

Effectiveness of Group Play Therapy in Improving Social Competence among Orphan Children

K. Dinesh¹, Dr. S. Sathish Kumar MOT (Psy)²

¹J.K.K.M.M.R.F. College of Occupational Therapy, Ethirmediu, Komarapalayam.Namakkal District, Tamilnadu – 638 183, India

Abstract: ***Aim:** To determine the effectiveness of group play therapy in improving social competence among orphan children. **Objective:** To evaluate the level of social competence among orphan children. To evaluate the effectiveness of group play therapy in improving social competence in orphan children. **Methodology:** Totally 30 subjects were selected, 15 in control group and 15 in experimental group. Experimental group underwent Occupational therapy with group play therapy for 20 sessions, weekly 5 sessions, 1 hour per day, for 1 month duration and control group underwent observation only alone for same period of time. The Walker mc Connell scale of social competence and school adjustment is used to measure the social competence. **Result:** Statistical analysis showed significant changes in experimental after receiving group play therapy activities. **Conclusion:** This study is to determine the better result of improving the effectiveness of occupational therapy group play therapy in improving social competence among orphan children*

Keywords: Orphan, Social competence, Group play therapy, Occupational therapy

1. Introduction

Orphan defined as a child who has lost one or both parents through death, desertion or if the parent are unable or unwilling to provide care. They further define a child as someone who is aged 18 and below. Skinner et al. (2004).

Emotional and receiving interactions at the birth and during the childhood have been the most beautiful mother-child relationship throughout the all ages. These primary mother-child interactions lay the foundation for the personality development, behaviour and future excitements of the child and all different psychological and behavioural sciences approaches have paid special attention to this period of life. But, due to the particular transformations and their certain effect on the family, there are an increasing number of the children who are deprived of these emotional and cognitive interactions with their mothers and some of them grow up usually in very cold and fragile emotional conditions. These children known as the "orphans" are kept in the boarding facilities, orphanages, charity centers, and correction and rehabilitation centers.

A number of studies (Balurka et al., 2014; Kameli et al., 2011) showed that due to lack of the emotional bond with mothers and early separation from the family, these children suffer from a lot of emotional disorders such as

- Social Inconsistencies
- Withdrawal
- Insecurity
- Aggression
- Anxiety
- Depression

Within the wide range of orphan's problems, weak social competence from the past misbehaviour are mostly taken into account (Murphy et al., 2014). Weak social competence and social inconsistencies of the children are due to undesired relationships with parents. Those children who have been deprived of the guidance and encouragement due to their parents' separation or due to the negligence and carelessness to upbringing them, obtain misconceptions

from the world, and may develop a hostile attitude towards the society in their adulthood. Separating the children from their parents, notably their mothers, makes the children incapable to establish a healthy and correct emotional relationship during their childhood and maturity (Mary, 2012).

Most social competence, including the skills of collaboration, assertiveness, self-control, and self-efficiency are observable learned behaviours, which enable the persons to interact effectively with others and prevent the social unreasonable reactions (Crawford & Mansis, 2011).

“Social competence refers to those skills necessary for effective interpersonal function. They include both verbal and nonverbal behaviours that are socially valued and are likely to elicit a positive response from others.”(betty Osman, PhD)

Play therapy defined as a dynamic interpersonal between a child and therapist trained in play therapy procedures, who provide selected play materials and facilitates the developmental of safe relationship for the child, to fully express and explore self (feeling thought experiences and behaviours). Play is the child natural medium of communication for optimal growth and development (landreth,2002). Play therapy intervention found to be effective in improving social skill (aharehMousavi and SaharSafarzadeh2016).

Aim and Objectives

Aim

To determine the effectiveness of group play therapy in improving social competence among orphan children.

Objective

- To evaluate the level of social competence among orphan children.
- To evaluate the effectiveness of group play therapy in improving social competence in orphan children.

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Hypothesis

Alternate Hypothesis

There is a significant effectiveness of group play therapy in improving social competence among orphan children.

Null Hypothesis

There is no significant effectiveness of group play therapy in improving social competence among orphan children.

