EFFECTS OF GROUP THERAPLAY ON SOCIAL SKILLS AND PROBLEM BEHAVIORS OF PRESCHOOLERS IN CLASSROOM ENVIRONMENT

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ABSTRACT

EFFECTS OF GROUP THERAPLAY ON SOCIAL SKILLS AND PROBLEM BEHAVIORS OF PRESCHOOLERS IN CLASSROOM ENVIRONMENT

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Theraplay is a structured and attachment based play therapy method that helps children to improve self-esteem and trust in others. Group Theraplay is an extended version of Theraplay used in group settings that aims to increase the sense of connection and belonging among group members via using structured group games with its unique therapeutic rules. The method can be used in different group formats like classrooms and clinical settings. The aim of this study is to investigate the effects of Group Theraplay play therapy method on the social skills, social interaction skills, social cooperation skills, and problem behaviors of preschool children in their classroom environment.

A static group pre-test post-test control group design was used in this experimental study. The participants were 60 to 72 month-old preschool children from a private kindergarten in Ankara. A total of 28 children, 14 of whom formed the control group and 14 of whom formed the experimental group, participated in

the study. The Group Theraplay sessions were implemented with the experimental group for 8 weeks while the control group continued their routine educational program. The data was collected through using Preschool and Kindergarten Behaviors Scale (PKBS-2) as pre-test and post-test. The results were analyzed by using Mann-Whitney U Test and Wilcoxon-Signed Test.

The results of the study revealed that there was a significant difference on the scores of problem behaviors, social skills and social cooperation skills of children. On the other hand, the social interaction skill scores were non-significant.

Keywords: Theraplay, Group Theraplay, Social Skills, Problem Behaviors, Play Therapy

ÖZ

GRUP THERAPLAY METODUNUN SINIF ORTAMINDA UYGULAMASININ OKULÖNCESİ ÇOCUKLARIN SOSYAL BECERİLERİ VE PROBLEM DAVRANIŞLARI ÜZERİNE ETKİSİ

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Theraplay, çocukların özsaygı ve başkalarına güvenme becerilerine yardımcı olan yapılandırılmış ve bağlanma temelli bir oyun terapisi yöntemidir. Theraplay yönteminin sınıflar ve farklı klinik ortamlar içerisinde kullanımını sağlayan, yapılandırılmış grup oyunları ve kendine özgü terapötik kurallarıyla gruba dair bağlantı ve aidiyet duygularını geliştirmeyi amaçlayan versiyonu ise Grup Theraplay olarak adlandırılır. Bu çalışmanın amacı oyun terapisi yöntemlerinden biri olan 'Grup Theraplay' metodunun anaokulu sınıf ortamında uygulamasının, 60-72 aylık okul öncesi çocuklarının sosyal becerileri, sosyal işbirliği becerileri, sosyal iletişim becerileri ve problem davranışları üzerindeki etkisini incelemektir.

Araştırma deneysel bir çalışma olup statik grup öntest-sontest desen kullanılarak tasarlanmıştır. Çalışmanın katılımcıları Ankara ilinde özel bir anaokuluna devam eden 60-72 aylık 28 okul öncesi çocuğudur. 28 katılımcının; 14 ü deney grubu diğer 14ü ise kontrol grubunda bulunmaktadır. Deney grubuna 8 seanslık bir Grup Theraplay programı uygulanırken, kontrol grubu rutin eğitim programına devam

etmiştir. Anaokulu ve Anasınıfı Davranış Ölçeği kullanılarak öntest-sontest verileri toplanmıştır. Toplanan veriler Mann-Whitney U ve Wilcoxon Signed testleri kullanılarak analiz edilmiştir.

Araştırmanın sonucunda Grup Theraplay uygulamasının çocukların sosyal becerileri, sosyal işbirliği becerileri ve problem davranışları üzerinde anlamlı bir etkisi olduğu gözlenmiştir. Öte yandan sosyal etkileşim becerileri üzerindeki değişiklik istatistiksel olarak anlamlı bulunmamıştır.

Anahtar Kelimeler: Theraplay, Grup Theraplay, Oyun Terapisi, Sosyal Beceri, Problem Davranış

To the source of love in my life;

To my husband **Şenol Sancak…**

To my son **Ömer Sancak…**

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CHAPTER 1

INTRODUCTION

‘Birds fly, fish swim and children play’

Garry Landreth

Play is one of the core values in a child’s life and has a positive effect on children’s social, emotional, physical and psychological development. Play has a crucial role on children’s self-regulation, social skills and cognitions. From all ages, children love play and they make sense of their world via play and games (Copple & Bredekamp, 2009). Children can learn and practice real life through play. Survival skills for their future life are practiced in their games and their social-emotional, cognitive, motor, and language development is best enhanced via play (Russ, 2004). Additionally, children’s point of view about the world and their concerns and problems can be observed during their play. They reflect the things that bother them, and experience problem-solving skills in their play (Bettleheim, 1987). Garry Landreth (2002) describes toys as a child's words and play as the child's language. Children use play to express their feelings and communicate with the adult world in a healthy way. In this aspect, play provides for a strong feature that enables children to get rid of their difficulties via play and is used as a treatment method in psychology known as ‘play therapy’ (Landreth, 2002).

The Association for Play Therapy (APT) defines play therapy as;

> *The systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development.* (APT, n.d)

Play therapy is a commonly used technique while working on emotional and behavioral treatment of young children; it is quite responsive to the developmental needs of children (Bratton, Ray, Rhine & Jones, 2005). Play therapy is an effective method to help children to express themselves and cope with their problems. Several meta-analytic researches have shown the effectiveness of play therapy in different aspects. It exhibits a positive effect across age, gender, clinical and nonclinical settings (Ray, Bratton, Rhine & Jones 2001), when the parent involvement was provided for the therapy process, the positive effect was seen higher (Leblanc & Ritchie, 2001; Bratton at al., 2005). There are some researches about the effects of play therapy in elementary school settings. They show that play therapy has an effect on reducing the internalizing and externalizing of behaviors, preventing children from possible psychological harms and increasing their social skills (Blanco, 2010).

Play therapy can be divided into two categories as directive/structured/guided and non-directive/unstructured/child-centered; hereinafter referred to as structured and unstructured. The main difference between the two categories is the level of involvement of the therapists (Rasmussen & Cunnigham, 1995). In structured play therapy the therapist is in charge and leads most of the sessions while the structured program is problem-focused and is designed activities according to the developmental needs of children. In unstructured play therapy, the child is at the center of the sessions and therapists avoid behaviors that may lead the child in any way and focus on reflecting their feelings. Therapists at this level show unconditional positive regard and acceptance towards the child (Jones, Casado & Robinson, 2003). Some play therapy methods such as Adlerian, Gestalt and cognitive-behavioral can be considered as using both structured and unstructured

approaches (O'Connor, Schaefer, & Braverman, 2016). The most frequently used unstructured approaches are child-centered play therapy (CCPT), experiential play therapy and developmental play therapy. One of the most commonly used structured play therapy methods is Theraplay.

Among play therapy methods, Theraplay® plays an important role in strengthening the relationship between children and their primary caregivers, as well as increasing children's self-esteem and social skills. Theraplay is an attachment-based play therapy method that aims at enhancing the relationship between primary caregiver and children. It also aims at improving children's self-esteem and helps them to have better relationships with others (Jernberg & Booth, 1999). Theraplay sessions help children to regulate their feelings and develop healthy adult to child interactions. Sessions are conducted in a structured, adult-directed format, and each session lasts about half an hour (Jernberg & Booth, 1999).

The Theraplay Method was developed in the United States during the 1970s within the Head Start Program which aimed to give children from low socioeconomic status a proper preschool education for free (Administration for Children and Families, 2017). Dr. Ann Jernberg, a Clinical Psychologist, worked for the development of a program for children that experienced behavioral and social and emotional difficulties and were consequently kept behind from integrating into the Head Start Program. Although private psychological services were only available at that, Head Start participant children couldn't afford these services. To overcome the financial impediments, Dr. Jernberg designed a practical program and paved the way for the start of the Theraplay approach. After that Phyllis Booth, MA, who is the co-creator of Theraplay, made great contribution to the program adding attachment-focus aspects based on her work with John Bowlby. Booth emphasizes the significance of co-regulation and attunement in Theraplay model. The Theraplay Institute was established in 1971.

Since then Theraplay therapists are having training from the institution from all around the world and it is used in all around the world (Tucker, 2016).

Group Theraplay, is an extension of individual Theraplay and offers a unique approach to relating with others. It is the adapted format of Theraplay to use in group settings with group games (Rubin & Tregay, 1989). The Group Theraplay model can also be referred to as Sunshine Circles when applied in a classroom environment. In preschool classroom environment, its effectiveness was evaluated by Tucker and her colleagues (2017) in regular Head Start preschool classrooms. The findings revealed that Group Theraplay playgroups increased social skills of the children and improved teacher to student relationships. Tucker et al (2017) also found that Group Theraplay also has an effect on reducing the stress of teachers due to behavior problems exhibited by children. Rather than focusing on maladjusted children, Group Theraplay is proved effective on regular preschool children for their social skills and problem behaviors.

According to Brauner and Stephens (2006) the proximity of the preschool age children (zero to 5) to experience social, emotional and behavioral problems is between 9.5% and 14.2%. This common problem has different effects on children, their families and the school environment. In preschool age kids the significant behavioral problems are increasing over the years (Barfield, Dobson, Gaskill, & Perry, 2012).

In the literature, behavioral problems of children can be categorized as internalizing and externalizing problems (Cicchetti & Toth, 1991). The internalizing element of behavioral problems comprises the signals of depression, social anxiety and emotional distress. Those dimensions are generally interrelated with each other. When discussing externalizing problems in children, aggressive, disruptive, disobedient, oppositional and hyperactive actions are to be included (Merrell, 1994). These behavioral problems produce negative effects on social-emotional development and cognitive functionality of children. Behavioral

problems are crucial to a child's life; therefore early intervention is not only very effective but also necessary. If behavioral problems are not treated during early stages, it might result in serious mental health problems later in life (Peth-Pierce, 2000; Thompson, 2002).

Play therapy serves as an effective way to interfere in behavioral problems of children. The studies show that play therapy has positive effects on reducing children's externalizing behaviors (Bratton at al., 2013; Ray et al., 2009), internalizing behaviors (Garza & Bratton, 2005; Flahive & Ray, 2007) and both internalizing and externalizing behaviors with total problem behaviors scores (Packman & Bratton, 2003; Muro et al, 2006; Blanco, 2010). Theraplay is also found to be effective in reducing problem behaviors of children (Mahan, 1999; Siu, 2009, Tucker at al., 2017).

In the classroom environment, disruptive behaviors are challenging both for the teacher and children. These negative behaviors prevent positive relationships to flourish between the child and the teacher and the child's peers. Consequently, this results in children having a hard time in gaining social skills, such as social cooperation and social interaction (Abidin & Robinson, 2002). There are also different studies that show how deficits in social skills may lead to various emotional and behavioral problems (Spence, 2003). Thus, it can be inferred that behavioral problems and social development are interrelated.

Social development of children places an important role on children's development; the interaction of children with their social environment is directly interrelated with their overall well-being (Keenan & Evans, 2009). Therefore, this emphasizes how social skills are an integral part of social development. Gresham and Elliot (1990) describe social skills as "socially acceptable learned behaviors that enable a person to interact effectively with others and to avoid socially unacceptable responses" (p.1). Comprising social skill behaviors are academic ability, peer collaboration, supporting the actions of peer, and social initiation

actions (Merrell, 1994). Among other aspects, social cooperation and social interaction can be subcategorized under social skills of children. The capability of having contact with peers and developing friendships with others is part of the social interaction of children. Therefore, social cooperation also includes understanding and applying directions from adults, peer collaboration, and demonstrating suitable levels of self-control (Merrell, 1994). Developing children's social skills at an early age is also the aim of the preschool education via using different methods. Play constitutes as one of the strongest methods to develop social skills in children. Studies conducted about play show that social interactions of children arise mostly through their play experiences (Saracho & Spodek, 1998; Singer et al, 2006).

