

THE IMPACT OF PLAY THERAPY ON DECREASING ANXIETY IN CHILDREN

by

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## **DEDICATION**

This work is completely dedicated to my loving and supportive family. Without their constant support, this thesis would not be possible. They not only enlighten me with their spiritual wisdom, but also gave me valuable advice whenever I needed it the most. Thank you for making me see this adventure through to the end.

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## **ABSTRACT**

The pandemic has disrupted children's routines and increased children's worries about their parents' jobs and possible loss of money. Anxiety is known to worsen over time if not regulated at a younger age. The symptoms of anxiety can start to interfere with daily life, jobs, and relationships. There can also be many physical, emotional, and psychological symptoms that are caused by anxiety. There are many treatments for adolescents that can help regulate anxiety, including Play Therapy. Play Therapy is a method of therapy that uses a psychotherapeutic approach to help children deal with psychological and emotional concerns through playing. The goal of play therapy is to have little to no rules within the play therapy room so the children can freely express how they feel through their specific choice of play. The current study's goal is designed to explore why, what, and how play therapy works as well as to consider who practices and benefits from play therapy.

## **How Anxiety Affects Adolescents**

Anxiety is a behavior that can manifest throughout the life span of many people if it is not treated. Anxiety is most prevalent between the ages of 12 to 17 years and has been increasing in children from the ages of “4 to 11 years of age since the pandemic began in 2020” (Anxiety and Depression in Children, 2021). Adolescents who experience anxiety in childhood is quite common. If this anxiety starts to interfere with their daily lives and functioning, then it would be called a disorder. There are many anxiety disorders, but the most common type that describes overall anxiety the best is General Anxiety Disorder, or GAD. According to the Diagnostic Statistical manual (DSM-5), GAD can be best described as, “Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school activities).” Clinical levels of anxiety can start to “impair children's ability to master developmentally appropriate tasks and prevent the ability to self-regulate when the anxiety provoking event is not occurring” (Stulmaker, 2015). Anxiety symptoms such as worry, fear, inability to regulate emotions, and negative experiences may lead to functional impairment where mental health intervention is necessary (Stulmaker, 2015). If adolescent anxiety is left untreated, these children may struggle with “academic achievement, sleep, family cohesion, general happiness, self-esteem, and social and peer relationships” (Stulmaker, 2015). These children may also have an increased risk for future “psychiatric disorders, substance abuse, and conduct problems” (Stulmaker, 2015).

### **Childhood Anxiety Disorders**

Anxiety has been increasing in our world, especially in our children, and can

manifest in many ways. Typically, when a child does not outgrow their fears and worries that are typical for young children or their fears disrupt their school or home lives, children may be screened and diagnosed with an anxiety disorder. There are five different anxiety disorders that commonly manifest during childhood which are commonly referred to as the socio-emotional disorders of childhood. The first is separation anxiety disorder. An example of this would be a child who is anxious or fearful when they are away from their parents. Second is phobias. Phobias are when a child has an extreme fear about a specific object or situation. A few examples of this would be dogs, storms, or medical-related phobias. Next is social anxiety disorder. Social anxiety is when a child is afraid of school or places where there are people. This may also consist of the fear of being judged or ridiculed by fellow peers. Fourth is General Anxiety Disorder (GAD), consisting of chronic, uncontrollable worries about small and insignificant concerns. Lastly, there is panic disorder that includes physical symptoms like heart palpitations, trouble breathing, dizziness, shakiness, and sweating (Centers for Disease Control and Prevention, 2021). These common childhood anxiety disorders may also present somatic complaints like trouble sleeping, fatigue, headaches, or stomachaches (Centers for Disease Control and Prevention, 2021). Ironically, these five anxieties have nothing to do with why anxiety in children is increasing today: it has all to do with the pandemic. Before the pandemic, the rate of children's anxiety was estimated to be 11.6%” (McLernon, 2021). Now, since the pandemic, studies show that 20% of children or one in five are now reporting anxiety symptoms. There were many social disruptions related to the pandemic that increased anxiety in our children such as “social isolation, family financial stressors,



missed milestones, and school disruptions” (McLernon, 2021). There were also “academic routines changed due to school closure, and both leisure and social relationships were restricted to indoors” (Orgilés, 2021). All these examples are extremely different, but they all have one thing in common, change. Children may not completely understand what the pandemic is or why it is happening, but they do understand changes in their routine. Routines can help children “feel safe, develop life skills, and build healthy habits,” but this pandemic has changed every single child’s life and routine. With all this change, it causes the child’s daily life to become unstable (McLernon, 2021). Once they feel this instability, they start to get anxious about everyday life and it may start to affect them physically, emotionally, and psychologically.