2. Reviews of Literature

Bahareh et al (2016)

The conducted study is to find out the effect of group play therapy among orphans, 30 orphans were participated in the study. Treatment group consist of 15 persons and control group consist of 15 persons. The duration of the study was 10 sessions. This is an experimental study with pre-test, post-test and follow up. The result indicated that there is a significant difference between post-test and follow up of the treatment and control group in terms of the component of social skills.

Jamshid et al (2016)

The main purpose of conducting this study was to investigate the effectiveness of group play therapy in preschool children creativity and aggression control. It consist of 60 students (30 subject in experimental group and 30 in control group). The result revealed that the research indicate that group play therapy in preschool children creativity and aggression has a significant effect on the level of 0.01 and it enhances creativity and reduce aggression in preschool children.

Renuka Dutta et al (2016)

The study on child centered play therapy in management of somatoform disorder. For this they taken 15 children in the age of 5-11 years (8 girls and 7 boys) with somatoform disorder were taken 25 session of non-directive play therapy was administrated parents received 3 reflective counseling session. Children were assessed with children global assessment scale, Interview schedule for children and adolescent and child behavior checklist. The mean scores on global functioning and social competence increased and symptom severity decreased at post test. Hence the study show that child centered play therapy along with reflective parent counseling is an effective intervention for somatoform disorder.

Sareh et al (2015)

The conducted study was to determine the effectiveness of cognitive behavioural group therapy. on self -esteem and social skill of the girl students. 30 girls were selected and were randomly divided into control and experimental groups. The experimental group participated in 10 session of one hour cognitive behavioural play therapy groups. The finding showed that, there was a significant difference in control and experimental group. And the means of self-esteem and social skill in group play therapy post-test increased compared to the pre-test and control group. Hence it appears that Cognitive behavioural play therapy group can help effectively to boost self-esteem and social skill of girls of elementary school.

Andiehchinekesh et al (2013)

The conducted study is to evaluate the effectiveness of group play in social emotional skill in preschool children. For this purpose total numbers of 372 preschool children were randomly selected. In next step, the BUSSE SR methodology was used for evaluation and comparison of self-awareness, self-regulation, social interaction, empathy, adoptability and control group. According to the result of this study play therapy significantly enhance social emotional skills. As a result mean scores of self-regulation, self-awareness shows significant changes in intervention group. In addition other variables (social interaction, empathy, adoptability) mean scores of case group significantly increased.

Cordier. R et al (2011)

The conducted the study is on the importance of play and social skills of children with ADHD This study aimed to examine the effectiveness of an intervention designed to improve the play and social skills of children with ADHD and their payments. This study involved children with ADHD (n=14) playing with age matched typically developing playmates (n=14). The intervention involved seven weekly free-play session and various decentering techniques to promote social play. The test of playfulness was used as pre and post test measure. Result revealed that a large effect in improving the play and social skills of children with play. Social play promotes active peer engagement and social competence.

Tracy E. Dupee et al (2005)

The study is about the use of child centered play therapy in primary school setting. The current study seeks to provide evidence that student who are involved in both the social skill counseling group and child centered play therapy will make more progress with social emotional growth in the class room than those who are involved in only the social skills counseling group.

Daniel LeGoff et al (2004)

They conducted study is on the use of Lego group play therapy as a therapeutic medium for improving social competence. The intervention combined the aspect of BP, peer modeling, naturalistic communication strategies. A repeated measure, waiting list control design was used to assess efficacy of a social skills intervention for autistic spectrum children focused on individual 4 groups Lego with play therapy. There were 5 group and 7 children, 2 group of 6 children all between the age of 6 and 16 years. Children attended LeGo with therapy and LeGo with Club session for much longer than 6 month. At result LeGo with play appears to be a particularly effective medium for social skill intervention.

Hana Tur –Kaspa Tanis Bryan(1995)

The conducted study was to examine whether teachers' judgments of students' social competence and school adjustment differentiated students with learning disabilities (LD) (n = 30; boys = 19, girls = 11) . Teachers completed the Walker-McConnell Scale of Social Competence and School Adjustment for each student. They rated younger students with LD (learning disability) and LA (low achieving) students as having significantly lower social

competence and school adjustment than their AA(average achieving)peers. In addition, the results supported the use of teacher ratings for initial screening and identification of elementary students at high risk for social- behavioural problems. The discussion focuses on the utility of teachers' identification of social problems at different grade levels.