All in all, we can assert that there are various studies on the elements of improving social skills in young children. Studies on play therapy have revealed that different play therapy methods have positive effects in improving children's social skills (Watson, 2007; Blanco, 2010; Cheng & Ray, 2016). Among other methods, Theraplay also has an effective way to improve children's social skills (Thorlakson, 2004; Siu, 2014; Su & Tsai, 2016; Tucker at al., 2017).

1.1 The Purpose of the Study

Theoretically, Group Theraplay has effects on problem behaviors and social skills of children; therefore, the purpose of this study is to quantitatively explore the effects of Group Theraplay method in the classroom environment with 60-72 month old preschool children. Thus, this thesis seeks to understand whether Group Theraplay has an effect on the social skills, social interaction skills, social cooperation skills and problem behavioral scores. To this end, this thesis study addresses the following research questions;

1. Is there any difference between pre and post-test social skills scores of 60-72-month-old preschool children after Group Theraplay sessions were given in a classroom environment?
2. Is there any difference between pre and post-test social cooperation skills scores of 60-72-month-old preschool children after Group Theraplay sessions were given in a classroom environment?
3. Is there any difference between pre and post-test social interaction skills scores of 60-72-month-old preschool children after Group Theraplay sessions were given in a classroom environment?
4. Is there any difference between pre and post-test problem behaviors scores of 60-72-month-old preschool children after Group Theraplay sessions were given in a classroom environment?

1.2 Significance of the Study

The studies conducted in the field show that the value of different play therapy methods for children's development and problematic behaviors is acknowledged. However, Theraplay is a recent topic when compared to the other therapy methods. For that reason, there are few studies that give empirical attention to Theraplay and even less so when it comes to Group Theraplay. In the literature, there is research about the effectiveness of Group Theraplay in special education classes (Siu, 2014), elementary schools (Siu, 2009) and in clinic settings (Cort & Rowley, 2015). However, this research would be examining its effects in a preschool classroom with regularly registered children. Unlike other settings, there is only one research about its effects in preschool classroom environments, (Tucker at al., 2017) to the knowledge of the author. That study focuses on the social skills of children and the teacher's perspective about Group Theraplay. For this reason, the current study is significant as it is expected to make contributions to the field by evaluating the Group Theraplay in a preschool classroom setting.

Additionally, this study's main focus will be on children and their test scores in social skills, social cooperation, social interaction and problem behaviors. In reviewing the literature, as far as the researcher could find, there were no published studies that entailed evaluating the effect of Group Theraplay in Turkey.

The present study aims to investigate the effect that Group Theraplay has on the social skills of children. Despite the fact that play benefits in early childhood, preschool curriculum generally does not include play in their daily programs. The increasing focus on academic skills, rather than play, could be a reason for leaving aside play in preschool curriculum. Prevailing at some private preschools is a curriculum that focuses on children attaining academic skills, as early as the age of four, in reading and writing skills. With rising focus on academic skills, social emotional development of children remains underrepresented in preschool programs (Bodrova & Leong, 2010). A social-emotional dimension of development in early childhood is very important for children to build healthy interactions in their lives later on. To support social emotional skills of preschool children, alongside with classroom activities, more play should be included in the curriculum; thus, the Group Theraplay method could be the outlet for this support. Group Theraplay is the most suitable play therapy method to apply in classroom setting. Unlike other play therapy methods; Theraplay is adult directed and structured, making it easier to apply in large group classroom settings (Wettig et al., 2008). Well-planned, organized and therapeutic activities could be used by field practitioners with the main philosophy being that of Theraplay. Showing the effectiveness of this method in early childhood classroom environment would therefore be beneficial for advising its applicability in early childhood curriculum.

Another aim of this study is evaluating the effects of Group Theraplay on behavioral problem scores of children. Over the years, there is a rising concern about disruptive behaviors exhibited by preschool children (Barfield et al., 2012). The behavioral problems found in children are directly affecting the classroom

environment, and the relationship between the teacher and the child (Abidin & Robinson, 2002). Trying to minimize behavioral problems in the classroom from an early stage, as well as building a coherent classroom environment might have a positive effect on the learning environment. By evaluating the effects of Group Theraplay on problem behaviors of children, this research aims to make contribution to the field by suggesting a practical solution to the current problem. As aforementioned, the Group Theraplay method could be used by field practitioners for a better classroom atmosphere if it has an effect on problem behaviors.

1.3 Definition of Terms

Social skills: Social skills of children includes '*academic competence, cooperation with peers, reinforcement of peers' behavior, and social initiation behaviors'*. (W. Merrell, 1994, p.3). Social skills of children are to be measured with the Preschool and Kindergarten Behavior Scale (PKBS-2) with an overall value of subscales.

Social cooperation: Social cooperation of children refers to the ability of following directions from adults, cooperation and ability to come to an agreement with their peers and showing a suitable level of self-restraint. Social cooperation subscale of (PKBS-2) will be used to measure this level.

Social interaction: Social interaction of children means that their ability to communicate with their peers, as well as gaining acceptance and friendship by their peers (W. Merrell, 1994). Social interaction levels of children will be measured with the Preschool and Kindergarten Behavior Scale (PKBS-2) with a social interaction subscale.

Problem behaviors: Problem behaviors refer to an overall assessment of children's abnormal conducts; externalizing and internalizing behaviors. The

level of behaviors is to be measured with the Preschool and Kindergarten Behavior Scale (PKBS-2) with a problem behaviors subscale.

Theraplay: Theraplay is an attachment-based and adult-directed play therapy which aims to strengthen parent-child relationships via activities which is rooted on healthy parent-child relationships. It aims at improving a child's self-esteem and enables them to have better relationships with others (Jernberg & Booth, 2010).

Group Theraplay: Group Theraplay is an adult-directed and organized play group that fuses fun-loving, helpful and supporting exercises that improve emotional well-being in children. As in the individual Theraplay, Group Theraplay aims to develop self-worth of children and provides increasing trust and endeavors to expand the feeling of association and belonging among gathering individuals (Rubin, 2010).

CHAPTER 2

LITERATURE REVIEW

This chapter aims to present the review of the empirical literature concerning the Theraplay and Group Theraplay. The first part addresses the theoretical background of Theraplay. It includes attachment theory and the initial working model by John Bowlby in respect to its relation to Theraplay. Additionally, with mention to recent neuroscience studies, the theoretical framework will addressed. In the second and third part, the detailed information about Theraplay and Group Theraplay is discussed. The distinction between Group Theraplay and other play groups will constitute another section. The last part of the chapter offers the relevant studies in the field including international and national ones.

2.1 Theoretical Background

While developing Theraplay approach, Ann Jernberg was inspired from different scholars and theories. Attachment theory (Bowlby, 1969) is places at the heart of Jernberg's method, as well as neuroscience research that supports Theraplay with theoretical foundations. In the following part the theories that promote the general framework of the method are elaborated.

2.1.1 Attachment Theory

Attachment is simply defined by John Bowlby (1969) as '*lasting psychological connectedness between human beings*' and '*it is a deep and enduring emotional*

bond that connects one person to another across time and space'. Attachment is a reciprocal process that child and parents can build together in a continuous relationship. Necessity of attachment to a person who gives a secure life is a result of a long process of evolution. Attachment which is physiological, emotional, cognitive and social phenomenon instinctually starts as a baby through signals of the person who gives care to him or her. Hence, attachment is experienced when both the baby and the caregiver affect one another. This phenomenon is thus defined as "mutual regulatory system" (Levy & Orlans, 2014).

John Bowlby (1988) explains the process of the development of his attachment theory in his 'Secure Base: Parent-Child Attachment and Healthy Human Development' book under 'the origins of attachment theory' chapter as follows: In 1950's it was believed that the main reason children are connection to his/her mother is because of the feeding process. However, Bowlby didn't find this idea accurate according to his clinical observations. After reading the study of Konrad Lorenz (1951) with ducklings and goslings, he implemented the idea of natural instincts of human being and a child's connection to his/her mother. Even in the absence of feeding, a child can create a bond to the caregiver. Shortly after in 1959, Harlow's study with rhesus monkeys revealed that infants prefer a soft dummy 'mother' that provides no food to them under stress conditions rather than the 'wire mother' that provides food (p.26). In 1969, Bowlby presented his 'Attachment Theory' and focused on this topic until the publication of Loss in 1980:

> *Attachment behavior is any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world* (Bowlby, 1988, p.27)

The need for attachment can be observed under alert conditions when the person is in a negative situation. On the contrary, feeling the availability of the

attachment figure when needed, gives the person strength and the feeling of security. The message that the person takes is giving the importance and seeking the maintenance to the relationship.

The first year of life of the infant is a crucial time to develop secure attachment between the child and the primary caregiver. The parents should be psychologically and biologically alert to the needs of the infants in order to establish an emotional bond with them. The physical, emotional and mental needs of infants should be carefully understood by primary caregivers and they should be in accord with the infant for a securely attached relationship (Levy & Orlans, 2014). With this attuned relationship, including basic trust, the message that the infant takes provides a template for his/her future emotional relationships. The necessary core behaviors to establish a healthy parent-infant attachment and bonding in the first year of life is listed by Levy and Orlans (2014) in their book "Attachment, Trauma and Healing"; they include; *touch, eye contact, smile and positive effect, need fulfillment and attunement*. As for touch, a nurturing touch is essential for the emotional development of the infants and it is one of the best ways to communicate with them. Making eye contact is very important to develop intimacy and closeness with the infant. Babies also feel safe and secure when there is a reciprocal smile between the infant and the caregiver, creating a warm atmosphere between both. Providing the basic needs for the infant gives the message to the baby that s/he can trust the caregiver and his/her needs will be met in the future as well. Lastly, infants learn to regulate stress, build trust and feel safe with attuned and recipient parents.

Children who experience secure attachment from the beginning of their lives, show better development in different aspects of their functioning throughout their lives. Sroufe et al. (2009) gathered a multitude of longitudinal studies to show that infants and toddlers who are securely attached demonstrate better skills in the fields of self-esteem, self-sufficiency and independence, resilience, empathy, mercy and affection, managing impulses and feelings, relationships with

caregivers and authorities, academic performance at school, long-term friendships, having secure attachment with their partners in adulthood and secure attachment with their own children when they become parents (Sroufe at al. 2009). Overall, children accept the rules and boundaries of their parents if they have a secure attachment history; this is primarily due to the fact that they feel trust because of their parents' sensitivity (Sroufe at al. 2009).

If parents are unresponsive and unreachable when the child needs them, the child can develop disrupted attachment (Jemberg & Booth, 1999). The attachment level of a child depends on different characteristics of the parents: emotional and physical accessibility, sensitivity, reliability, predictability, and responsiveness (Howe, 1997). Parents' attitudes are shaped by different factors. For instance, if they are unable to meet their children's needs, the reason might indicate a stressful environment, a family circumstance, their own childhood experiences that do not let them to act adequately, or it might be indicative of other health problems (Jernberg & Booth, 1999). As a result of the aforementioned unresponsive attitudes of parents, disruption in a child's attachment may develop. A child with a disrupted attachment may have difficulties in forming relationships in his later life, their behaviors might be affected directly and they may show controlling, erratic and rejecting behaviors (Geddes, 2006).

2.1.2 The Internal Working Model

The positive and nurturing relationship with the caregiver enables infants to build a secure base and allows infants to explore and understand the interpersonal world according to this experience. Bowlby (1988) explains that an expectation about the self, the caregiver and the relationship between them is to interpreted as the "internal working model". The physical contact between the caregiver and the child can be maintained up to a certain point and when the physical absence of the caregiver under the internal working model comforts the child with the memories

of the mother and his/her inner representational system (Bretherton & Munholland, 2008). This model is shaped by the day to day interaction with the parents and their behaviors; it turns into how the child expects to be treated by the caregiver and how he or she feels towards each parent (p.130). Once the internal working model is developed, it transforms in the unconscious level and generally does not change easily but can be repaired with the rebuilding internal model.

