

The Effectiveness Sand-Playing Therapy on Conduct Disorder of Preschool Students in Shiraz

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Abstract

Study was to evaluate the effects of sand-playing therapy on behavioral disorders among the Pre-school students in Shiraz. The statistical sample was including all Pre-school students in shiraz city which among 30 preschoolers were selected using available sampling methods so that the pre-school students with highest grades were selected based on Ratter's Pre-school Students behavioral questionnaire, and Placed in experimental (n=20) and control (n=10) groups. Randomly the present study was experimental with pre- test and post – test design including the control group and data analysis was done using descriptive statistics independent t-test and analysis of Variance methods. The results showed that the Sand-Playing technique and store-therapy were effective on behavioral disorders in two studied groups. Also the results of pre-test and post-test grades comparisons in control and experimental groups showed the sand-playing therapy effectiveness on pre-school students behavioral disorders.

Keywords

Sand-Playing Therapy, Behavioural Disorders, Students

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1. Introduction

Since the mid-1990s, focus has been on juvenile behavioral problems. Behavioral problems in families have become a problem where care should be provided. The behavioral problems of children and adolescents are the main reason for their referral to mental health clinics. Half of the clients of psychiatric clinics for children and adolescents are related to children with diagnosis1-behavioral disorder2-disordered coping disorder. Children with these disorders have the weakest prognosis for adaptation in adulthood. Growth theories indicate that early childhood and preschool problems predict a growing risk of more serious problems, such as abandoning juvenile delinquency and violence. Because these disorders have high costs for individual, community and family, identifying areas that are causing behavioral

problems and treatment is very important [1]. In the context of behavioral disturbances, it can be said that therapeutic games have become one of the most trusted and useful ways of treating children among other methods. One of the main reasons that the game therapy has been able to identify itself as one of the appropriate ways to treat various problems of children is that children are not able to use verbal reasoning and skills, and their feelings of thought and behaviors are understandable to adults. To express. For children, toys are words and play conversations with which they are used. Children lacking the cognitive maturity necessary to express and interpret their adult feelings, the restrictions applied by adults and the recommended activities on their part cannot compensate for the power and emotion that children play through the play. They will. In the course of the game, the child is a manager and a guide, and it creates the world to dominate and acquire social skills through it [3]. The method

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used in this study as an interventional method for treating behavioral disturbances is to intervene with the help of the game therapy trail that is a subset of therapeutic games. Graft intervention is one of the treatment methods that may reduce symptoms or eliminate symptoms of behavioral disorder. The use of sand has a long history of healing and healing. Sandy areas are already magical and protective for many cultures before and now. Margaret Lunfeld is known as the first person to provide real healing therapies. He first explained the treatment of grapes in an essay and examined the use of universal techniques in the treatment of children with Lunfeld disease [2]. Gravel Game therapy is an interventional technique that can help people with anxiety or difficulty in expressing and expressing themselves [2]. Research shows that nonverbal expression of emotions and actions has a more immediate effect on the use of words and can be activated through sensory interventions [6]. Sand is a unique sensory and tactile experience that for most of us induces the first childhood games [3]. Art in its various forms of designing, painting, making sand images) allows children to directly demonstrate their experiences or use allegorical symbols [6].

Today, a wave of worries about violence and disruptive behaviors in the home, the classroom, and the street of public opinion has been learned. The highest violence in schools (like bullying and bullying from peers, attacking teachers), house-related violations, demolition of public property, and street violence indicate the need to pay attention to insanity and the moral crisis (psychological psychology, Martin Herbert, 2005). Due to the increasing increase in these behavioral disorders, current services and resources and current practitioners are not sufficient [7]. Worse, the resources needed to treat children with mild problems are less than necessary resources for children with severe disorders [6]. In the last thirty years, it has been a great effort to resolve the problems of children through different approaches and in various environments, because these children, if they do not receive treatment early, will subsequently experience a disorder, and as a result, a large number of people will wait Receive social services and enter the mental health institutions and judicial systems. Some of the short-term outcomes of these disorders are the drop in school dropout rates and some of their longer-term implications: rising unemployment and reliance on government support. Parents (especially mothers), these children also have psychiatric disorders such as anxiety, depression and psycho-physiological disorders, and promising results have also been achieved in specific research projects. Meanwhile, there is a disturbance in the implementation of behavioral disorders interference in different attitudes. These views have a wide range of insights,