Merrell et al (1992)

The compared the teacher-preferred and peer-preferred and peer-preferred social skill of four group of student with mild disabilities (i.e learning disabled, mild mentally retarded, behaviourally disabled, and low achieving) to children without disabilities. Participants included 566 student (362 males and 204 females) from 12 different schools in grades kindergarten through six grade, with an age range of 5 to 13.the children were divided into five groups: regular education, or RE (108 nondisabled students); low achieving, or LA (100 students not identified as learning disabled but who were receiving remedial educational services); learning disabled, or LD (135 students); mentally retarded, or MR (109 students); and behaviour disordered, or BD (114 children identified as seriously emotionally disturbed or severely behaviourally disturbed). Teacher used the Walker-Mc Connell scale of social competence and school adjustment (SSCSA; Walker-Mc Connell,1988) to assess the social skills of student. Result indicated that 46% of children in the LD group had scores on the Teacher Preferred Social behaviour subscale that were one standard deviation below the norm, compared to only 15% of children in the RE group. Such finding indicate that teacher reted children without disabilities as having better social skills (as preferred by teachers) than children with LD.

3. Methodology

Research Design

Present study was conducted into two groups, pretest and post test quasi experimental design.

Control group = **Pretest** → **Post test**

Experimental group = pretest group play therapy post test

Sample size

30 subject

- 15 subject in control group
- 15 subject in experimental group

Sampling method

Convenient sampling technique was used.

Study setting

Sivabakkiam orphan home, special school for mentally challenged and rehabilitation centre, namakkal.

Study duration

Total duration of the study is 3 month.

Intervention period

1 hour session per day, five days a week for four weeks. That is total 20 sessions.

Selection criteria:

Inclusion criteria

- Age group with 6 to 10 years.
- both males and females.

Exclusion criteria

- Below the age of 6 and above the age of 10 are not included.
- Children with neurological disorder are not included.
- Children who are living with their parents

Variables

- Independent variable
 - Group play therapy
- Dependent variable
 - Social competence

Materials Required

Walker Mc Connell scale of social competence and school adjustment.

Instrumental & Measurement tool

The walker- Mc Connell scale of social competence and school adjustment (H.M. Walker and McConnell, 1988) is a norm referenced rating scale of social skills for use with elementary age children.

The W.M.S.C consist of 43 positively worded description of social skill. Subscale 1 (teacher preferred behavior) consist of 16 items that assess sensitivity, empathy, co-operation, self control and maturity. Subscale 2 (peer- preferred behavior) has 17 items that address peer valves and relation in social situation. Items include “invites peer to play (or) share activities” and “Compromises’ when the situation calls for it”. Subscale 3 (school adjustment behavior) has 10 items that assess competencies in academic setting. Sample item include displays independent study skill and listen carefully to teacher direction. All items are rated on a 5 point Likert scale from “never occurs” to “frequently occurs”. It has excellence psychometric values. Reliability of the scale was established by using test retest (Correlations of 0.88 to 0.92), Internal consistency (Alpha co-efficient ranging from 0.95 to 0.97) and interater 0.53 correlation between teacher and aides ratings on the total score in daily treatment.

Group Play Therapy

Group Play therapy intervention found to be effective in improving social skill (aharehMousaviand SaharSafarzadeh2016). Group play therapy is basically a psychological and social process in which children natural course of interacting with one another in the play room, lean not only about other children but also about themselves.

Group play activities

Session 1:

- The name game
- Taking turns

Session 2:

- Painting
- Drawing

- Session 3:**
- Cutting and pasting
 - Obstacle jumping

- Session 4:**
- In and out of circle
 - Cooperative construction

- Session 5:**
- Cooperative clapping
 - Story telling

- Session 6:**
- Ball passing
 - Card game

- Session 7**
- Musical chair
 - Board game

- Session 8**
- Club
 - Collections

- Session 9**
- Hangman
 - Jump rope

- Session 10**
- Collections
 - Group rhyming

- Session 11:**
- Decorative game
 - Board game

- Session 12:**
- Painting
 - Cooperative clapping

- Session 13:**
- In and out of circle
 - Ball passing

- Session 14:**
- Group rhyming
 - Drawing

- Session 15:**
- Collections
 - Card game

- Session 16:**
- Cutting and pasting
 - Taking turns

- Session 17:**
- Cooperative clapping
 - Hangman

- Session 18:**
- Decorative game
 - Collections

- Session 19:**
- Board game
 - Cooperative construction

- Session 20:**
- Story telling
 - Club

Procedure

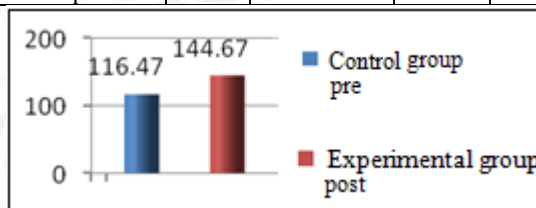
Total 30 subject who met the selection criteria has included in this study. They are equally divided into control and experimental group by convenient sampling method. Both control and experimental group assessed by using walker – mc Connell scale of social competence and school adjustment. After these baseline data (pre-test)has obtained, the experimental group is underwent the OT treatment with group play therapy for 20 session, weekly 5 session,1 hour session per day for 1 month duration. On the other hand the control group received only OT for same duration.

After the intervention period is get over, the post-test was taken from both control and experimental group by using the same scale. The pre-test and post-test scores were used to find out the result of the study.

4. Data Analysis and Result

Table 3: Independent ‘t’ test between Control group pre-test & Experimental group pre-test values of WMSC

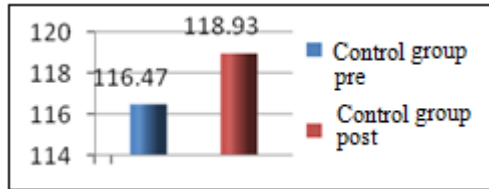
Group	Mean	St. Deviation	‘t’ value	‘p’ value
Control group W.M.S.C pre test	116.47	10.40	0.3880	0.7039
Experimental group W.M.S.C pre test	114.67	11.56		



Graph 1: Comparison between control group pre-test and experimental group pre-test mean values of WMSC

Table 4: paired ‘t’ test between control group pre-test & control group post-test values of WMSC

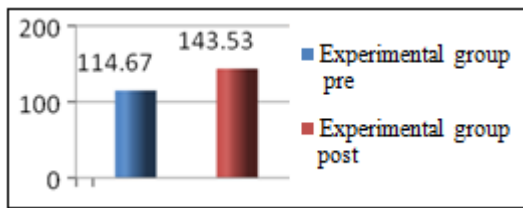
Group	Mean	St. Deviation	‘t’ value	‘p’ value
Control group W.M.S.C pre test	116.47	10.40	12.8540	0.0001
Control group W.M.S.C post test	118.93	10.08		



Graph 2: Comparison between control group pre-test & control group post-test mean values of WMSC

Table 5: paired 't' test between experimental pre-test & experimental group post-test value of WMSC

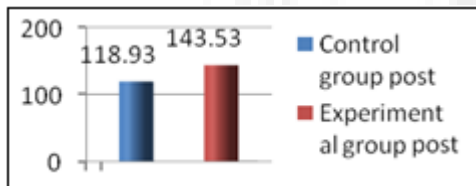
Group	Mean	ST. Deviation	't' value	'p' value
Experimental group W.M.S.C pre test	114.67	11.56	21.9338	0.0001
Experimental group W.M.S.C post test	143.53	8.96		



Graph 3: Comparison between experimental group pre-test & experimental group post-test mean values of WMSC

Table 6: Independent 't' test between control group post test& experimental group post test value of WMSC

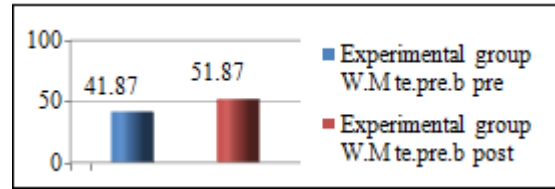
Group	Mean	St. Deviation	't' value	'p' value
Control group W.M.S.C post test	118.93	10.08	6.4618	0.0001
Experimental group W.M.S.C post test	143.53	8.96		