When the first relationships between the parent and infant are healthy, the child sees the world as a secure and worthy place to explore. The representation about himself is worthy of being loved, special, having the ability to make an impact in his/her world and sees others as trustworthy, responsive and available on demand. If the child experiences abuse, neglect or unpredictable behaviors, the child sees the world as a dangerous place that is full of threats. In the end, the child's inner representation about himself is perceived as unlovable and inadequate; this results in the child seeing other people as unreliable and indifferent towards him (Jernberg & Booth, 2010).

2.1.3 Theraplay and Attachment Theory

Theraplay is mostly based on Bowlby's Attachment theory (1969) and as the attachment theory proposes, the first bond between parent and infant is crucial to the child's relationship with the primary caregiver and all relationships at later stages in life (Munns, 2009). If the first attachment of the child is not strong and healthy enough, it produces a negative effect on how other forms of relationships develop at later stages of life (Geddes, 2006).

Theraplay targets this disrupted attachment and attempts to improve it replicating normal healthy parent-infant relationships during the sessions. Some of the methods used to supplement previous neglect include hugging, rocking, feeding, powdering or putting lotion on the child. The child learns to build relationships in a healthy way and form an attachment with an adult. Theraplay tries to build

lovable, strong and unconditionally-accepted sense of self for the child (Munns, 2011). In attachment, negative or positive developmental change is always possible; however, the capacity to change decreases with age. Therefore, intervention at early ages allows therapy to give children a chance to build healthier attachment styles (Bowlby, p.136, 1988). Parallel with this view of Bowlby, Theraplay believes in the possibility of change. In Theraplay, the internal working model of children is targeted in order to change into caring, empathic, attuned and reflective interactions (Jernberg & Booth, 2010).

Bowlby (1969) proposes that attachment-related behaviors of babies are an innate from birth and point towards a need to be in contact with others. In individual Theraplay sessions, with the inclusion of the parents, this repertoire of attachment behaviors is attempted to be replicated (Jernberg & Booth, 2010).

2.1.4 Neuroscience

Early childhood is a crucial period for the brain's development, laying the base for further functioning and more complex neural pathways. Despite the ability to continue the neuroplasticity of the brain life-long, the development of the brain emerges at an astonishing level in the first three years of life (National Scientific Council on the Developing Child, 2010). Neuroscientific researches also indicate that play has an important role in healthy brain development, as well as social interactions (Siegel, 2012).

Bruce Perry (2012) examines how early stress and trauma affects a child's brain development and consequently developed the neurosequential model of therapeutics (NMT). He expressed that the brain is comprised of multiple interactions that range from micro (e.g., the synapse) to macro (e.g., maternal-child interactions) and how these interactions result in a person's genetic potential. Maltreatment and disruption in early bonding has a negative influence on the human brain by composing anomalous patterns of neural and

neurohormonal activities (Perry, 2009). During its development, the human brain arranges itself from a simple (brainstem) to the most complex (limbic, cortical) sections. Different parts in the brain's development occurs at varied times during early childhood and its development occurs hierarchically. During the development process, the higher parts of the brain hinge on the input from lower parts, and if the neural activities in this lower part are regulated and synchronized, the higher areas will organize in a healthy way. If the lower parts have problematic and dysregulated patterns, the development of the higher parts will display these atypical patterns (Perry, 2012). Under these circumstances, the treatment of children should aim at the lower part of the brain development such as touching, rhythmic movements and repetitions, apart from the child's chronological age. Dr. Perry uses the Theraplay activities, massaging for physical contact, drumming or other sensory motor activities to meet the needs of the child on that particular developmental insufficiency (Munns, 2011). The first aim is healing the basic attachment-related dysfunctions of the brain regardless of the child's chronological age. Theraplay activities help to recreate the basic sensory motor interactions of healthy parent-child relationship to prepare the children for further levels.

Another important function of the brain is the dominance of the right hemisphere during the first three years of life (Munns, 2011). The right brain is responsible for the different functions such as nonverbal communication, processing sensorial information and visual cues in a holistic way. Self- regulation of the somatic processes and self-soothing of the infants takes place in the right hemisphere which includes only the whole map of the body in the brain. It is also the place for the internal working model, social cognition and mindsight. The experiences of infants which are shaped in the right hemisphere, use the language from the right side of the brain and are formed from face-to-face attuned, nonverbal, and rhythmic emotional communications, as well as eye contact (Booth & Lindaman, 2010).

2.1.5 Theraplay and Neuroscience

Theraplay activities aim to improve the right brain by changing the initial formation of brain patterns rather than the left brain's verbal language (Munns, 2011). Focusing on the early phases of social-emotional development and recreating the sensitive and joyful parent-child interactions, Theraplay activities provides changing in the brain which enables emotional regulation and long term psychological wellbeing (Booth & Lindaman, 2010). Theraplay uses touch, eye contact and a 'motherese' soft and stimulating manner of speaking in its activities. This leads to create resonant emotional melody with capturing the emotional cues of the child in an immediate way. The child feels the privilege of being realized at the time he/she needs. This can be an example of the activities which aim to improve right brain in Theraplay (Makela, 2003).

2.2 Theraplay

Theraplay is a structured play therapy method which aims to increase parent-child attachment, trust and self-respect of the people via joyful and configured games. It can be considered as one of the short-term play therapy methods and it is applicable for different age groups and various social and emotional difficulties (Munns, 2011). While creating Theraplay, Dr. Ann Jernberg made hundreds of observations of the healthy parent-child relationships and she classified them under four dimensions. The Theraplay activities were shaped according to the four actions of the healthy parent-child interaction; structure, engagement, nurture and challenge. According to the Theraplay, most of the problems originate from the lack of those dimensions and Theraplay aims to strengthen those parts with structured games and play methods (Jernberg & Booth, 1999). These dimensions can be explained in following way;

1. *Structure*: Structure is a significant element in a healthy parent-child relationship. Children feel secure of themselves with the rules, including clear instructions and limits, the predictability of their behavior improve sense of orderliness in their lives. Daily routines that children undergo such as feeding, sleeping and bath times can be supported with basic rhythm, patterns or rhymes. In turn, this helps the child to develop a sense of order and security that eventually leads to self-regulation (Munns, 2009). In Theraplay, the adult is in charge during the sessions, and the activities are pre-prepared according to the needs of the children. Each session has a routine with starting and closing ceremonies; the activities are shaped in a sequence according to their activity levels. Children learn to follow the rules in the configured simple games such as 'Simon Says, or Mother May I'. This structure also enables the therapist to put certain main rules of the sessions as 'No Hurts'. The ultimate aim is that the child feels order and security in his/her life because of the structure guidance of an adult (Munns, 2011). Structure is not directly related with controlling the child, rather, it gives the message that someone who is older and more resourceful than the child can make the world more predictable and secure for him/her (Jernberg & Booth, 2010). Other examples of the structure activities are follow the leader, and red light green light games.
2. *Engagement*: Occurs when parents spend time with their child by engaging in entertaining activities from infancy with traditional and basic games such as Peek-a-Boo, blowing the belly and "I'm going to get you". Besides the fun, engaging and stimulating parts of these activities, engagement activities enables children to develop positive self-images. Children also learn to communicate, appreciate intimacy, and take pleasure in interpersonal contact. The real message behind this is "You are special for me and not alone in this world, you can communicate with others in a healthy way" (Jernberg & Booth, 2010). Engagement activities inspired by parent-infant games like clapping hands, Motor Boat or Hide-

and-Seek include adventures, laughter, and positive stimulations; these types of experiences enable children to learn and try new things. Through this dimension, a child gives attention to interactions with adults and learns how to engage closely with others. Other activities can include row row, row your boat, hand clapping games, mirror games, etc. (Munns, 2011).

3. *Nurture*: Nurturing activities in parent-child relationships are confidence-inspiring, calming and is very crucial for developing trust. Feeding, rocking the kid, hugging and comforting the child are just some examples of nurturing activities. Through these activities, parents give the message that they understand the needs of the child and care about him/her. When an adult exhibits care to a child, they feel that his/her problems are answered (Jernberg and Booth, 2010). In Theraplay, nurturing activities take a quite important place in that each session includes a feeding process with chips, crackers, and the child's favorite snack or a drink. Other activities include examining the hands or arms of the child, identifying areas that hurt, as well as rubbing lotion. Another nurturing activity includes the slippery hands game which occurs when the parent provides a pleasant touch to the child whilst having fun. These interactions aim to fill the nurturing deficiencies of children at an early age. It helps children to realize that they are valuable and important, and helping them to regulate themselves in stressful situations (Munns, 2011).
4. *Challenge*: Occurs when the adult motivates the child by encouraging him/her to engage in new activities, and thus paves the way for the child to exhibit new behaviors and abilities. By trying new activities and learning the boundaries of power, this allows the child to alleviate his/her stress. The aim of this dimension is to be open to try new things, exploring the environment, and to be less fearful. The activities include cooperation with another person and improving cooperation skills according to the appropriate level of the child. It is important that the child doesn't fail at

these activities as it can result in difficult outcomes. Examples of challenging games include punching a newspaper with instruction, blowing a feather, and blowing ping-pong balls (Munns, 2011).

The activities in each session are designed to address varying degrees or combinations of structuring, engaging, nurturing and challenging actions for an individual child. For example, during a session the adult looks for ways to calm and soothe an overexcited child or to animate a lethargic child. In either case, the objective is to develop a greater capacity for self-soothing. For a child who is easily overstimulated, the adult uses a set of calming, nurturing activities such as softly blowing a cotton ball back and forth rather than engaging the child in an exciting activity. When a child is overexcited, the adult slows the activity down and thus increases the child's capacity to tolerate excitement without losing control.

2.3 Group Theraplay

Group Theraplay is a concerted way of individual Theraplay approach. It is the adapted format of Theraplay to use in group settings. The extended version was developed by schoolteachers who were aware of the advantages of Theraplay and wanted their students to receive benefits from this practice. In 1989, Phyllis Rubin and Jeanine Tregay put the approach in practice and created Group Theraplay. Group Theraplay strives to increase the sense of connection and belonging among group members. Four dimensions of Theraplay also apply as the four rules in Group Theraplay's approach. These rules include 'No Hurts', 'Stick Together', 'Have Fun' and 'Adult in Charge';

1. The "No Hurts" rule means that the physical, psychological and emotional security of children is protected and cared for by the adult. The aim is to be alert to any kind of hurt that the child may undergo and that the adult takes action in response to the hurt. The adult could apply some lotion

where the child was physically hurt or could give them hug when the child needs. The most important part of the "No Hurts" rule is that the adult emotionally responds to the child and expresses this with voice or facial cues. The real message behind this rule is to ensure that the child is safe and they will be taken care of under any circumstance (Schieffer, 2013).

2. The "Stick Together" rule means that each child should be included and participate in every activity. If they are not ready to participate in the activity or are absent on that day, these aspects should be immediately identified. The message behind this rule is that children are important and connected to the group, it helps children to realize that they feel noticed and valued.
3. The "Have Fun" rule entails bringing joy to the group while also having challenging activities to improve children's social and emotional development. The activities shouldn't focus purely on sticking to a strict plan, if the children don't enjoy the activity, it should be altered or adapted in a way that children have fun. In order to bring about the feeling of joy into the environment, the adult should have fun in the first hand while leading the group. It gives children a message that their feelings and their happiness is valuable for the adult.
4. The "Adult is in Charge" rule can be described as inferential in that despite not mentioning the rule, the child should seize it and the adult should act accordingly. In Theraplay, the group leader provides structure to the children; however, the leader is neither a teacher nor a free play time observer. By putting the adult in charge, the children hear the message that they shouldn't worry about the procedure. The adult use clear and direct instruction with the children and thus builds trust with them (Rubin & Winstead, 2015).

