



## RESEARCH ARTICLE

### THERAPEUTIC PLAY TECHNIQUES IN THE MANAGEMENT OF ANGER AND AGGRESSION: A STUDY ON CHILDREN WITH SPECIFIC LEARNING DISORDER

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#### ABSTRACT

The present research aimed to study the effect of therapeutic play techniques in the management of anger and aggression in children with specific learning disorder. Two main objectives were framed. The primary objective was to find out the differences in anger and aggression management in SLD children before and after the implementation of therapeutic play technique intervention. Secondly it was to compare the differences between SLD children who have received therapeutic play technique intervention and children who have not received therapeutic play technique intervention in the management of anger and aggression. The sample selected for the study was 30 SLD children. An experimental design was used. 15 LD children who have anger and aggression was selected through proper screening to participate in the intervention program based on therapeutic play techniques. Another group consisting 15 LD children who were also having anger and aggression behaviours formed control group. The intervention program was implemented in the experimental group whereas control group did not receive intervention program. In order to evaluate the effect of intervention pre and post assessment results of experimental, control groups were compared. According to the results it was seen that in experimental group there is a significant difference in anger and aggression on SLD children before and after intervention which was assessed by the teachers.

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## INTRODUCTION

Children with specific learning disorders (SLD) face unique challenges in various aspects of functioning. These disorders have negative influence on individual's cognitive processes. Children with these disorders have difficulty in demonstrating minimal potentials essential for thinking and reasoning. Learning disorders may also co-exist with various emotional disorders (APA). Research has shown a prevalence rate of 1.58 percent of specific learning disorder in the age range of 12 to 18 years old school students in Chandigarh, India (Arun, 2011). Another report has revealed that in India around 13 to 14 percent of school children suffer from specific learning disorders (Merinews, 2016). Several studies evidenced that the students with SLD demonstrate behavioral problems (Milan, Hou and Wong 2006), conduct disorders and academic difficulties (Hinshaw, 1992). Many of the past researchers have found an association between poor academic performance and the occurrence of expressions of anger and aggression (Valois, McDonald, Bretous, Fishcer and Drane, 2002) in children. These results have led the researchers to find out the actual predictors

of anger and aggression between poor performance in academics and SLD and the obtained results supported the presence of interaction among learning disorders, academic performance and aggressive behaviors (McHale, Obrzut and Sabers, 2003). Researches have considered various effective therapeutic intervention strategies to deal with most of challenges they face in different aspects of functioning. Psychological interventions for children with SLD include parent-training programs, classroom based interventions, behavioral intervention for children with anger management difficulties and interventions based on cognitive behavior therapy. Employing therapeutic play techniques in children has been found as the most natural and feasible approach in dealing issues related to anger and aggression. Over the past few years it has been increasingly advocated by the mental health professionals because of its unique non-clinical nature of therapeutic approach towards children.

### Aim

The aim of the study was to find out the effect of therapeutic play techniques in dealing anger and aggression in children with specific learning disorder who have been receiving special training in a special education system.

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## Objectives

- To find out the differences in anger and aggression management among LD children before and after the implementation of therapeutic play technique intervention.
- To compare the differences between LD children who have received therapeutic play technique intervention and children who have not received therapeutic play technique intervention in the management of anger and aggression.

## MATERIALS AND METHODS

### Study Design

A research design of pre- post intervention with experimental and control group was used to conduct the study. The data were collected from different special schools from Bangalore.

### Study Sample

The study was conducted in a group of 30 children diagnosed with specific learning disorder. Through purposive sampling the children were chosen to the study sample and proper screening of any psychopathology such as mood disorders, ADHD, neurological disorders or other physical disabilities was carried out. All the children belonged to the study were in the normal category of intelligence and fall within the age range of 10 to 13 years. They were randomly assigned into one of two groups of 15 each through lottery method.

### Tools

**Sociodemographic and clinical data:** A Sociodemographic data sheet was prepared by the investigators to elicit information such as Age, Gender and Grade and clinical details regarding the presence of any other illnesses.

**Teacher Observation of Classroom Adaptation – Checklist (TOCA-C):** This is a checklist developed by Leaf, Schultz, Keys and Ialongo (2002), and used by teachers to evaluate students to find out the effectiveness of school based training programs. From this scale, 10 items reflecting disobedience, disruptive and aggressive behaviors were adopted by investigators. Teachers could rate each item in the scale from 1 (always) to 4 (never). The score 20 indicates good behaviors and the score 80 indicates worst behavior. The internal consistency of the checklist for all the subscales ranges from .86 to .96 (Henson, 2001).