Graph 4: comparison between control group post test& experimental group post test mean value of WMSC

Table 7: Paired 't' test between experimental group pre test& experimental group post test value of WMSC teacher preferred behaviour

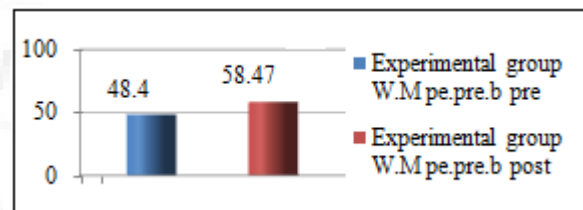
Group	Mean	St. Deviation	't' value	'p' valve
Experimental group W.M te.pre.b pre test	41.87	5.18	13.5724	0.0001
Experimental group W.M te.pre.b post test	51.87	5.78		



Graph 5: Comparison between experimental group pre test& experimental post test mean value of WMSC teacher preferred behavior.

Table 8: paired 't' test between experimental group pre test& experimental post test value of W.M.S.C peer preferred behavior

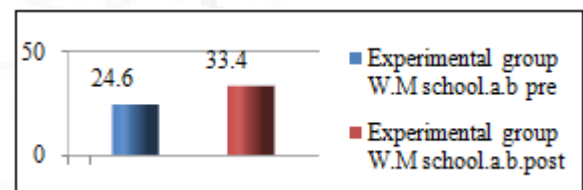
Group	Mean	St. Deviation	't' Value	'p' value
Experimental group W.M pe. pre.b pre test	48.40	5.77	14.6664	0.0001
Experimental group W.M pe .pre.b post test	58.47	5.80		



Graph 6: Comparison between experimental group pre test & post test mean value of W.M.S.C peer preferred behavior

Table 9: Paired 't' test between experimental group pre test& experimental post test value of W.M.S.C school adjustment behavior

Group	Mean	St. Deviation	't' value	'p' value
Experimental group W.M school.a.b.pre test	24.60	3.54	9.8270	0.0001
Experimental group W.M school.a.b.post test	33.40	3.18		



Graph 7: Comparison between experimental group pre test&post test mean value of W.M.S.C school adjustment behavior

5. Discussion

The aim of this study was to find out the effectiveness of group play therapy in improving social competence among orphan children.

Total 30 children were included 15 in control and 15 in experimental group. The control and experimental group underwent occupational therapy, occupational therapy with group play therapy respectively. Walker McConnell scale of social competence and school adjustment scale was used to gather the pre and post test score. This data were statistically analysed and the result given in table 3-9 & graph 1-7.

Table 3 show the comparison between the control group pre test and experimental group pre test values W.M.S.C. In this table the 't' value is 0.3880 'p' value is 0.7039 at 95% of confidential interval. Since the $p > 0.05$, there is not statistically significant difference between pre test and pre test values of W.M.S.C. Graph 1 shows the comparison between the pre test and pre test mean values of W.M.S.C. The graph clearly shows there is no much difference between pre test (116.47) and group pre test (114.67) of W.M.S.C.

Table 4 shows comparison between control group pre-test and control group post values of W.M.S.C. scale. The table show 't' values is 12.8540 & 'p' value is 0.0001 at 95 % of confidential interval. Since the $p < 0.05$, there is extremely statistically significant difference between pre test and post test values of W.M.S.C. scale. Graph 2 show comparisons between pre test and post test mean values of W.M.S.C. The graph clearly shows there is a marked level of difference between pre-test (116.47) & post-test (118.93) mean values of W.M.S.C. Since the post test value is greater than the pre-test values.

Table 5 shows comparison between experimental pre-test and experimental post-test values of WMSC scale. The table shows 't' value is 21.9338 & 'p' values is 0.0001 at 95 % of confidential interval. Since the $p < 0.05$, there is extremely statistically significant between pre test and post test values of WMSC scale. Graph 3 shows the comparison of pre test and post test mean values of WMSC. The graph shows level of difference between pre-test (114.67) & post-test (143.53). Since the post-test values is greater than pre-test value. It denotes the children improved in social competence after the 20 session OT intervention along with group play therapy.