Group Theraplay is guided by a simple set of rules based on the following actions: a leader is always in charge of the group, each group session usually lasts

about 30-45 minutes, and the size of the group can be constructed based on ages, issues and behavior of the participants (Rubin & Tregay, 1989). The activities for each session are chosen in order to address an issue the group is dealing with, such as increasing the child's comfort with eye contact, developing trust or enhancing self-control and group cooperation.

2.4 Special Characteristics of Theraplay Group

Theraplay Groups have some characteristics that should be given special importance to; for instance, Theraplay Groups pay particularly characterized to physical contact and saliently caring behaviors (Rubin & Winstead, 2017). The appropriate touch is very important in Theraplay Groups; it is characterized by activities in which holding hands, playing slippery slip with hands that have lotion, drawing an imaginary picture on a friends' back whilst touching, engaging in physical contact and salient caring behaviors. This also allows the child to gain awareness of the inappropriateness of physical contact, if necessary. The caring acts includes giving special importance to the physical or emotional harm of the child and acting in a sincere way, rather than just stating with words. These dimensions can be meaningful with the adult's attitude throughout the activities.

The adult should make the children feel special and be cared for, but also know when to step in when the touching becomes inappropriate by reminding the child of the "No Hurts" rule. The leader should enjoy the activities as well, and express this feeling to the children as well. Additionally, the leader should be comfortable with closeness, feeding the children and physical touch. Remaining calm and positive when responding to a child's difficult behaviors is another important aspect the adult should consider (Rubin & Winstead, 2017).

2.5 Theraplay and Education: Sunshine Circles

The application of Group Theraplay in classroom setting by teachers can be named as Sunshine Circles (S.C). The S.C. method could be applied from preschool to middle schools. The simple activities include nurture, cooperation and fun are led by the teachers instead of talking directly (Schieffer, 2013). The application process, the rules and the main factors are the same with the Group Theraplay. The duration of the application can be arranged by the teachers and it can be limited with one game according to the schedule. Sunshine Circles model was evaluated by Tucker at al. (2017) and the results demonstrate that the application in preschool classroom is very promising. The social emotional skills, behavioral regulation and problem solving skills of the children in experimental group exhibit improvement.

2.6 Related Literature

2.6.1 International Studies

There are different studies in the field to assess Theraplay and Group Theraplay from different aspects. Siu (2009) conducted a controlled study about the effectiveness of Theraplay on the internalizing symptoms of children in the context of the Chinese population. In the study, the children who are at risk in terms of developing internalizing problems were chosen randomly to the experiment or wait-list groups in Hong-Kong. The standardized test for internalizing symptoms, Child Behavior Checklist (CBCL) was applied to the children and among them 46 children; 25 boys and 21 girls from grades 2 to 4, were assigned as participants. The Group Theraplay activities were applied to the intervention group for 8 weeks by the certified Theraplay therapist. At the end of the treatment process, the CBCL tests were completed again. Pre-test results were used as covariates and the results show that the internalizing symptoms decreased

in the treatment group while the wait-list group had no significant differences ($p<0.1$). This study illustrates the effectiveness of Theraplay on internalizing how children experience problems.

Mahan (1999) conducted a study about the effectiveness of Theraplay on 5-year-old twin children who were taken from a foreign orphanage at the age of 3. The Theraplay treatment was applied on the children with various tests such as Achenbach's Child Behavior Checklist and Teacher Report Form, Attachment Story Completion Task, Marschak Interaction Method, and the Randolph Attachment Disorder Questionnaire and Cermack's Developmental and Sensory Processing Questionnaire. According to those various pre-test post-test results, it was observed that the siblings who had taken Theraplay treatment developed a more secure attachment and their problematic behaviors decreased. Another study conducted by Kwon (2004), pre-school children enrolled in a normal education was assigned to a control and experimental group. The outside clinic children were exposed to a Theraplay treatment. After the treatment, evaluation of the children who had Theraplay treatment were observed to have better self-consciousness, self-control and better awareness of other people. Kwon also found that the children who had Theraplay treatment showed greater capacity in the emotional intelligence quotient (as cited in Munns, 2011).

Makela and Vierikko (2005) conducted a research about the effectiveness of Theraplay on attachment problems and behavioral difficulties of children in SOS Children's Village, Finland. The participants of the study were children who experienced abuse, neglect and loss. They were in long-term foster care and their emotional needs were very high according to their negative experiences. Twenty children aged to 4 to 13, along with their foster parents, attended the intensive Theraplay sessions for 6 weeks which included four sessions per week. Child Behavior Checklist (CBCL) was used for the pre and post-test and the follow-up which was completed 6 months after the treatment. Results indicated that internalizing and externalizing symptoms decreased upon the treatment

(significant at p=.002) and the follow up assessment (p<.001). Overall, it showed that Theraplay had a positive effect on reducing behavioral and attachment difficulties of children.

Another noteworthy study was conducted in Germany in 2011 by Wettig, Coleman and Geider. They evaluated the effectiveness of Theraplay on young children that were dually diagnosed with developmental language delay and social anxiety (shyness and social withdrawal). The research forms two different studies: the first study was a controlled longitudinal study (CLS) with children who were referred to a medical clinic. A total of 22 children (8 girls and 14 boys) with a mean age of 4 years 1 month (*SD*=1.1) were selected according to their diagnosis results from Clinical Assessment Scale for Child and Adolescent Psychopathology (CASCAP-D). The treatment was applied by one certified Theraplay therapists in the same therapy room. The test was applied before and after the Theraplay treatment and also evaluated with a 2 year follow-up by using an ANOVA test. The results were compared with each other and with the control group. It was observed that the symptoms of the disorders and developmental delay were significantly lower after applying Theraplay treatment and no relapse was found after 2 years. On the other hand, the second study involved a multi-center study (MCS) including 9 different medical centers across Germany and Austria. A total of 167 children (60 girls, 107 boys) were selected with the same symptoms in CLS study. Children with ages ranging from 2 to 6 with a mean of 4 years 5 months were selected. Theraplay treatment was applied on the children by different certified Theraplay therapists. After the treatment, pre-test, post-test and control group results were evaluated with a one-way ANOVA method. Significant improvement was observed on all variables. According to both study results, children show better self-confidence, trust and assertiveness. Their communication situation was improved and they were able to express themselves better when compared to prior treatment. Considering that the study was longitudinal and with evidence indicating no relapse within a 2 year period, it can

be said that Theraplay has a positive, long-term effect on children for treating social problems.

Most of the Group Play Therapy researches that exist are based on the Child Center Group Play Therapy (CCGPT) in the literature. One of them focuses on the effectiveness of CCGPT on the immigrant children with relationship difficulties in Taiwan (Su and Tsai, 2016). The participants of the study were included eight 2nd and 3rd grade students. They were randomly selected to control and intervention groups. The same-sex experimental groups received CCGPT once a week for a 12-week period. The Social Skill Behaviors and Characteristics Scale for Elementary and Junior School Students (SSBCS) was applied to the students and at the end of the treatment results were evaluated. According to the study, interpersonal relationships, self-acceptance, self-assurance and relationships with other peers were positively affected as a result of the CCGPT method (Su & Tsai, 2016). The other study that correlates more with my area of interest is the aspect of age level. The effect of Child Center Group Play Therapy on kindergarten children's social emotional assets were assessed (Cheng & Ray, 2016) and children who were referred from their teacher as having social emotional problems and were considered within the at-risk group from pre-test results were included to the study. Among 43 participants, 21 children were assigned to the intervention group while 22 were placed on a wait-list control group. With a two or three-member intervention group, CCGPT was applied every week for a period of 8 weeks in 30 minute sessions. At the end of the intervention program, Social Emotional Assets and Resilience Scale-Parent (SEARS–P) and Social Emotional Assets and Resilience Scale-Teacher (SEARS–T) tests were completed both by parents and teachers of the children as post-test measure. According to the results of the evaluations, the parents in the intervention group reported better social emotional improvement, empathy and social competence on their children. However, according to the teacher reports there were no significant differences between, before, or after treatment.

Group Theraplay method can be used for different target groups and its effectiveness can be measured. Cort and Rowley (2015) conducted a project with mothers and their children who have experienced domestic violence in England. They applied group Theraplay sessions with them for a period of 10 weeks and gathered data via qualitative methods. Their sample size included 5 mothers and their children aged under 5 years old. The focus of the sessions entailed the mothers' perceptions about the treatment. Their main aim was to establish an atmosphere whereby the mothers and children could experience the joyful side of play alongside their children. The mothers who attended the sessions reported that they had fun and felt their connection with their kids grew stronger. After the Group Theraplay sessions, the mother's overall perception about themselves and their motherhood was positively affected, and their relationship with their children improved. Additionally, the mothers' stress level declined according to the results found in the Parenting Stress Index 4 Short Form. The 3 months follow-up study revealed the Group Theraplay sessions had an overall positive effect and that the different parenting behaviors were sustainable.

Siu (2014) conducted a study about the effectiveness of the Group Theraplay method on children with developmental disabilities. The aim of the study was to evaluate the teachers' responses on Theraplay treatment approach while working with children with special needs. In Siu's study the teachers were educated on Group Theraplay methods and researchers enabled them to participate in the study as conductors. A total of 38 students participated in the study (35 boys and 3 girls) with a mean age range of 10.34 among 6 to 13 year olds. The students were randomly assigned for the control and experimental group (23 in intervention and 15 in control). A mixed methodological method was used in the study with both quantitative and qualitative data. The results of the Social Responsiveness Scale used quantitative methods to assess the students' scores, whereas the teachers' opinions were evaluated using qualitative methods. A Total of 23 students were divided into four groups throughout a one year period to

apply Group Theraplay treatment sessions for at least 20 weeks. The sessions were applied once a week for duration of 30-40 minutes during regular school hours. The sessions were conducted by trained classroom teachers and at the end of each session; the teacher evaluated the children's behaviors according to the goal set. The students were evaluated before and after the intervention process by other teachers who were blind to the test Social Responsiveness Scale. According to the MANOVA and follow-up ANOVA test results, the social communication subscale of the test was significant ($p<0.5$). In addition, according to the observation results of the children, findings suggest a significant development in social awareness and social communication. It was found that the children can understand the social clues better and may respond to their teacher well. On the other hand, the teachers found the method was exhausting and time-consuming for everyday usage. They expressed that they struggled arranging activities, yet they agreed that Theraplay was a fun activity and enhanced teacher to student relationships. Overall, the study confirms that Group Theraplay has a positive effect on the social development of children with DD in the special school settings.

Francis et al. (2017) conducted a study in the United Kingdom on whether the use of Theraplay in school-based content has a positive effect on children. The target group consisted of children under a government-protected program called "Looked After Children (LAC)". The participant group for the study lasted a length of eight months with a total of twenty students, from nine different schools. Both qualitative and quantitative data were collected in the study. Pre- and post-teacher strength and difficulties questionnaires (SDQs) were filled by the significant adult responsible from the child. According to their pre-test results, the children were assigned into either Group Theraplay or individual Theraplay treatment; the lowest scores were assigned to the individual Theraplay treatment. After the treatment, alongside post-tests, semi-structured interviews were conducted with the adults.

Feedbacks from the children were gathered via creative age-appropriate activities. Quantitative results indicated that, on average, there was a reduction in overall SDQ stress scores post-intervention. Despite the results not having a significant value, the qualitative results supports that argument that intervention provides for prominent changes in a child's relationship skills, confidence and engagement with education.

