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The effect of play-therapy with cognitive-behavioral approach on reducing Oppositional Defiant Disorder signs and increasing students' educational improvement

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Abstract

One of the most prevalent behavioral disorders that happen in elementary school ages is the oppositional defiant disorder. There are different interventions to treat this disorder. The research is done for the purpose of evaluating the effect of play-therapy with cognitive-behavioral approach on reducing oppositional defiant disorder signs and increasing boy students' educational improvement in elementary schools in Shiraz. Pre-test and post-test models were used in this quasi-experimental study with control group. The statistical population was fourth and fifth grade boy students in district I of Shiraz in 2012-2013. The multistage cluster random sampling method was used. 20 children were identified considering the criterion for child behavior checklist (CBCL), parent's form, teacher report form (TRF) and diagnostic interview from the students' parents. Then, by the random assignment method, they were divided into two groups: control group and experimental group. The experimental group was involved in 10 sessions of play-therapy. Beside the aforesaid tests, these students' educational improvement was evaluated by the teacher-made test. The one-way analysis of variance test was used to analyze the data. The result of the statistical analysis demonstrated that the cognitive-behavioral play-therapy leads to the reduction of oppositional defiant disorder signs; however, it had no influence on increasing the students' educational improvement in intervention group. The present research shows the reduction of oppositional defiant disorder signs on intervention result that is along with the researches of foreign countries which seem to be a suitable method to treat the mentioned disorder.

Keywords: oppositional defiant disorder, cognitive-behavioral play-therapy, educational improvement, students

Introduction:

Childhood is one of the most important stages of life in which one's personality takes form. Most conflicts in maturity and teenage years derive from disregarding childhood emotional-behavioral problems and absence of accurate guidance in the process of growth. Recently, by accepting this fact, increasing attentions have been drawn to preventing and treating childhood problems and disorders (Cartwright- Hatton, 2005).

One of the most prevalent behavioral disorders that reveals in elementary school ages is oppositional defiant disorder (Maughan, et al, 2004) in which it occurs among 2 to 16 percent of preschool children or early school ages and a stage before teenage years. The disorder occurs with several signs like flying off the handle, arguing with adults, actively refusing to obey adults' rules and requests, and collaborate with them, disturbing others intentionally, blaming others due to oneself mistakes and misbehaviors, irritability and to be offended by others, annoyance, anger, revenge and also vindictiveness (Diagnostic and Statistical Manual of Mental Disorders. 1994). These students' educational improvement especially in reading and other verbal skills is frequently under age and intelligence expectancy level. These children are facing with being sent down from the class or school and have some problems with others which may cause educational failure (Hamilton & Armando, 2008).

On the other hand, the disorder pre-awareness is not suitable and these children will experience further problems such as educational drop and emotional incompatibility (Hudziak, Copeland, Stanger and Wadworth, 2004).

Beside the effect of this disorder on social and educational matters and the relationship between the family members, if it is left without any treatment, it will change into conduct disorder, antisocial personality disorder and other adulthood mental damages which are related to violence and anger in more than 75% cases (Harda, et al, 2004).

Several dimensions of this disorder have become the base for many ideologies and action researches and because the oppositional defiant disorder leads to the increasing number of problems in children's life and their families, much attention has been drawn to the treating methods of this disorder. Several treating methods have been used for many years to face with students' cognitive-behavioral and emotional problems who suffer from oppositional defiant disorder (American Academy of child and adolescent psychiatry, 2007).

One of the most prevalent treating methods which has a wide range of application in the domain of children's behavioral disorder is the method of play therapy. Playing is a good and suitable method in treating children because children mostly have problems in oral expression of their feeling. They can reduce their barriers by playing and express their feeling (Wethington, 2008).

Cognitive-behavioral play-therapy is one of the children's psychotherapy approach in which the curer picks up toys and special tools according to child's problem, chooses play themes or stories according to child's emotional needs and cognitive or behavioral defects, and teach them new and necessary cognitive-behavioral patterns by his/her active participation while playing and provides them the potentiality to learn and exercise these patterns through playing. Evidences show that these approaches are defective and useful in growing problem solving skills, children's social skills and other congenial and adaptive cognitive-behavioral methods. This kind of play therapy needs child's active reaction and active participation in their own treating and therefore, the advantages of this approach will remove the defects of other approaches to a great extent (Gerald, 1999).