- **Therapeutic Play Technique Intervention:** Therapeutic play technique intervention framework for the management of anger and aggression among children diagnosed with LD as proposed by Hall, Kaduson and Schaefer (2002) has been used in this research. Following play techniques have been given below.
- **Rapport building session:** In order to build the rapport with the students non directive therapeutic play techniques are introduced. The children are free to utilize all the items displayed in the play therapy room without any restrictions. Meanwhile the therapist also joins the children for an interactive session with them.

- **Balloons and weights:** The game reflects on how negative thoughts generate feelings of sadness and weigh us down and positive thoughts lift our mood and feel good.
- **Balloons of anger:** The game is to help children to understand the nature of anger and the ways to deal with it appropriately. The air inside the balloon represents anger. Investigator make them to understand by demonstrating with the help of balloons, if the child allow anger to bottle inside, it may explode and lead to harm for themselves and others. Then it continues by exploring the ways to release the anger appropriately.
- **Anger can:** The game starts with decorating the garbage bags and then the child is asked to put minimum three strips of paper in the garbage bags in which they were asked to write their own problems or difficulties. During the following sessions, the child was encouraged to pick out a piece of paper from any garbage bag and come up with various solutions to each problem. Often children may come up with their own solutions to their problems. If this does not occur, the therapist should be directive and intervene with suggestions in the context of the play.
- **Statue and make me laugh:** The goal of this game is to build resistance to the distractions among children and prepare them to transfer this learning method in any anger provoking situations.
- **Bubble breath:** Through this game, children learn a technique to breathe deeply with the help of bubbles and they were suggested to bubble breathe at anger provoking or stressful situations.

### Procedure

The present study employed a pre-post intervention with control group design which aimed to find out the effect of the therapeutic play techniques in the management of anger and aggression in children with SLD. The data were collected from different special schools of Bangalore. A total of 30 children were recruited for the study and they were assigned to experimental and control groups through lottery method. Each group consists of 15 children. The entire procedure of the research completed in following phases.

**Phase I:** During this phase, permission was sought from special schools and an informed consent was also obtained from the parents of participants. A detailed interview was conducted with the parents and the participants to obtain their Sociodemographic and clinical information. The questionnaire was administered to the teachers. The teachers were instructed to observe the child for about one week and give their answers in the checklist accordingly. The average score obtained for each child from their class teachers were obtained. This score was considered as baseline assessment.

**Phase II:** During this phase, the participants of the experimental group were subjected to the proposed therapeutic play technique intervention. The whole intervention program aimed to reduce anger and aggressive behaviors in children with learning disability. The intervention consisted of 8 sessions in which each session took approximately 45 minutes. The entire training program was spaced out over a period of 4 weeks in which two sessions were conducted in every week.

**Phase III:** Post intervention assessment were carried out by teachers on all the participants of experimental group. The

results of baseline and post intervention assessments were compared in order to evaluate the effect of intervention.

**Statistical Analysis**

The statistical tools employed in this research were non-parametrical tests as the sample size was small. The Inferential statistics Mann Whitney U test was used to find out the difference between the experimental and control group. Wilcoxon signed rank test was used to check the effect of the intervention by comparing the pre-post intervention assessment results.

**RESULTS**

Most of the participants in both experimental and control group were boys. Most of the participants in both experimental and control group belong to middle economic class and majority of the participants in both experimental and control group are Hindus. The mean scores of anger and aggression on SLD children in control group which was assessed by teachers is 30.20 in the pre assessment and in the post assessment the mean score is 30.00 and the standard deviation of the same is 3.59 in the pre assessment and 3.51 in the post assessment.

The median obtained is 32.0 (25th quartile 28.0, 75th quartile 33.0) in the pre-assessment and 29.0(25th quartile 27.0, 75th quartile of 33.0) in the post assessment. There is no significant difference in anger and aggression on children with specific learning disorder which was assessed by teachers. The mean scores of anger and aggression on SLD children in experimental group which was assessed by teachers is 32.47 in the pre assessment and in the post assessment the mean score is 28.47 and the standard deviation of the same is 3.25 in the pre assessment and 3.70 in the post assessment. The median obtained is 33.0 (25th quartile 29.0, 75th quartile 35.0) in the pre-assessment and 28.0 (25th quartile 24.0, 75th quartile of 32.0) in the post assessment. Further these differences are statistically significant on 0.01 level in anger and aggression on children with specific learning disorder which was assessed by teachers. The above table indicates that the mean scores of anger and aggression on SLD children in experimental group which was assessed by teachers is 31.37 in the pre assessment and the SD of the same is 1.26 whereas in control group the mean scores of anger and aggression on SLD children which was assessed by teachers is 31.71 in the pre assessment and the SD of the same is 1.16. In the post assessment the mean score is 29.09 for experimental group and the standard deviation of the same is 1.35 whereas in control group the mean scores of anger and aggression on SLD

