-centered play therapy significantly reduces children's aggressive behavior. Garza (2005) indicated in their study that child-centered play therapy significantly reduces behavioral problems in children. Reyes and Asbrand (2005) showed in a longitudinal study that play therapy significantly decreases anxiety, depression and stress of sexual abuse in children. Baggerly (2004) concluded in his study that child-centered play therapy increases confidence and reduces anxiety and depression in homeless children. Boulanger and Langevin (1992) showed in their study that group play therapy has a significant improvement in the social skills of children. Salamat and colleagues (2013) showed in their study that cognitive behavior play therapy have been effective on the recovery and rehabilitation of memory and social skills of students with spelling learning disabilities. Chinekesh and colleagues (2014) showed in their study that group play therapy led to
enhancement of social and emotional skills in preschool children. Malek, Hassanzadeh and Targari (2013) showed in their study that cognitive-behavior play therapy group reduces behavioral problems in children with reading disorder. Hassani, Mirzaeean and Khalilian (2013) in their study to determine the effectiveness of play therapy based on cognitive-behavioral approach began to reduce anxiety and increase self-esteem in children with attention deficit disorder (ADD), hyperactivity (ADHD). Rashidi Zafar et al (2012) found in their research that play therapy can significantly increase positive social behaviors in preschoolers. In a study done by Madadi Zaware, Kamkar and Golparvar (2007) they indicated the effect of play on the increase of self-esteem on blind students. Since the effectiveness of play therapy has been shown in several studies and is widely used around the world, this method has not gained its place in Iran, especially it is less used for children who enroll in casual schools, but suffer from psychological problems. Thus, this study sought to determine the effectiveness of cognitive-behavioral play therapy group on self-esteem and social skills of the girls’ elementary students.

2. Materials and methods

This research is an experimental with pretest - posttest control group design. The study sample included all primary school female students in second through fifth Roodsar city (Iran) in the year school of 2013-2014. The samples were 30 students who randomly (draw) were selected. For this purpose, using the method of cluster sampling from girls elementary school of Roodsar city (Iran) 141 students from second to fifth grades were selected. After the screening, both Matson Social Skills Inventory and Self Esteem questionnaire was carried out to all students in second to fifth school. Then, from among those scores in both questionnaires that was lower than one standard deviation below the mean, the score on the scale of self-esteem was lower than the 24.85- and on the scale of social skills was lower than 208.53 which consisted of 37 people. Using a simple random sample 30 subjects were selected, from these 30 patients, 15 were randomly assigned to an experimental group and 15 in the control group. The experimental group participated in 10 sessions of cognitive-behavioral play therapy group and after the sessions, questionnaires of Self Esteem and social skills were carried out on the children in the experimental group and the control group.

3. Instruments, reliability and validity

Cooper smith Self-Esteem Inventory (1967)

To assess the self-esteem of subjects under study, Coppersmith self-esteem Questionnaire (1967) was used. This scale is a 58-point pencil and paper self-report scale, 8 materials of them are lie detector and 50 other material measures a person's overall self-esteem. One positive feature of this test is its simple and understandable sentences, being short scale and has the ability to run the group. Method of scoring this test is zero and one. Several studies have pointed to the reliability and validity of this scale. Coopersmith et al. (1967) gained 88/0 retest coefficient after 5 weeks and 0.70 retest coefficient after 3 years for this scale (Haghighi et al., 2006). Shokrkon and Nissi (1994), calculated the validity through the method of correlating the student test scores with average test scores of students in their final year. The coefficients obtained for boys was 0.69 and for girls was 0.71, which was significant at 0.001. Also test-retest reliability test for boys and girls, have been reported respectively, 90 and 92. Also Ahmadi (1393) in his study used Cronbach's alpha 0/89 to calculate the amount of reliability of this scale.

3.1. Matson social skills scale form for children (1983)

Matson et al., 1983, built this scale for people 4 to 18 years. The basic form of this scale has 62 items that in Iran with Youssef and kheir (2002) analyzing factor it was decreased into 56 items. To answer this questions, participants must read the terms and then indicate their answers on a 5-point index of Likert type with scores ranging from 1 (ever / never) to 5 (always).

Yousefi and Kheir (2002) carried out this scale on 562 male and female students of Shiraz. And reported the validity of this scale using construct validity and factor analysis and reliability by using Cronbach's alpha 86/0. The results indicate the good and acceptable reliability of Matson's social skills scale for assessing the skills of young adults of Iran.

3.2. Sessions content

Therapy sessions were held by the researcher twice a week for an hour. During the sessions of the experimental group, the control group did not receive any intervention. In each session, plays were performed to increase social skills and self-esteem. At the end of each session worksheets were given to children to enhance self-esteem and social skills as homework and the worksheets were reviewed at the beginning of the next session and labels were given to the children as an encouragement.

3.3. The content of the sessions can be summarized as follows

First session: In this session, “Introduction” and “making friends play” was done in order to establish communication between our members and the therapist.