To evaluate the effectiveness of Theraplay in classroom setting, Thorlakson (2004) designed an early-years prevention program called "Teaching and Learning to Care (T.L.C)" which was based on classroom-based Theraplay activities. Observing children's empathy and self-control were of primary focus in the study. The population of the study consisted of four teachers and 89 students from grade levels of kindergarten to the third grade. The Classroom Characteristics Questionnaire was completed by the teachers before and after the implementation was made on all students. The Individual Student Rating Scale was used to evaluate six randomly selected students for empathy and self-control. The T.L.C. Program Evaluation was used to evaluate the program in general. The program applied eight sessions once in a week. The evaluation of the teachers showed that classroom-based Theraplay was an effective implementation to increase empathy and care in young children. While teachers did not think that Theraplay was effective in increasing self-control in classroom settings, they did express that it helped students to internalize self-control in their social interaction skills among peers (Thorlakson, 2004).

There are several other case studies to evaluate the outcomes of Theraplay; one of them was completed with two mothers and infants who have attachment difficulties (Bernt, 2000). The participants that received the Theraplay treatment included two at-risk mothers with infants who were described as having Failure-To-Thrive (FTT). Therapists focused on the healthy mother-infant relationship and in the sessions they were represented as a model to the mothers. At the end of the intervention it was reported that eye contact between mother and infant

represents physical closeness and that the self-esteem of the mothers, as well as their feelings towards the infant increased positively.

2.6.2 National Studies

There are some studies related with play therapy methods outside of Theraplay in Turkey. In a research conducted by Sezici (3013) on the effectiveness of Play Therapy under nursing practices, a Play Dough Exercise Program was developed in the scope of play therapy by the researcher and applied on 39 preschool children in Kütahya, Turkey. Social, emotional and behavioral skills of preschool children were assessed using the "Scale for Assessment of Social Competence and Behavior" and the "Identification Form of Preschool Child and His/Her Parents" scales. The assessment was done by using the ANOVA test and the results indicated that there was a statistically significant difference between pre- and post-test scores of children in the experiment group. On the other hand, there was no significant difference in control group. The research showed that Play Therapy increased the social, emotional and behavioral skills of the preschool age children.

There are two different master theses that examined children whose post-traumatic stress levels have been under-cared for by governments. Experiential Play Therapy and Developmental Play Therapy were two different Play Therapy methods used in these studies. Çelik (2017) designed an experimental study with experiential Play Therapy method which included 32 children aged between 3 to 10 years. The Childhood Post-Traumatic Stress Scale (CPTS) was used to measure their emotional stress level. At the end of the eight sessions, the scores of the test demonstrated a significant change. Therefore, it can be asserted that Experiential Play Therapy has a positive effect on children's post-traumatic emotional stress levels. In another study, Altun (2019) evaluates the post-traumatic emotional stress level of children living in orphanages. Altun used the

Developmental Play Therapy method to understand the differences of the Pediatric Emotional Distress Scale (PEDS) before and after the treatment process. A total of 30 children with an age range of four to eight served as the participants of the study and were paired with a sample t-test and a Wilcoxon test was used for evaluation. As a result of the study, there was a significant decrease in the post-traumatic stress levels of children who took Developmental Play Therapy.

One of the most commonly used play therapy methods is Child-Centered Play Therapy in Turkey. Mehmet Teber (2015) conducted a research about the effectiveness of Child-centered play therapy methods. The participants were selected among children who were admitted into a private counseling center in Istanbul. A total of 30 children with an age range between six and ten participated in the study and were evaluated before and after the treatment using the Child Behavioral Check List (CBCL). The data was analyzed with paired-samples t-test and Wilcoxon test. At the end of the study it was seen that problematic behaviors and psychological problems of the participant children decreased significantly.

To understand the impact of play therapy on shyness levels of children, the single subject design study was carried out by Koçkaya (2016) in Denizli. The "Strengths and Difficulties Questionnaire (SDQ)" was completed by the parents and teacher of the student to evaluate the impact of six play therapy sessions on the children. As a result, emotional problems and peer relationships problems decreased and pro-social behavior was observed to have increased. Shyness levels of children were observed in another study held by Yıldız (2015) with primary school children. Six group play therapy sessions were applied on 20 students and the "Shyness Scale" was used to gather data. According to the results, there was no significant difference in shyness levels of children who took group play therapy as compared to the children in the control group.

As it can be seen in the aforementioned studies, there is no published article or thesis about the effectiveness of Theraplay or Group Theraplay methods in Turkey. However, there are a limited number of studies about other play therapy methods such as child-centered play therapy (Teber, 2015), experiential play therapy (Çelik, 2017) and developmental play therapy (Altun, 2017). The shyness level of children was evaluated in two different studies (Yıldız, 2015; Koçkaya, 2016). Social, emotional and behavioral skills of children were affected positively with play therapy sessions (Sezici, 2013).

CHAPTER 3

METHOD

This chapter focuses on the methodology employed in the study. It includes research questions, the design of the study, participants, data collection instruments and procedures of the study. Afterwards, information regarding data analyzing will be discussed.

3.1 Research Questions

The purpose of this study is to explain the effectiveness of Group Theraplay method on social skills and problem behaviors of 60 to 72 month-old preschool children in a classroom environment. The present study addressed the following research questions;

1. Is there any difference between pre- and post-test social skills scores of 60 to 72 month-old preschool children after Group Theraplay sessions in a classroom environment?
2. Is there any difference between pre- and post-test social cooperation skills scores of 60 to 72 month-old preschool children after Group Theraplay sessions in a classroom environment?
3. Is there any difference between pre- and post-test social interaction skills scores of 60 to 72 month-old preschool children after Group Theraplay sessions in a classroom environment?

4. Is there any difference between pre- and post-test problem behaviors scores of 60 to 72 month-old preschool children after Group Theraplay sessions in a classroom environment?

3.2 Design of the Study

In this study the effects of a treatment procedure was aimed to show two different aspects. The independent variable is the Group Theraplay treatment and the dependent variables are scores of social skills and problem behaviors tests.

Since it is the best type of research for testing hypotheses about cause and effect relationships (Fraenkel et al., 2012), the experimental research under the category of quantitative research design was applied to answer the questions in this study. The group formation was chosen as The Static Group Pretest Posttest Design under the category of poor experimental design. There were eight sessions with intervention programs to evaluate the effectiveness of Group Theraplay treatment on preschool children. With pre- and post- test results of the Preschool and Kindergarten Behaviors Scale-2 (PKBS-2), scales under the category of behavioral problems and social skills were assessed. The control and experimental groups were selected according to random assignment. Since the kindergarteners have static classrooms and it is too difficult to build new groups for experiments, random assignment could not be used for designating the groups. However, with the static classrooms, the control and experiment groups were randomly assigned. The experimental group received eight-week Group Theraplay sessions, while the control group did not receive any training. Non-parametric analysis was conducted by using a Mann-Whitney U test.

3.3 Role of the Adults

This research focuses on the children. However, while doing the application, the adults play an important role. The researcher, the teacher and the co-therapist and parents were other parties in this research.

The researcher who has the Group Theraplay application certificate was the main leader in the Group Theraplay sessions throughout the study. The training was taken from the Theraplay Turkey Team, in İstanbul, 2017. After taking the training, the researcher designed the sessions. The games in the program were picked by the researcher according to different dimensions of Theraplay, among the static Group Theraplay games. While selecting the games, the dimensions of Theraplay were taken into consideration; it was aimed to include all dimensions equally.

The teacher of the classroom participated in the implementation as an assistant adult alongside with the co-therapist. The researcher arranged an informative presentation for the teacher and the co-therapist about Theraplay, Group Theraplay and the points to consider. The co-therapist was the psychological counselor of the preschool and also a play therapist. There were three adults in the classroom during the sessions.

The parents were informed by the researcher before the study, during the parent-teacher meeting. They were filled the instrument before and after the implementation. The researcher ensured the parents that the results of the tests will not be shared with anyone.

3.4 Participants

Given the fact that random assignment of the subjects was not practical or feasible in school-based researches (Ross et al., 2005), a convenience sample type

was applied while choosing the sample. The accessibility of the school was the primary reason to work with the selected kindergarten. All participants of the study were the students of a private kindergarten in Yenimahalle district in Ankara, Turkey. There were 35 students in two classrooms with an age range between 60 to 72 months.

The participants of the experimental group included 18 children throughout eight Group Theraplay sessions. To evaluate the effectiveness of the treatment, the data took into consideration the children who attended at least six sessions. With this limitation, the experimental group data consisted of six girls (42.9 %) and eight (57.1 %) boys (n=14). The participants of the experimental group do not include any child with disabilities. Although the teacher reported her thoughts about one child having learning disabilities, the child has no professional report related to his situation.

The control group classroom size was seventeen at the beginning of the study. Due to not reaching the post-test scores of the children, the sample size for control group declined to fourteen. Finally, in the control group there were a total of five (35.7 %) girls and nine (64.3 %) boys (n=14). The gender distribution of the total participant was 39.3 % girls and 60.7 % boys.

3.5 School Setting

The private preschool was located in Yenimahalle district in Ankara. There were two classrooms for 60 to 72 months olds and the classroom sizes were seventeen and eighteen. There was one class for 48 to 60 months olds with sixteen children and one 36 to 48 months old classroom with sixteen children as well. In addition, there was a day care classroom for infants including 8 babies. The total number of registered children in the preschool was seventy-five.

This particular preschool was selected due to the accessibility of the facility and for the willingness of the headmaster. The school was a fulltime regular kindergarten following the Ministry of National Education Program. There was no specific play vision of the institution, regular free play time activities were provided. The implementation was realized in the afternoons for 30 to 45 minutes and the days were arranged according to the course schedule of the classroom. The times that the children do not have branch lessons were picked for application.

3.6 Data Collection Instrument

To assess social interaction skills of preschool children, Preschool and Kindergarten Behavior Scales (PKBS-2) were used. PKSB-2 is a behavioral rating instrument used in assessing social skills and problem behavior examples of preschool-and kindergarten kids aged between three to six. It is a norm-referenced, standardized instrument developed particularly to use in surveying young kids in an assortment of settings and by an assortment of behavioral witnesses. The PKBS-2 incorporates two noteworthy scales: social skills and problem behaviors (Merrell, 2003).

The social skills scale has three subscales: social cooperation, social interaction and social independence. Social skills were evaluated according to the overall points of the scale. Additionally, among those subscales, “social interaction” and “social cooperation” subscales were assessed for this study. The social interaction subscale of the test includes items such as “Comforts other children who are upset”, “Invites other children to play”, and “Apologizes for accidental behavior (that) might upset others” and others. The social cooperation subscale includes “Share toys and other belongings”, “Is Cooperative” etc. (Appendix A). The problem behaviors scale includes subscales such as externalizing, internalizing, self-centered and antisocial behaviors. For this study, overall scores of the

problem behaviors section were evaluated to have a general assessment of these behaviors. The forms can be filled by parents and teachers of the children.

PKBS-2 was selected to be used in this study due to its high reliability coefficient, the numbers of item, format, and content of the items. The scale comprises both problem behavior and social skill total scores just as the aim of this study. Thus, the subcategories of the scale are suitable for the purpose of this research. In addition, the Turkish version of the test used a high reliability coefficient (Özbey, 2009) and was used in different studies with Turkish parents and teachers (Ekici, 2014; Özbey, 2012). The permission to use the data was granted by the translator of the scale (Özbey, 2009).

The Turkish version of the study was translated and applied by Alisinanoğlu & Özbey in 2009. A confirmatory factor analysis and correlation between the factors were used to ensure the validity of the scale. For the social skills scale, the construct validity values are .96, .91 and .88 for the first, second and third factor respectively. For the problem behaviors scale, the construct validity values are reported as .96, .90, .89, .73 and .75. In the light of this information, it can be said that the scale is valid (Özbey, 2009).

Cronbach's alpha technique was used to measure the reliability of the scale. The total Cronbach Alpha value for social skill scale was .94. For the problem behaviors scale, the total Cronbach Alpha value found was .96. These results show that the scale is highly reliable in terms of testing norms (Özbey, 2009).