**Table 1. Shows the demographic details of the participants**

Subjects		Experimental Group (N=15)	Control Group (N=15)
Gender	Male	67%	53%
	Female	33%	47%
Socio economic Status	Low	13%	0%
	Middle	67%	87%
	Upper	20%	13%
Religion	Hindu	93%	67%
	Christian	0%	13%
	Muslim	7%	20%

**Table 2. The descriptive statistics and Wilcoxon Signed Rank Test values on the comparison of scores obtained by control group on pre assessment and post assessment in anger and aggression on children with specific learning disorder which was assessed by teachers**

Variables	Test	Descriptive		Percentiles			Ranks		
		Mean	S.D	25th	Median	75 <sup>th</sup>	Positive (Mean)	Negative (Mean)	Z
Teachers	Pre	30.20	3.59	28.0	32.0	33.0	7 (7.14)	7 (7.86)	0.16
	Post	30.00	3.51	27.0	29.0	33.0			

Not Significant, Positive: post-test<pre-test, Negative: post-test>pre-test.

**Table 3: The descriptive statistics and Wilcoxon Signed Rank Test values on the comparison of scores obtained by experimental group on pre assessment and post assessment of anger and aggression in children with specific learning disorder which was assessed by teachers**

Variables	Test	Descriptive		Percentiles			Ranks		
		Mean	S.D	25th	Median	75 <sup>th</sup>	Positive (Mean)	Negative (Mean)	Z
Teachers	Pre	32.47	3.25	29.0	33.0	35.0	15 (8.00)	0	3.43**
	Post	28.47	3.70	24.0	28.0	32.0			

\*\*p < 0.01, Positive: post-test<pre-test, Negative: post-test>pre-test, tie: post-test = pre-test

**Table 4. The descriptive statistics and Mann Whitney U Test values on the comparison of scores obtained by experimental group and control on pre assessment and post assessment in anger and aggression on children with specific learning disorder which was assessed by teachers**

Test	Groups	Descriptive		Rank		Mann-Whitney U	Z	
		Mean	SD	Mean	Sum			
Teachers	Pre	Experimental	31.37	1.26	14.23	213.5	93.5	0.79
	Control	31.71	1.16	16.77	251.5			
Post	Experimental	29.09	1.35	8.47	127.0	7.0	4.38**	
	Control	32.33	1.20	22.53	338.0			

\*\*p < 0.01

children which was assessed by teachers is 32.33 and the SD of the same is 1.20. The table denotes a significant difference between the experimental group and control group in anger and aggression which was assessed by teachers.

## DISCUSSION

The aim of the research was to find out the effect of therapeutic play technique intervention in dealing anger and aggression in children with specific learning disorder who have been receiving special training in a special education system. According to the results it was seen that in experimental group there is a significant difference in anger and aggression in children with SLD when compared and analyzed the pre and post-assessments. More specifically, there was a significant reduction in anger and aggressive behaviors after implementing the therapeutic play technique intervention in children with specific learning disorder. The results of the study corroborated with the findings of earlier researches. Play therapy approach have been found as an effective intervention for multiple Mental Health Concerns (Gil and Drewes, 2004; Landreth, Sweeney, Ray, Homeyer, and Glover, 2005), e.g. managing anger, bereavement, separation from loved ones, crisis and trauma, and for modification of behavioral dysfunctions (Landreth, 2002), e.g. anxiety, depression, attention deficit hyperactivity (ADHD), autism or pervasive developmental, academic and social developmental, physical and learning disabilities, and conduct disorders (Bratton, Ray, and Rhine, 2005).

## Conclusion and Implications

The study highlighted that therapeutic play techniques are effective in the management of anger and aggression in children with specific learning disorder. The current study calls for an action to implement play therapy centers and the need to have training programmes in the special schools. The techniques of Play Therapy helped to enhance its importance in Indian context where Play therapy has not gained much popularity.

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