This result is supported by **Bahareh et al (2016)** The conducted study is to find out the effect of group play therapy among orphans, 30 orphans were participated in the study treatment group consist of 15 persons and control group consist of 15 persons. The duration of the study was 10 sessions. this is an experimental study with pre-test, post-test and follow up. The result indicated that there is a significant difference between post-test and follow up of the treatment and control group in terms of the component of social skills.

Table 6 shows comparison between control post-test and experimental post-test values of WMSC scale. The table shows 't' value 6.4618 & 'p' value 0.0001 at 95 % of confident interval. Since $P < 0.05$, there is extremely statistically significant difference between post-test and post-test values of WMSC scale. Graph 4 shows the comparison post-test and post-test mean values of WMSC scale. The graph shows level of difference between post-test (118.93), post-test (143.53). since the experimental group post test values is greater than the control group post test value. It denotes experimental group children improved in social competence more than the control group children.

This result supported by **Andiehchinekesh et al (2013)** The conducted study is to evaluate the study of effectiveness of group play in social emotional skill in preschool children. For this purpose the total numbers of 372 preschool children

were randomly selected. In next step, the BUSSE SR methodology was used for evaluation and comparison of self-awareness, self-regulation, social interaction, empathy, adoptability and control group. According to the result of this study play therapy significantly enhance social emotional skills. As a result mean scores of self-regulation, self-awareness shows significant changes in intervention group. In addition other variables (social interaction, empathy, adoptability) means scores of case group significantly increased.

Table 7 shows the comparison between the experimental pre test and post test score of WMSC teacher preferred behaviour. Table shows 't' value is 13.5724 'p' value is 0.0001 at 95 % of confidential interval. Since the $p < 0.05$, there is extremely statistically significant difference between pre test and post test values of WMSC teacher preferred behaviour. Graph 5 shows the comparison of pre test and post test mean values of W.M.S.C. teacher preferred behaviour the graph shows there is a level of difference between pre test (41.87) and post test (51.87) mean value of WMSC teacher preferred behaviour, the children improved in teacher preferred behaviour after intervention. This finding agrees with the finding by Tracy E. Dupee et al., (2005). Child centred play therapy will make more progress with social emotional growth in the class room.

Table 8 shows comparison between experimental group pre test and experimental post test values of WMSC peer preferred behaviour. Table shows 't' value 14.6664 and 'p' value is 0.0001 at 95 % of confidential interval. Since the $p < 0.05$, there is extremely statistically significant difference between pre test and post test value of WMSC peer preferred behaviour . Graph 6 shows the comparison of pre test and post test mean value of WMSC peer preferred behaviour. The graph shows there is level of difference between pre test (48.40) and post test value (58.47) mean values of WMSC peer preferred behaviour. Since the post test value is greater than pre test value. It denotes the children improved in peer preferred behaviour after the intervention.

Tables 9 shows comparison between experimental group pre test and experimental post test values of WMSC school adjustment behaviour. The shows 't' value is 9.8270 and 'p' value is 0.0001 at 95 % of confidential interval. Since the $p < 0.05$, there is extremely statistically significant difference between pre test and post test values of WMSC school adjustment behaviour. Graph 7 shows the comparison of pre test and post test mean values of WMSC school adjustment behaviour. The graph shows there is level of difference between pre test (24.60) and post test (33.40) mean values of WMSC school adjustment behaviour. Since the post test values is greater than the pre test values, the children improved in school adjustment behaviour after the OT intervention along with group play therapy.

6. Conclusion

This study is to determine the better result of improving the effectiveness of occupational therapy group play therapy in improving social competence among orphan children

7. Limitation and Recommendations

Limitations

- Small sample size
- Included only the age group of 6- 10 years
- Study was conducted only for shorter duration

Recommendation

- The study can be repeated on a large sample size.
- Study can be done with extended age limit.
- Study can be repeated with comparison on the other treatment techniques.
- Male and female comparison can be included in further studies

Place of Study

Sivabakkiyam Orphan Home, special school for mentally challenged and rehabilitation centre.

Period of Study

3 months duration

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Author Profile



Author: K.DINESH



Dr. S. Sathish Kumar MOT (Psy)