The Turkish version was used in various studies in Turkey for assessing social skills and problem behaviors (Ekici, 2014; Özbey, 2012). The validity and reliability of the Turkish version was repeated in the city of Edirne on 201 preschool children to evaluate effectiveness of the test according to the Turkish culture and language. According to the results, the Turkish version of the test was

considered adequately reliable with over 0.7 Cronbach's Alpha value. (Fazlıoğlu et al., 2011).

3.7 Data Collection Procedure

Data collection began in the second semester of 2016/2017 academic year. Before starting the study, the necessary ethical permissions were taken from the Applied Ethics Research Center in METU. The researcher attended the parent-teacher meeting and informed the parents about the study. The parents were asked to fill permission forms for their children to attend the experiment (Appendix D). The PKBS-2 scale was sent to all the parents of school children aged between 60 to 72 months. A week after collecting all the data from pre-test, the control group and experiment group was randomly selected. Before starting the treatment process, the researcher participated in the classroom at different sessions in order to observe regular classroom activities. , By engaging with daily routines of the experimental classroom, the researcher would be able to get to know the group well and try to earn their trust. The experiment group had eight Group Theraplay sessions. In the control group, there was no Theraplay treatment applied and they continued their own educational system. After one week of completing the treatment process, the PKBS-2 scale was sent to the parents again for the post-test.

Firstly, the social skills of the children and problem behaviors were measured with Preschool and Kindergarten Social Behavior Scale (PKBS-2). After the treatment, social skills and problem behavior scores were measured again. All the scores were evaluated at the end.

In experimental group, the data taken from the children who missed two or more sessions was ignored. Only the children who were able to attend six, seven or eight of the sessions were included in the study. The scales were filled by parents of the children.

3.8 Implementation Procedure

3.8.1 Pre-Implementation

Before the implementation, the researcher had a meeting with the classroom teacher. The teacher was informed about the philosophy of the Group Theraplay and the important points about the application process. Since the attitudes of the adults were very important during the sessions, researcher presented the idea behind the actions in full detail. The researcher also gave the teacher tips to guide the children's behavior by using positive methods. Some of these tips include avoiding saying "no" to children; instead of saying what we don't want them to do, expressing the wanted behavior in the positive mood is preferable. In addition, other useful tips include using physical touch and challenging the children (Schieffer, 2013). After briefing the teacher about philosophy of the application, the researcher took necessary information from the teacher, such as possible allergies for food sharing and special needs of children.

During all sessions, videotaping was made and the assessment held on to the tapes for the arrangements regarding the next sessions of the program. The videotapes were not utilized for assessing dependent variables; instead they served purely for the procedural arrangements of the study.

3.8.2 Designed Sessions

The sessions included group games that aimed at feeding four dimensions of Theraplay actions. The group games also aimed at caring for each individual in the group and trying to make them feel that care. In the first session, the children decided to name the group "Yıldızlı Gökkuşağı" (Starry Rainbow) and prepared a greeting song that would be played at the beginning of each session. All following sessions incorporated the song. The repetition of the three rules of the Group

Theraplay “no hurts, stick together, and have fun” were performed with hand signs by all the kids and after that, the check-up time started. This section takes up to 2 minutes.

The check-ups required special attention to each child, it might have involved noticing any particular difference on the child and talking with them about it, identifying the children by providing a name tag or rubbing lotion on their hands, or noticing any harm and discussing it. In that part the leader divided the classroom into small groups and each adult in the session applied the check-ups to children individually. The main aim was to make the child feel special and cared for. The attitude of the adult during the sessions is very important and was given special importance in order to enable children to feel their uniqueness during that part. Check-ups part generally takes 5 minutes.

After this time, the main activities were applied according to the four dimensions of Theraplay. The games take approximately 20 minutes. In order to strengthen the structure’s dimension, the games emphasizing the importance of the rules and limits for the children were applied as follow: pass a gentle squeeze, the Turkish version of peanut butter and jelly as ‘kurabiye süt’ (cookie and milk), the eyeball toss and etc. (Appendix C). For the challenge dimension, games are applied that enable kids to take age appropriate risks and give them feeling of achievement. Examples of these games include balloon balance, cotton ball hockey, newspaper punch, bicycle for two, blanket feather blow, slippery-slippery slip etc.. For the engagement dimension, the aim was to make a connection with the child within an enjoyable environment and to create joyful moments. Other activities include “hello and thank you with a beanbag”, “pass a silly face”, “pass a squeeze”, “I see somebody special with a mirror”, tootie ta, eye contact game and so on. The nurture dimension includes games that involve appropriate touch and feeding the need of unconditional acceptance of the children. Caring for feelings of hurt, feather touch, and all the food sharing part at the end of each session are just

some examples of these games. The dimension and game table can be seen in Appendix B.

At the end of the activities, the food sharing part commences and the adult feeds the children with some treats. In a small group format, the adult gives the child the treat by feeding them. The aim of the feeding time is to build trust between the children and the adult, thus making the children that they are valuable, are to be cared for and are special. It directly aims to feed the nurturing dimension of Theraplay. Food sharing part takes up to 5 minutes.

After sharing, the group sings the goodbye song together and the session is over. During all processes, the adult is in charge at all times and without saying this rule out loud, the leader should make the children feel of this rule. The detailed schedule of each session can be seen in Appendix C.

The researcher was the main Group Theraplay leader for all sessions. There was a co-therapist who helps the leader throughout all sessions. In addition, the classroom teacher joined the activities with the researcher and co-therapist.

3.9 Data Analysis

While evaluating the data, the use of the ANOVA technique has been initially planned. However, as a result of the preliminary analyses, the normality assumption of ANOVA has been violated due to the small sample size (n=28). When the assumptions of the parametric tests have not been met, the non-parametric alternatives could be used (Corder & Foreman, 2009). Hence, this situation led the researcher to use the Mann-Whitney U Test and the Wilcoxon Signed Rank Test among non-parametric alternatives.

The Mann-Whitney U Test is one of the nonparametric tests which aim to evaluate if two independent samples diverge significantly (Corder & Foreman,

2009). Firstly, the differences between pre- and post-test scores of each participant were calculated. The calculated scores were used to compare experimental and control groups via the Mann-Whitney U test.

The Wilcoxon Signed Rank Test is one of the nonparametric tests which aim to evaluate whether two related samples significantly diverge (Corder & Foreman, 2009). Therefore, pre- and post-test social skills, social interaction, social cooperation and problem behaviors scores of the experimental group were evaluated using the Wilcoxon Test.

Statistical analyses of the data were performed by using the Statistical Package for Social Sciences (SPSS 23.0.)

3.10 Internal Validity of the Study

Fraenkel et al. (2012) describe internal validity of a study "any relationship observed between two or more variables (that) should be unambiguous as to what it means rather than due to something else" (p.166). It should be noted that there are some threats which affect the internal validity of a research. These threats include mortality, location, data collector characteristics, data collector bias, and implementation; they will be discussed and evaluated in further detail.

Fraenkel et al. (2012) state mortality threats are very common and despite the careful selection of participants, it might still occur in experimental studies (p.167). In this study, the implementation procedure includes eight sessions of training and only the scores of children who attended six or more sessions were taken into consideration for the experimental group. As a result, this led to the loss of subject in the sample size. At the beginning of the implementation there were nineteen children in the experimental group and eighteen for the control group. However, at the end of the study the sample size was fourteen for both groups. Therefore, it is clear that the mortality threat was not controlled in this

study. However, when the loss of the subject remains the same amount in both groups, the mortality issue might not be considered as a problem (Fraenkel et al., 2012, p.168). In this research, the subject loss is nearly the same for experimental and control groups. It can be considered as a minor problem (p.279).

Location threats might affect the result when the place of the intervention differs among the groups (Fraenkel et. 2012, p.169). To avoid the location threat, the place of the implementation was constant for each week. Additionally, the control group classroom took place in the same school as the experimental group, within the same conditions.

The data collector characteristics might affect results as well. Gender, ethnicity, age, educational level or other characteristics might affect the nature of the data (Fraenkel et al ., 2012, p.170). Due to the fact that the data was based on reports of the parents, controlling their characteristics were not possible for this research.

The data collector bias is another threat for the validity of this study. Since the tests were filled out by the parents of the children, the parents might not be honest about their children's situation. They might have concerns about reporting their children's negative behaviors due to different reasons. To prevent this, a parent meeting was held before starting the study to make them fully informed about the fact that the results of the tests will not be shared with others and will not affect their child's situation. Since the meeting was on their regular parent-teacher meeting time, all the parents were present at the meeting and their full participation to the information seminar was provided. The parents were fully informed about the aim of the study and the implementation procedures. It was assumed that knowing the details might have convinced them to participate in the study with total honesty. However, this part is still considered as one of the limitations of this research.

The instructor’s characteristics might affect the post-test results and it is referred to as the implementation threat. This threat is best controlled when the researcher is the implementer of the treatment process (Fraenkel et al., 2012). To avoid the implementation threat, all of the treatment processes were held by the researcher who has the certificate to implement the Group Theraplay training. It can be stated that this threat was controlled.

CHAPTER 4

RESULTS

This chapter indicates the results of the data analyses which were derived from the non-parametric tests. In light of the research questions, the study asks the following questions:

1. Is there any difference between pre- and post-test social skills scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment?
2. Is there any difference between pre- and post-test social cooperation skills scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment?
3. Is there any difference between pre- and post-test social interaction skills scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment?
4. Is there any difference between pre- and post-test problem behaviors scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment?

In this chapter, each section includes the research question and the evaluation of its hypotheses with the Mann-Whitney U and Wilcoxon Signed Test separately. While evaluating Mann-Whitney U test, the differences of the pre- and post-test scores were taken into consideration.

4.1 Results Concerning the First Research Question; Social Skills Scores

Research Question: Is there any difference between pre- and post-test social skills scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment?

Hypotheses 1: There is no significant difference between pre- and post-test social skills scores of 60 to 72 month-old preschool children after the Group Theraplay sessions.

4.1.1 The Mann Whitney U Test of Social Skill Scores for Experimental and Control Group

To evaluate the relation of the social skill scores between experimental and a control group, a Mann-Whitney U test was applied. The results of the analyses can be seen in Table 1.

Table 1: The Mean Ranks of the Experimental and Control Group for Social Skill Differences Scores

Mann-Whitney U Test							
Social Skill Scores	Groups	N	Mean Rank	Sum of Ranks	*U*	Z	p
	Experiment	14	19,43	272	29.0	-3,181	,001
	Control	14	9,57	134			
Total		28					

As shown in the Table 1, a Mann-Whitney U test indicates that there were statistically significant differences (U = 29.0, p = 0.001) between the differences of social skill scores of experimental group (*Mdn* = 3) when compared to the control group (*Mdn* = -1.5) with large effect size (r = 0.6). Moreover, the experimental group produced a higher sum of ranks (∑ Re = 272) than the control group (∑ Rc= 134).

4.1.2 The Wilcoxon Signed Rank Test of Social Skill Scores for Experimental Group

With the purpose of evaluating the differences between pre-test and post-test social skills scores of the experimental group, the Wilcoxon Signed Rank Test was applied. The results can be seen in Table 2.

Table 2: The Results of Wilcoxon Signed Rank Test of Pre-test Post-test Social Skills Scores of the Experimental Group

Wilcoxon-Signed Ranks Test					
Pretest Posttest	N	Mean Rank	Sum of Ranks	z	p
-Ranks	2[a]	7	14	-2,205	,027
+Ranks	11[b]	7	77		
Ties	1[c]				
Total	14				

As can be seen in Table 2, the Wilcoxon Signed Rank Test indicated a statistically significant difference between pre-test and post-test social skill scores of the experimental group, Z=-2,205, p<0.05. The effect size was large with a result of r = 0.58. The sum of the positive difference ranks (∑ R+ = 77) was larger than the sum of the negative difference ranks (∑ R- = 14) showing a positive impact. The results demonstrate that the social skill scores of eleven participants increased, whereas two participants decreased after the treatment.