### **Why Play?**

Play is vital for children’s healthy development. Play offers sufficient “physical, emotional, cognitive, and social benefits” (Nijhof, 2018). For example, when playing children learn and practice cognitive skills such as language, creativity, and problem solving. It also helps “expand their self-expression, self-knowledge, self-actualization, and self-efficacy” (Leah, 2017). Play can even help children learn to self-regulate. This is where children can learn to interact with others, negotiate, and compromise while being able to manage and control their behaviors and reactions. Lastly, and arguably the most important reason for play, is that play is a child’s language. Play is the first thing that helps teach children how to communicate and show their emotions to peers and adults. Play is extremely valuable in shaping who we become. Not only does it develop us in every way possible, but it also “promotes the well-being and quality of life” (Nijhof,

2018).

### **What is Play?**

Before jumping in and discussing what play therapy is, let us first discuss what play is. Play is pleasurable, meaning that children must enjoy this activity, or it does not count as play. It is intrinsically motivating, meaning that children engage in this activity simply for the satisfaction the behavior itself brings. Play is a process-oriented meaning when children play, the process needs to be more important than the outcome. Play is freely chosen showing that it is spontaneous and voluntary with no pressure. Play is actively engaging, meaning that the players must be mentally or physically involved in this activity. Lastly, play encompasses nonliteral meaning that it is make-believe. Play is many things, but most importantly, play is essential for healthy development in children. There are five dimensions of play: “(1) highly active games such as chasing, rough and tumble play and play fighting, (2) pretend and socio-dramatic play, (3) language play, (4) social play and games with rules and (5) and construction play” (Nijhof, 2018). There are also seven forms of play: (1) attunement or mimic play, (2) body play and movement, (3) object play, (4) social play, (5) imaginative and pretend play, (6) storytelling- narrative play and (7) creative play (Nijhof, 2018). These dimensions and forms of play all have different roles in helping develop healthy children.

### **What is Play Therapy?**

Play therapy is a method of therapy that has a psychotherapeutic approach which is used to help children, usually from ages 3-12 years old, deal with psychological thoughts and emotions through playing. There are little to no rules within the play thera-

py room because the goal is to help children express how they feel through their specific choice of play, what toys they want to play with, and how they want to play with a certain toy. There are two types of play therapy: child centered play therapy and solution focused play therapy. The goal for both types of play therapies is to help the child learn how to regulate their emotions and learn how to understand what they are feeling (Association for Play Therapy). All playrooms consist of three major categories of toys: nurturing, aggressive, and creative. The nurturing toys consisted of dolls, playhouses, and a play kitchen. The aggressive toys consisted of bubble wrap, foam swords, and certain aggressive animals. The creative toys consisted of art, puppets, and sand. Each of these toys may be used for different presenting issues that children come in with such as family conflict, school concerns, medical issues, grief and loss, and trauma. For example, “dolls or sand trays may be used for certain physical, sexual, or emotional trauma” (Hartwig, 2021). All these different toys help the therapist see how the child is feeling without the child having to say a word. Play therapy can help children put their emotions into something more creative, productive, and acceptable which can help in school and at home.

### **Child- Centered Play Therapy in Depth**

Child- Centered Play Therapy’s (CCPT) is one of two types of play therapy. Its main goal is to promote healing in child clients through safe playing and a safe relationship. To be more specific, a therapist's goal is that “children will increase self- responsibility, self-directedness, self-insight, and self-acceptance” by creating a relationship with the play therapist and speaking through play (Townsend, 2021). To achieve this type of therapy, it must be a safe, accepting environment. With a comfortable environment, the

children start to feel valued. This will lead to “greater acceptance and compassion for self and others, less behavioral problems, and less internalization of problems, which result in improved relationship” (Townsend, 2021). Second, to make these goals possible, child centered play therapists must let the child direct the session. The children are in complete control of the entire play therapy session. Also, in CCPT, the therapists do not try to change behaviors or ideas about the child, but they instead “try to see through the child’s eyes and understand the purpose of the behaviors” (Townsend, 2021). For example, the therapist would use words such as “I am here, I hear you, I understand, and I care” so the child will feel cared for and safe to be whoever they want to be. This then helps the therapist and the child to start a relationship. The relationship between counselor and child is the change factor that helps reduce anxiety, specifically when the relationship is shown through the language of play.