Second session: "To see how you’re" play was performed with the aim of describing the learning of others, improving communication and visual and social awareness training. Also "stars in the night sky" play, with the aim of focus of child on his
success and thereby raising the self-esteem of children.

Third session: "Art scrawl" play was carried out with the aim of increasing pleasant and rewarding behaviors towards others and patience and observe the turns training as well as increased self-esteem of children. Also playing "coins" was formed with the aim of raising children's tolerance to truth and lies and the practice of questions a communication.

Fourth session: "Spin the bottle" play was performed with the aim of encouraging children to focus on the positive characteristics and bring them out in public. Also "gift image" play was performed with the aim of starting a relationship, to please others and learn to accept the gifts.

Fifth Session: "Design thread" play was performed with the aim of increasing self-esteem and "drawing the mood states" play was carried out with the aim of expressing feelings and moods, reducing anger, dealing with emotions, recognition of feelings and finding the symbol for them.

Sixth Session: "Angry balloon" play was performed to help the child to feel and express their anger and be familiar with the correct way of handling anger and also play a "puzzle" that improves the sense of being valued and cooperation in the groups.

Seventh Session: The session of "storytelling" and the "hand puppet" was carried out to pattern appropriate social behavior.

Eighth Session: "The Incredible Two-hand artist" play was performed with the objective of non-verbal communication, practice teamwork and putting yourself instead of others and also "please make me laugh" play with the aim of increasing self-esteem and help children to develop their sense of responsibility.

Ninth session: "Two peas in a shell" play was performed with the aim of raising awareness of the visual, make friends and to improve coherence and spirit of the group and "new names" play, which emphasizes on the feeling of being valuable and improves self-worth in children.

Tenth session: Play the "I am" was aimed at strengthening the skills of asking questions and the worksheet were used to teach young children the skill to "say no" and to teach them how to resist peer overwhelming situations.

4. Results

For the descriptive part of analysis of statistical data the mean and standard deviation and for the inference part according to the experimental design with pretest-posttest study analysis of covariance was used.

Table 1 presents the components of descriptive statistics relating to pretest and posttest:

<table>
<thead>
<tr>
<th>variable</th>
<th>groups</th>
<th>N</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>N</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social skills</td>
<td>Experimental</td>
<td>15</td>
<td>180.13</td>
<td>20.44</td>
<td>15</td>
<td>180.87</td>
<td>21.79</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>180.13</td>
<td>20.44</td>
<td>15</td>
<td>181.53</td>
<td>22.64</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>Experimental</td>
<td>15</td>
<td>21.07</td>
<td>3.91</td>
<td>15</td>
<td>21.30</td>
<td>4.026</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>15</td>
<td>21.07</td>
<td>3.91</td>
<td>15</td>
<td>21.30</td>
<td>4.026</td>
</tr>
</tbody>
</table>

As shown in the above table there is differences between the control group and the experimental group mean in the dependent variables. These differences in both variables are in benefit of the experimental group. To test the significance of differences between experimental and control groups on the dependent variables (self-esteem and social skills) ANCOVA was used to control the result of the pretest. To assess the efficacy of cognitive-behavioral play therapy group in a variable combination of self-esteem and social skills, the multivariate analysis of covariance (MANCOVA) was used. To determine the impact of this procedure on each of the variables the univariate analysis of covariance (ANCOVA) was used.

Table 2: Analysis of multivariate covariance the effectiveness of play therapy on a combination of social skills and self-esteem variables

<table>
<thead>
<tr>
<th>Test</th>
<th>value</th>
<th>df1</th>
<th>df2</th>
<th>F</th>
<th>sig</th>
<th>n²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wilks lambda</td>
<td>0.138</td>
<td>2</td>
<td>25</td>
<td>77.76</td>
<td>0.000</td>
<td>0.862</td>
</tr>
</tbody>
</table>

As can be seen in Table 3, the effectiveness of play therapy on the combination of social skills and self-esteem variables is significant (P <0.01 \( \lambda=77.76 \)) and the effective rate is 0.862.

Table 3: Univariate analysis of covariance the effectiveness of play therapy on self-esteem

<table>
<thead>
<tr>
<th>variable</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>sig</th>
<th>n²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-esteem</td>
<td>614.61</td>
<td>1</td>
<td>614.61</td>
<td>103.16</td>
<td>0.000</td>
<td>0.799</td>
</tr>
<tr>
<td>Error</td>
<td>1981.92</td>
<td>26</td>
<td>76.23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As can be seen in Table 4, significant level of 0.000 is smaller than the Bonferroni alpha level.
many times and this increases the feeling of pleasure
positive characteristics increases their self-esteem.
interaction. Each of the children's work was praised
positively evaluate through the process of group
that they allow themselves realistically and
group plays provides an opportunity for children
sense of empowerment and valuable. In fact the
children. In the used plays, Children reached to a
experience and increases their self-esteem by
Play therapy indirectly changes children's
childhood years on the basis of human experience;
al., 2013).
showed group play therapy improves children's
Malek et al., 1392). Also it is aligned with studies that
chaotic behavior and behavioral problems (Meany-
therapy can lead to the reduction of children's
this study are in line with studies that show play
consistent that child-centered play therapy
modify the unreasonable thinking of a child and
false beliefs which lead to a low self-esteem in
his/her maladaptive behavior. In this way that a
destructive beliefs of children which lead to cynicism
behavioral play therapy the irrational and self-
defective beliefs and attitudes and it is strived to
detect and express feelings in appropriate and
socially acceptable methods Self-strategic methods
and ..., through various plays. Also, by cognitive-
behavioral play therapy the irrational and self-
defective beliefs of children which lead to cynicism
and distrust and misunderstanding about the
behavior of others will be refined and causes more
adaptive behaviors in children. Meanwhile,
Encouragement which is the requisite of cognitive
behavioral helps the children to understand which
behaviors are approved and appropriate and which
are not appropriate behaviors, and thus increases
their social skills.