4.1.3 The Wilcoxon Signed Rank Test of Social Skill Scores for Control Group

With the purpose of evaluating the differences between pre-test and post-test social skills scores of the control group, the Wilcoxon Signed Rank Test was applied. The results can be seen in Table 3.

Table 3: The Results of Wilcoxon Signed Rank Test of Pre-test Post-test Social Skills Scores of the Control Group

Wilcoxon-Signed Ranks Test					
Pretest Posttest	N	Mean Rank	Sum of Ranks	z	p
-Ranks	9	6,56	59,00	-2,321[b]	,020
+Ranks	2	3,50	7,00		
Ties	3				
Total	14				

As can be seen in the Table 3, the Wilcoxon Signed Rank Test indicated a statistically significant difference between pre-test and post-test social skill scores of the experimental group, Z=-2,321, $p<0.05$. The effect size is large with a result of r = 0.62. The sum of the positive difference ranks ($\sum$ R+ = 7) was smaller than the sum of the negative difference ranks ($\sum$ R- = 59) showing a negative impact. The results demonstrate that the social skill scores of two participants increased, whereas nine participants decreased during the time period without an intervention.

4.2. Results Concerning the Second Research Question; Social Cooperation Scores

Research Question: Is there any difference between pre- and post-test social cooperation skills scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment?

Hypotheses 2: There is no significant difference between pre- and post-test social cooperation skills scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment.

4.2.1 Mann Whitney U Test of Social Cooperation Scores for the Experimental and Control Group

In order to assess the relation of the social cooperation skills score differences between the experimental and control groups, a Mann-Whitney U Test was applied. The results of the analyses can be seen in Table 4.

As demonstrated in the Table 4, the Mann-Whitney U Test revealed that there is a significant difference (U = 31,5, p = ,001) between the differences of social cooperation skill scores of the experimental group (*Mdn* = 2) when compared to

the control group (*Mdn* = 0) with large effect size r = 0.59. Moreover, the experimental group produced a higher sum of ranks (∑ Re =269.5) than the control group (∑ Rc= 136.5).

Table 4: The Mean Ranks of the Experimental and Control Group for Social Cooperation Skill Differences Scores

Mann-Whitney U Test							
Social Cooperation Scores	Groups	N	Mean Rank	Sum of Ranks	*U*	Z	p
	Experiment	14	19,25	269,5	31,5	-3,134	,001
	Control	14	9,75	136,5			
Total		28					

4.2.2 The Wilcoxon Signed Rank Test of Social Cooperation Scores for the Experimental Group

With the purpose of evaluating the differences between pre-test and post-test social cooperation skills scores of the experimental group, the Wilcoxon Signed Rank Test was applied. The results can be seen in Table 5.

As can be seen from the Table 5 in the next page, The Wilcoxon Signed Rank Test revealed no statistically significant difference between pre-test and post-test social cooperation skill scores of experimental group, Z=--1,824 , p>0.05. The effect size is moderate with r = 0.48. The sum of the positive difference ranks (∑ R+ = 71.5) was larger than the sum of the negative difference ranks (∑ R- = 19.5), indicating a positive impact. The results demonstrate that the social cooperation skill scores of eleven participants increased, whereas two participants decreased after the treatment.

Table 5: The Results of Wilcoxon Signed Rank Test of Pre-test Post-test Social Cooperation Skills Scores of the Experimental Group

Wilcoxon-Signed Ranks Test						
Pretest Posttest		N	Mean Rank	Sum of Ranks	z	P
	-Ranks	2[a]	9,75	19,50	-1,824[b]	,068
	+Ranks	11[b]	6,50	71,50		
	Ties	1[c]				
	Total	14				

4.2.3 The Wilcoxon Signed Rank Test of Social Cooperation Scores for the Control Group

With the purpose of evaluating the differences between pre-test and post-test social cooperation skills scores of experimental group, The Wilcoxon Signed Rank Test was applied. The results can be seen in Table 6.

As can be seen from the Table 6 in the following page, the Wilcoxon Signed Rank Test revealed no statistically significant difference between pre-test and post-test social cooperation skill scores of the control group, Z=--1,753 , p>0.05, r= 0.46. The sum of the positive difference ranks (∑ R+ = 1) were smaller than the sum of the negative difference ranks (∑ R- = 14), indicating a negative impact. The results demonstrate that the social cooperation skill scores of one

participant increased, four participants decreased, and nine participants remained the same during the time without an intervention.

Table 6: The Results of Wilcoxon Signed Rank Test of Pre-test Post-test Social Cooperation Skill Scores of the Control Group

Wilcoxon-Signed Ranks Test					
Pretest Posttest	N	Mean Rank	Sum of Ranks	z	p
-Ranks	4	3,5	14	-1,753[b]	,080
+Ranks	1	1	1		
Ties	9				
Total	14				

4.3 Results Concerning the Third Research Question; Social Interaction Skill Scores

Research Question: Is there any difference between pre- and post-test social interaction skills scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment?

Hypotheses 3: There is no significant difference between pre- and post-test social interaction skills scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment.

4.3.1 Mann-Whitney U Test of Social Interaction Skill Scores for the Experimental and Control Group

In order to evaluate the relation of the social interaction skills score differences between experimental and control group, a Mann-Whitney U Test was applied. The results of the analyses can be seen in Table 7.

Table 7: The Mean Ranks of the Experimental and Control Group for Social Interaction Skill Differences Scores

Mann-Whitney U Test							
Social Interaction Skill Scores	Groups	N	Mean Rank	Sum of Ranks	*U*	Z	p
	Experiment	14	16,54	231,5	69,5	-1,385	,166
	Control	14	12,46	174,5			
Total		28					

As can be seen in the Table 7, the Mann-Whitney U Test revealed that there is no significant difference (U =69,5 , p =,166) between the differences of social interaction skill scores of experimental group (*Mdn* = 0) when compared to the control group (*Mdn* = 0) with moderate effect size r = 0.26. Moreover, the experimental group produced a higher sum of ranks (∑ Re =231.5) than the control group (∑ Rc= 174.5).

4.3.2 Wilcoxon Signed Rank Test of Social Interaction Skill Scores for Experimental Group

With the purpose of evaluating the differences between pre-test and post-test social interaction skills scores of experimental group, the Wilcoxon Signed Rank Test was applied. The results can be seen in Table 8.

Table 8: The Results of Wilcoxon Signed Rank Test of Pre-test Post-test Social Interaction Skills Scores of the Experimental Group

Wilcoxon-Signed Ranks Test					
Pretest Posttest	N	Mean Rank	Sum of Ranks	z	p
-Ranks	2[a]	4	8	-1,052	,293
+Ranks	5[b]	4	20		
Ties	7[c]				
Total	14				

As demonstrated in the Table 8, the Wilcoxon Signed Rank Test revealed no statistically significant difference between pre-test and post-test social interaction skill scores of the experimental group, Z=--1,052 , p>0.05. The effect size is small (r = 0.28). The sum of the positive difference ranks (∑ R+ = 20) was larger than the sum of the negative difference ranks (∑ R- = 8), indicating a positive impact. The results demonstrate that the social skill cooperation scores of five participants increased, whereas two participants decreased, and seven remained the same after the treatment.

4.3.3 Wilcoxon Signed Rank Test of Social Interaction Skill Scores for the Control Group

With the purpose of evaluating the differences between pre-test and post-test social interaction skills scores of the control group, the Wilcoxon Signed Rank Test was applied. The results can be seen in Table 9.

Table 9: The Results of Wilcoxon Signed Rank Test of Pre-test Post-test Social Interaction Skill Scores of the Control Group

Wilcoxon-Signed Ranks Test					
Pretest Posttest	N	Mean Rank	Sum of Ranks	z	p
-Ranks	5	5	25	-,997[b]	,319
+Ranks	3	3,67	11		
Ties	6				
Total	14				

As can be seen in the Table 9, the Wilcoxon Signed Rank Test revealed no statistically significant difference between pre-test and post-test social interaction skill scores of control group, Z=-0.99 , p>0.05, r=0.26. The sum of the positive difference ranks (∑ R+ =11) was smaller than the sum of the negative difference ranks (∑ R- = 25) showing a negative impact. The results demonstrate that the social skill cooperation scores of three participants increased, five participants decreased and six participants remained the same during that time, without intervention.

4.4 Results Concerning the Fourth Research Question; Problem Behaviors

Research Question: Is there any difference between pre- and post-test problem behaviors scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment?

Hypotheses 4: There is no significant difference between pre- and post-test problem behaviors scores of 60 to 72 month-old preschool children after the Group Theraplay sessions in a classroom environment.

4.4.1 Mann-Whitney U Test of Problem Behavior Scores for the Experimental and Control Group

To evaluate the relation of the problem behavior score differences between the experimental and control groups, a Mann-Whitney U Test was applied. The results of the analyses can be seen in Table 10.

Table 10: The Mean Ranks of the Experimental and Control Group for Problem Behaviors Differences Scores

Mann-Whitney U Test							
Problem Behaviors Scores	Groups	N	Mean Rank	Sum of Ranks	*U*	Z	p
	Experiment	14	9,11	127,5	22,5	-3,487	,000
	Control	14	19,89	278,5			
Total		28					

As shown in the table 10, a Mann-Whitney U Test indicates that there was statistically significant differences (U = 22.5, p = 0.000) between the differences

of problem behaviors scores of experimental group (*Mdn* = -6) when compared to the control group (*Mdn* = 0.5) with large effect size (r = 0.65). Moreover, the control group produced a higher sum of ranks (∑ Rc =278.5) than the experimental group (∑ Re= 127.5).

4.4.2 Wilcoxon Signed Rank Test of Problem Behavior Scores for the Experimental Group

With the purpose of evaluating the differences between pre-test and post-test problem behaviors scores of the experimental group, the Wilcoxon Signed Rank Test was applied. The results can be seen in Table 11.

Table 11: The Results of Wilcoxon Signed Rank Test of Pre-test Post-test Problem Behaviors Scores of the Experimental Group

Wilcoxon-Signed Ranks Test						
Pretest Posttest		N	Mean Rank	Sum of Ranks	z	p
	-Ranks	12	7,63	91,50	-2,450	,014
	+Ranks	2	6,75	13,50		
	Ties	0				
	Total	14				

As can be seen in Table 11, The Wilcoxon Signed Rank Test indicated a statistically significant difference between pre-test and post-test problem behaviors scores of the experimental group, Z=-2,450, p<0.05. The effect size is

large (r = 0.65). The sum of the positive difference ranks (∑ R+ =13.5) was smaller than the sum of the negative difference ranks (∑ R- = 91.5), indicating a negative impact on problem behaviors. The results demonstrate that the problem behavior scores of twelve participants decreased, whereas two participants increased after the treatment.

4.4.3 Wilcoxon Signed Rank Test of Problem Behavior Scores for the Control Group

With the purpose of evaluating the differences between pre-test and post-test problem behavior scores of the control group, the Wilcoxon Signed Rank Test was applied. The results can be seen in Table 12.

Table 12: The Results of Wilcoxon Signed Rank Test of Pre-test Post-test Problem Behavior Scores of the Control Group

Wilcoxon-Signed Ranks Test					
Pretest Posttest	N	Mean Rank	Sum of Ranks	z	p
-Ranks	2	3	6	-1,992	,046
+Ranks	7	5,57	39		
Ties	5				
Total	14				

As can be seen in Table 12, The Wilcoxon Signed Rank Test indicated a statistically significant difference between pre-test and post-test problem behaviors scores of control group, $Z=-1.99$, $p<0.05$. The effect size is large ($r = 0.53$). The sum of the positive difference ranks ($\sum R+ =39.0$) was larger than the sum of the negative difference ranks ($\sum R- =6$) showing a positive impact on problem behaviors. The results demonstrate that the problem behavior scores of two participants decreased, seven participants increased, whereas five participants remained the same during the time without an intervention.