As Kazdin alludes herein, one of the most important advantages of cognitive-behavioral play-therapy is that it has a completely specified treatment methods and purposes. On the ground of cognitive-behavioral play-therapy without regard to the curer's approach, most play-therapists believe that their treatments are successful in about 80% of their cases. The mechanism of the effect of the approach is accomplished by correcting maladjusted notions and changing believes and theories which are related to the signs of the disease and pays attention to the bilateral and complicated reactions between cognition, emotions, behaviors and the environment (Gerald, 1999; Muhammad Ishmael, 2004).

Hereupon and with regard to the problem that children who suffer from the oppositional behavior disorder and defiance have some problems in social skills and educational success; also with regard to the results of the previous researches, the present research aims to answer the question that if play-therapy on the basis of cognitive-behavioral approach can decrease the severity of oppositional defiant disorder signs and increase these students' educational improvement.

Method

The pretest-posttest quasi-experimental model was used in this research in which the influence of an independent variable or the play-therapy on the dependent variables or the oppositional defiant disorder signs and educational improvement is evaluated.

Subjects: The society of the present research is all fourth and fifth grade boys in Shiraz who suffer from the oppositional defiant disorder.

The multistage cluster random sampling method was used in this research. From the quintet education districts of Shiraz, district I was chosen by random, and then from the available schools of this district, 5 schools were chosen randomly. After that, fourth and fifth grade teachers of those schools were invited for interview, and with regard to the Criteria of Child Behavior checklist (CBCL), parents' form, teacher report form (TRF) and the clinical interview, 70 students were identified from which 20 students were chosen randomly, then thy were placed in the control and experimental groups (10 students were in experimental group and 10 students were in control group).

Tools

1. Clinical interview: in the present research for diagnosing the existence of oppositional defiant disorder signs according to the DSM-IV criteria, diagnostic interviews were taken from the children's mothers by the clinical psychologist in counseling center.

2. Anechbach system of empirically based assessment: child behavioral checklist (CBCL) was used to evaluate children's externalizing problems. CBCL forms and Teacher Report Form (TRF) made an exhaustive collection which name is Achenbach System of Empirically Based Assessment (ASEBA) beside the Youth Self Report (YSR) (Achenbach, 2001; cited by Barzegar, Poor Mohammad Reza Tajrishi and Behnia, 2012).

This collection is the result of Achenbach and his colleagues' several decades of research. The Child Behavior Checklist form was used in this research. This form has two sections. The first section is "competence" which consists of 3 criteria: activity, society and school. In the activity criterion, the parents report sport, job, work and other children's activities in comparison to their classmates in the number and skill circumstances of doing each activity. In the social criterion, parents evaluate children's activities in associations, organizations, teams or any other groups, friendly relationships, getting along with siblings, attending with other children, behaving with parents and doing works alone. In the school criterion, being competent in several lessons, using educational aid services or special lessons, failing the exams or other educational and school problems are evaluated (Minayi, 2006).

The second part consists of 113 articles about children's special problems, and parents must write their children's status in each article by choosing one of the three choices: "incorrect", "almost correct" and "correct". The grades of each choice are respectively 0, 1 and 2. Achenbach and his colleagues' factor analytical studies have led to the formation of 8 factors or dimensions which their names are: "solitude-depression", "anxiety-depression", "social problems", "physical problems", "thinking problems", "attention problems", ignoring the rules" and "aggressive behaviors". 9 questions cannot be in any of these factors and they are put in "other problems" factor. The two "anxiety-depression" and "physical problems" factors have made the second place factor of "internalizing problems". Ultimately, the overall grade which is the most general and the most important agent can be reached by adding the grades of those 8 factors. Beside the collection of those 8 factors, Achenbach gives another grading form which is the base on the diagnostic categories of the diagnostic and statistical manual of mental disorders (DSM). Children's problems are evaluated hereupon in 6 factors of "emotional problems", "anxiety problems", "physical problems", "problems related to the attention deficit/ hyperactivity", "conflict-making problems" and "behavioral normality problems" (Minayi, 2006).

From the overall grades of "emotional problems" and "anxiety problems", the criterion of internalization problem is made; and from the overall grades of "hyperactivity/ attention deficit", "problems related to the conflict-making" and "behavioral normality problems", the criterion of the externalization behavior problems is made.