Samples were selected by using only self-report
tool and no further follow-up study are the
limitations of this study. It is recommended that this
style of play therapy are trained to primary school
teachers and is intended to be widely used in schools
by counselors and teachers to enhance children's
social skills, and also to improve their self-esteem.

5. Discussion and conclusion

The findings showed the level of self-esteem and
social skills of participants in the sessions of
cognitive-behavioral play therapy has significantly
increased compared to those who were not under
this program. These findings are aligned with the
results of Wettig et al. (2011) that the short-term
play therapy improves self confidence and trust in
the children and reduces their social isolation.
Similarly, the results of Baggerly (2004) showed the
consistency that child-centered play therapy
increases the confidence of children. The results of
this study are in line with studies that show play
therapy can lead to the reduction of children's
chaotic behavior and behavioral problems (Meany-
Walen et al., 2014; Bratton et al, 2013; Garza, 2005;
Malek et al., 1392). Also it is aligned with studies that
showed group play therapy improves children's
social skills (Chinekesh et al., 2014; Salamat et al.,
2013; Rashidi Zafar et al., 2012; Boulanger and
Langevin, 1992) and with studies that showed play
therapy increases self-esteem of children (Hassani et
al., 2013).

Since the self-esteem are formed during
childhood years on the basis of human experience;
Play therapy indirectly changes children's
experience and increases their self-esteem by
creating a pleasant and desirable experiences for
children. In the used plays, Children reached to a
sense of empowerment and valuable. In fact the
group plays provides an opportunity for children
that they allow themselves realistically and
positively evaluate through the process of group
interaction. Each of the children's work was praised
many times and this increases the feeling of pleasure
in return. Also encouraging children to focus on the
positive characteristics increases their self-esteem.

As Ellis Pope and colleagues (1999) have noted
Cognitive-behavioral training, increases children's
self-esteem. In cognitive behavioral play therapy it is
emphasized on the impact of maladaptive and
dysfunctional beliefs and attitudes and it is strived to
modify the unreasonable thinking of a child and
his/her maladaptive behavior. In this way that a
false beliefs which lead to a low self-esteem in
children, changes the beliefs that led to the child's
self-esteem.

As can be seen in Table 4, significant level of
0.005 is smaller than the Bonferroni alpha level
0.005 and the possibility of 0.99 suggest that the
effectiveness of play therapy on self-esteem is
significant and the effectiveness rate is 0.799.

Table 4: Univariate analysis of covariance effectiveness of play therapy on social skills

<table>
<thead>
<tr>
<th>variable</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>sig</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social skills</td>
<td>5879.8</td>
<td></td>
<td>5879.8</td>
<td>77.13</td>
<td>0.000</td>
<td>0.748</td>
</tr>
<tr>
<td>Error</td>
<td>1981.92</td>
<td>26</td>
<td>76.23</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In explaining the Increase of children's social
skills by the cognitive-behavioral play therapy group,
it can be said that since the lack of social skills can be
caused by poor models provided by adults or his/her
peers, proper patterning through the process of play
therapy for example, patterning through hand
puppets contributes to improving children's social
skills. According to the social learning theory the
correct behavior is learned through observation and
modeling. Whenever the results of the behavior of
others were acceptable by the child or lead to the
problem solving, he/she also learns to build the
same behavior at the time of its occurrence. As
Geldard and Geldard (2008) believe, teamwork
provides an opportunity for children to understand
and discuss the acceptable and unacceptable
behavior because these behaviors occur in the group
and children in the group are able to practice new
behaviors. Then he/she can generalize that behavior
in similar situations. During the play therapy
sessions, the therapist tried to help to improve the
social skills component of children such as verbal
communication and non-verbal communication,
detect and express feelings in appropriate and
socially acceptable methods Self-strategic methods
and ..., through various plays. Also, by cognitive-
behavioral play therapy the irrational and self-
defective beliefs of children which lead to cynicism
and distrust and misunderstanding about the
behavior of others will be refined and causes more
adaptive behaviors in children. Meanwhile,
Encouragement which is the requisite of cognitive
behavioral helps the children to understand which
behaviors are approved and appropriate and which
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their social skills.

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