### **Solution Focused Play Therapy in Depth**

Solution Focused Play Therapy is the second type of play therapy. Its main goal is to “focus on children's existing strengths and capabilities, rather than past challenges, unresolved conflicts, and diagnoses” (Hartwig, 2021). The reason therapists do this is because children naturally focus on solutions rather than problems, consider the future rather than the past, and believe in and understand the effects of miracles. The idea behind this concept allows SFPT to naturally fit into a child’s world. Solution Focused play therapy also uses a “collaborative counselor/ client relationship and an emphasis on children’s capabilities to help children access their inner resources and achieve desired changes” (Nims, 2011). These inner resources and desired changes are only accomplished

if the child feels safe, accepted, and understood in their relationship with their therapist. There are four categories of change that happens after solution focused play therapy is performed: “(1) facilitates communication, (2) facilitates emotional wellness, (3) enhances social relationships, and (4) increases personal strength” (Hartwig, 2021). For this type of play therapy to be successful, there are a few things needed, such as a relationship and connection between therapist and client, a safe and appropriate play therapy room, and specific toys. These specific toys must be chosen very carefully because playroom toys should allow the children to be able to express themselves and explore the world in their own way. A few examples of some toys needed would be an easel, kitchen, puppet theater, sand tray, and some smaller toys like blocks, dolls, cars, dinosaurs, etc.

### **Change in Play Therapy Since the Pandemic**

Since the pandemic, play therapy has had to adapt to this new pandemic lifestyle. There are a few play therapy places that are still “open and continuing play therapy sessions” for children, but they have had to “cancel group play therapy sessions” (Hull, 2020). There are other places that are fully online using Telehealth as the service-delivery mode. Telehealth is a way for doctors or therapists to communicate with their patients remotely so they can continue sessions to manage the patients' health. Telehealth is a little different in the play therapy industry compared to other types of appointments and therapy. There are many Telehealth platforms that allow share screening so the patient and the therapist can share their screens and sometimes be able to draw and color on the same screen. This type of therapy can be more demanding for the children and therapists because they must learn to create a relationship through the screen with no actual face to

face contact. Though this Telehealth option may be difficult, it is still extremely beneficial to the children. It is great for the children to see that there is someone out there that cares for them and wants to know how they are even if it is a virtual experience.

### **The Positive Impact that Play Therapy has on Anxiety**

Recent research and case studies have stated that play therapy in children with anxiety disorders effectively reduces anxiety levels in preschool and school aged children. In addition to reducing anxiety levels, play therapy can also “help improve social skills in children with anxiety disorders" (Nursanaa, 2020).

The Association for Play Therapy released an evidence- based practice statement regarding play therapy. This statement contained a “research pyramid that illustrates the hierarchy of evidence for play therapy, ranking the most reliable/ credible (top of pyramid) to least reliable/ credible (bottom of the pyramid)” (Ray, 2015). The pyramid has four sections concerning the quality of play therapy, but the top two sections will be discussed in this paper. The second most reliable or credible section is randomized control trials. These “RCTs (N=25) demonstrated children in play therapy showed statistically significant improvement in anxiety...” (Ray, 2015). For example, there was a study by Stulmaker and Ray (2015) that consisted of children ages 6 to 8 who scored in clinically anxious range. The results from this study stated that the children “who received play therapy significantly decreased their overall levels of anxiety and worry when compared to an active control group.” Another study done by Naderi, Heidarie, Bouron, and Asgari (2010) studied children from ages 8 to 12 who were diagnosed with ADHD and anxiety. Their results stated that “play therapy demonstrated statistically significant decreases in

symptoms of both ADHD and anxiety compared to the no treatment control group” (Ray, 2015). This study also found a “statistically significant improvement in social maturity compared to the control group” (Ray, 2015). These results clearly prove and state that anxiety in children can be decreased and significantly improved through play therapy, but the most reliable and credible section has more information and results that can prove the same results. The number one section is systematic reviews/ meta- analysis demonstrated significant effectiveness for children participating in play therapy. For example, Bratton et al. (2005) research states that behavior problems, social adjustment, self-concept, anxiety, and development are all positively impacted by play therapy. In addition, there are studies that demonstrate play therapy is effective even during a pandemic. Novia and Arini (2021) conducted research that proved play therapy can “reduce the level of anxiety in hospitalized children” (Setyowati, 2021). Another study done in 2020 has results that state play therapy is “effective in reducing levels of anxiety and worry” (Stulmaker, 2020). Based on the findings in this research, play therapy is effective in both pandemic and post pandemic by using a variety of different strategies and technology.

### **Conclusion**

Based on the evidence presented, play therapy is an effective intervention to reduce anxiety disorders in preschool and school aged children by using toys, games, and communication. Play therapy can have a “positive impact on expressing thoughts, feelings, fantasies, and creative power” all while continuing to overcome stress and anxiety problems (Setyowati, 2021). Play therapy has also been shown to be efficient in “various ages, sexes, and other current problems” (Nursanaa, 2020). With various types of play that are de-

velopmentally appropriate for the age or development of the child. Furthermore, play therapy has been proven to be effective and develop both during a pandemic and post pandemic by utilizing technology resources while still making a connection and relationship with the child.



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