such as "uselessness of actions to optimistic views, such as" the success of treatment, "so it can be clearly stated that the necessity of developing and evaluating the plan Standards that are widely researched and refined and prevented are highly felt. The present study is also considering the need for early treatment of behavioral disturbances in children and the importance of adopting a method for returning children to the social environment, interacting with peers and preventing them from entering antisocial groups as well as using an effective method and, at the same time, now it's attractive and flexible to intervene in this disorder.

2. Method

Society and statistical sample and sampling method

The statistical population of this study includes male students of pre-primary school in Shiraz during the academic year of 2012-2013 with the age range of 5 to 6 years.

A random sampling method was used to select 30 pre-primary students. In order to identify children with behavioral disorders, Rutter's childhood symptom questionnaire was given to teachers of these schools. After identifying 30 children with behavioral disorder, they were randomly divided into three experimental groups and one control group (group 10) that the experimental group was in one shift and the control group was in the other shift.

2.1. Research Tools

2.1.1. Rutter Children's Behavioural Questionnaire

This questionnaire contains 26 sentences and three additional questions. Each of them has a score of 0 to 2. The cut-off point for this scale is 9, and students who score 9 or more are identified as students with a disorder. Also, for students who score 9 or more in this questionnaire, there are three types of congenital disorder diagnosis, an emotional disorder, and an unspecified one that is characterized by the scoring of relevant phrases. Phrases Nos. 15, 5, 9, 10, 4, 20, and 26 are used to determine the conduct disorder in the questionnaire. [10].

2.1.2. Grunge Method

A tray of sand is made from wood or plastic. The ideal size is about one meter in length and 150 mm in height. Wooden or plastic trays should have a waterproof liner. The sand should be washed. The use of soft sand is wrong. This type of sand and we can create a storm of sand during a busy, crowded game. The depth of the sand in the tray should be about 75 mm and the distance between the sand and the upper corner of the tray should be 75 mm. The procedure is such that the examiner with a box of sand and toy items listed in the room

is present in the room. Subjects were introduced to the room after an initial acquaintance with the examiner and a description of how they would go into the room. The examiner will issue a recipe. Regarding the duration of the treatment, it can be said that each subject received 6 sessions (one week each session) in the same way and clinical observations were fully recorded. Finally, at the end of six sessions, the Rater questionnaire was completed by teachers of both experimental and control groups [9]. The method of performing the game in the present study is that 10 people who were diagnosed with a disorder were interviewed for 10 sessions and 2 sessions each week in order to consolidate the effect of treatment intervention on sand. The experimental group was individually present in the sessions. They spent 30 minutes playing games with Symbolic Washi. At all meetings, the researcher instructed the users to familiarize themselves with the way of doing the work and have the necessary knowledge. The department of the study was present in an indirect way, so that the subjects were guided by the session, and the intervention was intervened only when subjects were questioned and in need, and the method of intervention by the researcher in the current study was a precondition for the treatment of echelon therapy. That includes (creating emotional communication with the child,

fully accepting the child, creating a sense of freedom of action in the child, leading the child in the treatment session, preserving the child's respect, accelerating the treatment), and is based on Rogers's theory. Finally, after the end of the sessions, the researcher again performed the Detection Disorder Scale for two experimental and control groups in order to understand the effect or the ineffectiveness of the intervention technique [2].

2.2. Data Analysis Method

To analyse the collected data, descriptive statistics (mean and standard deviation) were used for data analysis and independent t-test and analysis of variance were used for inferential analysis.

3. Result

Table 1. Demographic characteristic of subjects.

Abundance	Variable	
30	5-6	age categories
5	Girl	Sex
25	Boy	

Table 2. Average score in the experimental and control groups in the pre-test and post-test.