After collecting the data, the criterion grade will be gotten by adding the grades of formative tools of each criterion. By changing the raw grades into the T grades, referring to Iranian norms by separating ages, genders and clinical conditions, being normal or being in borderline will be specified. For the competence criteria, the Chronbach's coefficient Alpha is reported in the domain of 65% to 85%. The criteria and subscale CBCL coefficient alpha are between 87% for externalization criterion, and 73% for social problems. The Cronbach's alpha is reported 59% for external problems, and 65% for internal problems. The Chronbach's coefficient Alpha was also between the domains of 48% to 75% for the 8 subscales. In a study in France, the cut point of CBCL was 41. This questionnaire was translated in Iran and the cut point was assigned 63 in 1384. Minayi (2005) had accomplished the normalization process of these questionnaires after necessary adaptations of the language, culture and society on Iranian samples. The results show that the syndrome criteria of coefficient alpha on the basis of DSM-IV are placed in a satisfactory level and their CBCL domains are between 64% and 81% and for TRF are between 62% and 92%.

3. Educational Improvement Test: to prepare the question of the educational improvement test, first the test specification table was accomplished for determining purposes from the content of experimental science, mathematics, citizenship teaching and the reading workbooks of the fourth and fifth grades. Then by using the test specification table and available sources, two parallel-tests with 40 questions (10 questions for each book) were edited and accepted by using the teachers' comments. 40 questions in pre-test level and 40 questions in post-test level were applied for these students. For determining the validity of the test, content validity was used, and for determining its content validity, the experts' judgments about the level of introducing content and purpose of the program of test questions was used. Hence, for assuring about the content validity of the test in the process of accomplishing them in this research, the specification table and the experts' and the teachers' comments were used and after evaluating and eliminating vogue and queer cases, the test was applied.

The process of performing the research

After placing the subjects, the intervention program of cognitive-behavioral play-therapy was performed by adapting from the Riviere's program (2006) in which there were 5 weeks of treatment sessions, that in each week there were two sessions, and in each session there were 45 minutes of treatment. The pivots of this treatment intervention are teaching verbal and non-verbal communication skills and increasing interpersonal and in-group communications which were taught in the second and the fourth sessions by predetermined games which consist of subjects like the method of a correct conversation, skills in relationship with others, empathy with others, doing group works and etc.

The fifth, seventh and the eighth sessions consisted of teaching social skills and increasing the skills of confronting with the negative emotions, self-awareness skills and cognitive restructuring by the games which had been prepared by the researcher. The ninth session was the combination of cognitive-behavioral play-therapy on the basis of all instructions and the skills of the previous sessions.

In the last session, children's changes were perused and at the end of the session, the post-test was accomplished, and this is on the situation that special exercises and home works were designated which were accomplished sequentially during the session by the child's and the curer's cooperation, and in the interval between the sessions, by the child and the parents' cooperation. At the beginning of each session, the substances of the last session were quickly reviewed, and the children's home works were checked. The main topics of each session are written in the following table. In the pre-test research, the data are analyzed by the analysis of variance (ANOVA).

Findings

In this part, first descriptive indexes of defiant disorder grades of the research participants are given such as the mean and the standard deviation of the defiant disorder grades of both groups in the pre-test and the post-test level (Table.1). In the inferential statistics, the results of the ANOVA in post-test and follow-up levels are written to evaluate the impact level of the intervention and determine the meaningfulness of the differences between the control and the experimental group, and also to control the effect of post-test.

Table 1: Descriptive indexes of the research data

	Standard Deviation	Mean	Standard Deviation	Mean
	Control group		Experimental group	
The final grade of ODD in pre-test	1.79	13	3.89	13.65
The final grade of ODD in post-test	2.55	13.30	2.75	7.40
TRF in pre-test	2.97	14.20	5.30	14.1
TRF in prost-test	4.39	12.80	3.71	8
CBCL in pre-test	2.74	11.80	5.90	13.20
CBCL in prost-test	3.49	13.80	4.16	6.80
Educational improvement in pre-test	1.57	6.49	1.13	6.56
Educational improvement in post-test	1.46	6.39	1.16	6.50

It is necessary to imply that before the test is taken, the normality presuppositions for distributing the grades and homologizing variances of the research variables were evaluated and confirmed. To evaluate the influence of play-therapy on ODD sign, the ANOVA was used. The results are shown in table 2.