Sand Therapy		Storytelling		Evidence		Groups
Post-test	pre-exam	Post-test	pre-exam	Post-test	pre-exam	Steps to run
22.1	1.5	7.1	2.4	4.4	7.3	Average

As we expected after story therapy And Sand Therapy The situation of the children has been much better.

Table 3. Tectonic t test for Sand Therapy.

Significance level	Z statistics	Paired t test
0.005	52.-2	Pre-test - Post-test

Considering that $0.05 > 0.005$, the assumption that the conduct disorder is identical is rejected before and after statistical treatment, that is, the treatment of Sand Therapy has an effect on behavioral disorder.

Table 4. T-test for storytelling.

Significance level	Z statistics	Paired t test
Almost zero	83.-2	Pre-test - Post-test

Considering that $0 < 0.05$, so the assumption that the conduct disorder is identical is rejected before and after the statistic, that is, the storytelling affects behavioral disorder.

2-The second hypothesis: The behavioral distraction scores of the experimental group of children (playing therapy) after the experimental performance of the stage therapy were significantly lower than the control group scores.

Analysis of variance

Since groups are multivariate and dependent variables, it is continuous conduct disorder One-way ANOVA was used.

Main hypotheses:

The first hypothesis: 1- The behavioral disorder score of the experimental group (storytelling) after the experimental performance of the storytelling is significantly lower than the control group scores. Using T-test, its dimensions were compared. The results are shown in the table below.

Table 5. T test Related to sand therapy.

Significance level	Z statistics	Paired t test
0.005	-2.52	Pre-test - Post-test

Given that $0.05 > 0.005$, the assumption that the conduct disorder is identical is rejected before and after the statistic, that is, the treatment of sand influences conduct disorder.

Analysis of variance

Since groups are multivariate and dependent variables, it is continuous conduct disorder One-way ANOVA was used.

Table 6. Analysis of variance.

Significance level	F statistics	average of squares	Degrees of freedom	Squared set	
<0.001	13.387	448.21	2	896.42	Intergroup
		1.602	26	656.41	Intergroup
			28	552.84	Total

Considering that the level of significance is less than 0.001, and then the assumption of the equality of the three groups is rejected. Therefore, the three groups of the treatment of the hemorrhage and the storytelling and the evidence are different. To determine which difference is in which of the pairs. We use post hoc analysis and the results are similar to those of the Sheng therapy and storytelling groups, and the control group is different with these two groups. This result is quite consistent with the mean of the groups.

4. Discussion

A convincing reason for the usefulness of this non-verbal and indirect healing technique is that it allows the child to evacuate his emotions and aggressive emotions in a relaxed and safe environment without direct intervention by the therapist. In line with this goal and the research hypothesis, the results of the statistical analysis show that the research hypothesis (behavioral distraction scores for the experimental group of children) after the experimental performance of the storytelling is significantly lower than the control group scores at 99% level of confidence is significant. These findings mean that sand therapy is effective in reducing symptoms of behavioral disorder. In fact, statistical analysis showed a significant difference between conduct disorder in post-test and pre-test. In summary, the findings of the present study coincide with the results of research that other researchers have done. As stated, they confirm the usefulness and usefulness of this technique. Due to the positive impact of the treatment game sand and its positive therapeutic effects on emotional and behavioral problems, and based on the research and research carried out, it can be admitted that this method has been accepted and accepted as one of the therapeutic methods.

5. Conclusion

The presence of these symbols in the early images was more intense and gradually became less visible until the end-shows of the final treatment sessions. The emotional deprivation and projection of the subjects in the first to third sessions of the treatment is well clear and explicit. The present study clearly demonstrates the impressive and positive effects of the treatment method of sand play as a method of accepted therapeutic approaches. And the results confirm the positive

effects of this approach in reducing behavioral and emotional-behavioral problems, especially in children.

The results showed in general:

Gravel therapy has an effect on the reduction of symptoms of behavioral disorder and has a meaningful relationship.

Gravel therapy not only reduces symptoms of behavioral disorder, but also increases the fine motor skills of imagination and the identification of objects.

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