Table 2: Variance analysis of the post-test grades, the intensity of defiant signs in the experimental and control groups by pre-test control

Source	Degree of Freedom	Mean Square	F
Defiant signs in pre-test	1	85.41	***35.33
Experimental conditions	1	200.31	***82.80
Error	17	2.42	
Total	20		
			***P<0.001

To determine the effect of cognitive-behavioral play-therapy on the intensity of ODD signs in variables, the one-way analysis of variance was used. The results show that after adjusting the post-test grades by eliminating the effect of the pre-test, there are significant differences between the control and the experimental group with the intensity level of defiant signs (P> 0.001 , F=82.80). I.e. the cognitive-behavioral play-therapy could decrease the intensity of the defiant signs in the variables. In the following parts, the influence of cognitive-behavioral play-therapy on increasing the students' educational improvement who suffers from ODD by using ANOVA is perused. The results are shown in table 3.

Table3. Variance analysis of the educational improvement grades of post-test in the experimental and control group by controlling the pre-test

Source	Degree of Freedom	Mean Square	F
Educational improvement in pre-test1	1	27.9	***109.36
Experimental conditions	1	0.016	0.66
Error	17	0.248	
Total	20		
			P>0.05***

Table3 shows that after adjusting the grades of the post-test by eliminating the effect of the pre-test, there is no significant differences between the control and experimental group with the grade of educational improvement test (P> 0.05 , F=0.66).

Discussion and Conclusion

The present research was done due to the effectiveness of cognitive-behavioral play-therapy on mending children's defiant signs and also increasing the disordered students' educational improvement. The results showed that the cognitive-behavioral play-therapy could decrease the students' oppositional defiant disorder signs significantly in the experimental group. The results of the present research are along with several researchers' findings such as Spence et.al (2000), Gainer et.al (2003), Happer (1996), Pfeiffer and Mac Barnett (1997), Gallagher (2004), Shawfer (2002), Evans, Mullett, Weist and Franz (2005).

By defining these data, we can say that ODD children suffer from a defect in cognitive skills (Greene et.al, 2004). Cognitive defects are often seen in the domain of executive function, emotion regulation, linguistic processing and social information processing; for example, about 55% of children who suffer from linguistic disorders, have diagnostic criteria for ODD; i.e. if a child doesn't have necessary linguistic skills for naming and categorizing emotions or having relationship with others, he/she will face with problems with tolerating frustrations and problem solving (Greene and Ablon, 2003).

Most researchers (Goldestin and krasher, 1987; Lagreca and Santogrossi, 1991; cited by Lowell and Barbara, 1993) think that lacking enough skills in critical conditions like social skills are the most fundamental problems in disobedient children. The frequency of this problem is reported to be 72% in ODD children.

Some researchers explain the manner of effecting failure in social skills on accessing disorder so that in social level, the social interaction of ODD children with the sources of power like teachers, parents and … lacks enough capacity and ability (Kazdin, 1987; Hughes, 1988). Actually the domains of these people's social problems can be summarized into the failure in interpersonal relationship, failure in using social skills, deduction of the self-expression ability level, failure in expressing emotions and lacking courteous behavior in social reactions. Having problems in social behavior are the product of lacking social behaviors which is sharpened by aggressive behaviors and disconnects the system of the person's social relationship. Having problems in social behaviors and fluctuations in friendly interpersonal relationships, leads to the feeling of rejection. When this feeling combines with aggressive behaviors, forming defiance and oppositional behaviors in the child will be inevitable (Teglasi and Rottman, 2001).

The present interpretations are that the educational content of the cognitive-behavioral play-therapy was mainly directed to the children's defiance, and children learn necessary skills in the relationship with others during the sessions of this intervention, and they perform these skills in the available rules during the sessions by themselves. As a result, this approach contrives a domain to learn compatible and contrastive skills and to adjust tendentious cognitive processing which normally results in reducing signs.

Also, in this research, some sessions were assigned to recognize the child's feelings and excitations which helps them and teach them how to react properly to these feelings through playing. Besides, in the present intervention, the communication skills (verbal and nonverbal) were taught and therefore, the students' interpersonal and group communications were increased. Since our research children have not enough ability in interpersonal communication, these sessions are effective on increasing the relationship with their age-mates and elders and normally they are effective on decreasing defiant signs like getting angry and arguing with elders. So the cognitive-behavioral play-therapy has a positive influence on decreasing their defiance by attacking the defiant-making agents.

Another significant explanation which can be implied here is that the cognitive-behavioral treatment is a treating approach on the basis of this general thought that the behavioral disorders are developed and will remain consistent due to deficient and incorrect intellectual patterns, and lacking behavioral adjusted oppositional strategies (Harton and Sulcus, 2011). CBCT here along with the general framework of the cognitive-behavioral treatment, emphasizes on correcting and eliminating these thoughts by helping the child to evaluate and to test his/her incorrect hypothesis.

The CBCT program has made a useful collection and in other words, noticeable combinations of cognitive-behavioral approaches and the play-therapy. This treating approach recognizes the reaction of emotion, behavior and cognitive factors, environmental impacts and child's needs to each other to make effective treatment relationships and gather them together in a general model. In these situations, learning is of essential importance not only for being related to the environmental consequences, but also for being related to the information processing inside the person. Thus CBPT just like CBT is along with the information processing and also with the social learning theories. One of the other results was lacking the influence of cognitive-behavioral play-therapy on increasing the students' educational improvement grades in the experimental group in comparison with the control group. The results of the research are along with the results of Crow's research (1994); while they are not along with the results of Blaco's and Ray's (2011) researches. In a research with the name "The Role of Emotional Adjustment on the Students' Educational Success", the results showed that the emotion regulation skills facilitates the relationship between the student and the teacher, and leads to more competent behaviors and leanings by positive cognitive evaluation, and this can increase the students' success and their motivation to the educational improvement. Thus, the students' contrastive competence can be increased, and their negative imputation can be decreased by some short-term educational programs. The result of Abolghasemi, Beigi and Narimany's research also showed that the cognitive-behavioral training and the emotion regulation skills decrease the test anxiety, and ultimately improve the educational performance. The results of Mehrdad's research (2011) show that the play-therapy has led to the boy and girl students' educational improvement in Khorram Abad center of exceptional children. Rosen Baum and Carty (1994) believed that by cognitive training, people's mental structure will change toward the problems and matters of the life. So, cognitive training can make people's mental structure positive toward problems and rise necessary motivations in them. The effectiveness of the cognitive-behavioral approach on increasing the educational improvement has been proven in several other studies (Speilberger, 1995; Veing, 2002).

To explain the disagreements between the results, we can say that since the present treatment was designed by considering the case-study children's situations without the teacher's intervention, if the situation was such that the teacher could participate, better results would be reached; because the relationship between the teacher and the student and other students in the class is regarded as an effective factor on the impressiveness of this method. Since the relationship between the counselor and the patient is an informative and cooperative relationship, this is a positive, friendly and confidential relationship, and the games are the means to be in common. Playing techniques and also verbal and nonverbal communications are used for helping children to change their behaviors and participate in treating. An active intervention needs the child and counselors' cooperation to detect purposes together.

The child and the counselor choose the tools to playing and action together. New skills are taught to the child. The counselor pays much attention on child's thoughts, emotions, dreams and improvement. The counselor also finds ways to arise more compatible thoughts and behaviors in the child (cited by Thompson, 2005). As a result,

the differences between the patient and the teacher's manner of behaving are valid reasons for the differences. Including the situation of playing classes and comparing them with the lesson classes can specify this finding. In order to apply the program and educational process, the counselor uses some techniques such as giving patterns, playing role and behavioral dependence; besides, they use some designed interventions for increasing behavioral capabilities, correcting incompatible cognitions and extending compatible species of cognitions. If the situation of the class doesn't provide these possibilities for the teachers, sometimes the teachers themselves can be a sample for aggression or arguing; these are the factors which may affect the children's education in some ways.

According to Lachman and his colleagues (1993), a longer cognitive-behavioral treatment (12-18 sessions) leads to better and more consistent results (cited by Simos, 2002). It seems that simultaneous interventions on the parents and the teachers can help this training to better influences on disordered children.

In conclusion, it should be noticed that since all of the case-study children were boys, the ability to generalize the results to the girl's decreases, and this is suggested that the oncoming researches will be accomplished on girls with more samples and also patients would be perused after treatment. This method can show the evaluation of consistency of the program and its training, and the numbers of the sessions can be increased to reach the consistent results. Future researches can also evaluate variables which may effect on both the ODD and the educational functions. The present research is accomplished on the fourth and fifth grade elementary students in Shiraz. It is suggested to be accomplished in other grades and other districts.

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