CHAPTER V

DISCUSSION

The overall goal of the study was to investigate the effect of the Group Theraplay method on regular early childhood classroom environments with 60 to 72 month-old preschool children. With the Group Theraplay implementation, the social skills, social interaction and social cooperation skills, and problem behaviors scores of children were evaluated and analyzed. In this chapter, the discussion related to the statistical analyses of the study is going to be shared. Firstly, the summary of the results is presented, and then the results related to the research questions are discussed. After that, the implication, recommendation for future research and limitations of the study are shared.

5.1 Summary of the Findings

In this study, the effects of the Group Theraplay treatment have been observed. The total social skills scores and its subcategories as social interaction and social cooperation scores were analyzed. In addition, the problem behavior scores of children were also evaluated.

The results of the study revealed that there was a significant difference between the experimental and control groups' mean differences on social skill scores. Another finding reveals that the implementation group showed better social skill scores at the end of the treatment. However, when we look at the control group, the results indicate a negative impact on the social skill scores of children.

When it comes to the social cooperation scores, there was a significant difference between the control and experimental group's difference scores. When examining the experimental group's pre- and post-test scores, the social cooperation skills of eleven participants increased, while two participants decreased and one child remained the same. On the other hand, social interaction skill scores did not indicate a significant effect. Both in the comparison of experimental and control groups, the experimental group itself had no significant change, due to the positive impact in the treatment group.

The problem behavior scores of the participants significantly changed over the treatment period, when compared to the control and experimental group. Additionally, the experiment group showed significantly lower scores on problem behaviors at the end of the treatment. Surprisingly, the control group revealed a positive impact on problem behavior scores of the participants.

5.2 Social Skills

Another pivotal aim of this study was evaluating the effect of the Group Theraplay program on the social skills of children. According to the statistical analyses, there was a significant difference between the social skills results of experimental and control groups. In addition, the children in the implementation group showed better social skills results at the end of the treatment. Therefore, it can be said that Group Theraplay has an effect on increasing social skills level of the children in the study.

The findings of this research are consistent with previous studies which investigate the effect of the Group Theraplay method on the social skills of children (Thorlakson, 2004; Siu, 2014; Tucker at al., 2017). Thorlakson (2004) designed a classroom based intervention program with Group Theraplay and the results of that study revealed that the social skills of children were positively affected. As a result, the children's level of empathy and care increased. Siu's

(2014) study, which aimed at evaluating the effects of Group Theraplay on children with developmental disabilities, showed that the social development of children was positively affected. At the end of the study, Siu (2014) found that the social communication level of children significantly increased. Similarly, the results of this study seem parallel to the research conducted by Tucker at al. (2017). The sample of Tucker et al.'s (2017) study also evaluated regular preschool children and their experience with Group Theraplay. The results revealed that the pro-social behaviors of the children increased at the end of the study. Specifically, their emotion regulation, cooperation, peer interaction and their ability to solve social problems were positively affected. It can be inferred that, alongside with other studies, this research shows the effectiveness of Theraplay on social skills of children.

The results of this research revealed that a significant difference between experimental and control groups' social skill scores exists. The children in the implementation group showed better skills at the end of the study. However, while the control group was expected to remain same, the scores of children in the control group decreased after the intervention. There might some possible explanations for this finding. The control group classroom might have been affected by unknown and uncontrolled variables. In the post-test forms, the parents were asked to indicate whether any major changes occurred in their child's lives. However, none of the parents in the control group reported a major change. The scales were filled out by the parents and the reason of the decline might be attributed to the attitude of the parents toward the study. It is possible that the parents in the control group might not have given the full attention to the study since their children did not receive any treatment.

Under the category of social skills domain, the social cooperation and social interaction subcategories of the scale were evaluated separately. For social cooperation, there was a significant difference between the control and treatment group. Most of the participants in the experiment group, eleven out of fourteen to

be exact, increased their cooperation scores by the end of the study. It can be inferred that, Group Theraplay treatment changed the social cooperation scores of children in a positive manner. The results of the social cooperation scores are consistent with other findings in the literature.

There are few studies that focus on social cooperation among others evaluating effects of Theraplay. Howard, Lindaman, Copeland and Cross (2018) reported that Theraplay has an effect on improving cooperation of children with ASD. The special characteristics of the target group might affect the results and due to their developmental differences, the comparison of two studies might not be accurate. However, while not focusing on the main purpose, Tucker at al. (2017) stated that there was an improvement in cooperation scores in their studies as a result of Group Theraplay. The results of this study are consistent with the aforementioned researches in the literature.

When the social interaction subscale was evaluated, there was no significant difference between the control and experimental groups. Additionally, the experimental groups' pre-test and post-test scores did not indicate any statistical change. The results revealed that the effect of Group Theraplay on the social interaction level of children had not yet been observed in current research. On the other hand, results are inconsistent with the work of Thorlakson (2004). In that study teachers reported that the social interaction skills of children were positively affected after the intervention program. In another study, Kwon (2004) found that children who attended Theraplay sessions revealed better self-consciousness and better awareness of other people.

The results of the social interaction scores were surprising for the researcher since Theraplay is a relationship-based treatment and interaction is a crucial component (Munns, 2011). Although it was expected that Theraplay has an effect on the social interaction level of children, there might be some possible explanations for the unexpected outcome. Firstly, the games which included the pre-planned

program could have been arranged differently to focus more on highlighting group relationships. Additionally, the attitudes of the adults in the sessions were very crucial for building face-to-face interaction, especially during small group activities. Therefore, this part could have been affected from the large participant sizes and that enough attention might not been provided to the children. In addition to this, the assessment related outcome might have been occurred. The social interaction subscale of PKBS-2 includes only four items, while other subcategories such as social cooperation includes eleven and social independence has eight items; therefore, it might be considered very few. It is possible that it limited the information about detailed interaction skill components.

5.3 Problem Behaviors

The research question, asking whether there is a significant difference in the problem behavior scores between the experimental group and the control group, was examined in the light of the data analysis and resulted in a significant difference. In addition to this, the children in the experimental group showed lower problem behavior scores as a result of the treatment. It meant that Group Theraplay implementation was significantly effective on reducing the problem behavior of the children in a classroom environment.

There are some studies that evaluate the effect of Theraplay on the problem behaviors of children. The results of these studies are consistent with all of them that the researcher was able to assess. Mahan (1999) reported that Theraplay has an effect on reducing problem behaviors of children. Makela and Vieriko (2005) observed a decrease on internalizing and externalizing behaviors of preschool-aged children. In addition, Siu (2009) indicated that Theraplay has an effect on reducing internalizing behavior problems of Chinese children. Similarly, in Finland, Lassenius-Penula and Makela (2007) found a significant effect on the

behavioral and emotional problems of children in clinical settings with a follow-up study.

In the light of the aforementioned studies in the literature and with findings of this study, it can be inferred that Theraplay treatment has an effect on the problem behaviors of children. Behavioral problems declined in the children who took Group Theraplay treatment. The reason of this effect might emerge from the roots of the Group Theraplay. The structure dimension of the Theraplay gives children the sense that the adult in charge while also engaging in challenging, nurturing and fun activities (Jernberg & Booth, 1999). The combination of the games within the group harmony might lead behavioral improvement in the children. The children might interiorize the rules behind the main philosophy of Theraplay and apply them to their daily lives. Although this study did not rely on interviewing methods, the teacher of the treatment classroom reported that the children applied the "No Hurt" rule outside of the sessions in their daily routine with special hand signs to indicate the rule to remind each other when they witnessed an inappropriate or hostile behavior. This might be an example of the positive impact of the treatment in real life.

The results of problem behaviors scores revealed a statistically significant difference between experimental and control groups. The experimental group also revealed lower problem behaviors scores at the end of the study. Alongside these results, the control group was expected to remain same or incur slight changes in their scores; however, the results revealed unexpected findings. Seven out of fourteen children demonstrated higher scores in the problem behaviors test, which led to a positive effect. When evaluated with social skill scores, the control group data might require further research to better understand the findings. Although a plausible reason could be that an uncontrolled event affected the atmosphere of the static control group classroom, there were no reports from the parents or their teachers that the classroom experienced major changes in the children's lives. Another possibility could be related to data sources. Due to the fact that treatment

was not given to their kids, the control group's parents might not have given the necessary attention while filling out the forms and therefore, caused the misleading findings for the data.

5.4 Implications

This study reveals the effectiveness of Group Theraplay on preschool children in the classroom environment. The findings of this research will add value to ongoing research used by local practitioners, teachers and policy-makers.

Despite its benefits and ability to increase social skills of children and reduce behavioral problems, Theraplay is not well-known nor a commonly used method in Turkey, although it is currently applied throughout various countries (Jernberg & Booth, 1999). To our knowledge, this study is the first research to investigate Theraplay's benefits on Turkish children. The results of the study may provide a basis by which local practitioners can understand the effectiveness of Theraplay's methods and encourage them to integrate it into Turkey's system.

The Group Theraplay method could be applied in preschool classrooms even by teachers with neat and simple instructions. In this study the implementation was done by the researcher who is certified to use Group Theraplay. However, Group Theraplay can be implemented in regular classrooms led by classroom teachers (Siu, 2009; Siu, 2014; Wettig at al., 2006). Group Theraplay is low-cost, doesn't require expensive play materials nor special decorated places; the teacher simply requires enthusiasm and openness to building a healthy interaction with his or her students. Another valuable output of this research is that findings of this research may motivate teachers to apply this method in their classrooms. Using Group Theraplay in the classroom might benefit the learning environment in some particular ways. Firstly, due to the large number of children in the classrooms, teachers generally do not have enough time to have face to face contact with each child in the classroom; Group Theraplay might create a chance to interact with

each child directly. In addition, the scheduled instructional activities require longer durationsand while trying to catch the curriculum teachers having hard time to create a warm atmosphere in the classroom. Group Theraplay can be a source for achieving this. Teachers should be on to those benefits of this method. To provide this, brief seminars and workshops could be arranged to encourage teachers to get to know the method well.

Alongside the results of this study, there are various studies in the field to show the effectiveness of play, games and group play therapies in preschool environment. Despite the obvious fact of it its value and therapeutic power on children, the importance of play is underestimated due to rising academic concerns in early childhood education facilities, especially in that of private preschools. One of the aims of this study was to show the therapeutic power of this easy, adaptable method and hopes to be realized in context of Turkey by policy- makers. There are some possible ways to deliver this kind of method to the children around the country. For instance, Ministry Of National Education might develop a program based on therapeutic group play therapies like Group Theraplay and added it into its in-service training courses to reach public school teachers in the field. Similarly, private schools could apply this method in their facilities as part of their counseling service activities. In addition, there could be some projects aiming to raise awareness for pre-service teachers about the applicability of Group Theraplay in a classroom setting. The courses that they take related with play might include some information about this method. The results of this study alongside with other noteworthy studies can be shared with them in their courses.

This research is important in the sense that it reveals a treatment program which can be used as a protective method for children's problem behaviors and improves their social development. It could also make a contribution to the solution of rising behavior problems in preschools (Barfield at al., 2012). The general tendency of parents receiving help for their children from experts occurs

in very prominent occasions. However, there might be children whose needs are often overlooked by the teachers and parents. Implementing this kind of protective technique into schools can be very helpful for overlooked children. Early prevention of these problems might protect children from facing further serious issues.

5.5 Limitations of the Study

The major limitation of this research was the small sample size which was derived from a single geographical area in Turkey (Yenimahalle). The data was analyzed for twenty-eight participants together with the loss of subjects at the end of the treatment process. Consequently, the result cannot be generalizable to other children under different circumstances; it can only be representative of the children that attended the implementation.

The data of the research was based purely on the declarations of parents. The scales were filled out by the parents of the children and parents could have been biased about their children when they filled out the form. The opinions about the teacher could have been evaluated with the parent's opinion.

Another limitation is related to the sampling type. The sample size selection was done with the convenience sample type, rather than random selection. Fraenkel, Wallen and Hyun (2012) stated that when the sample size is fewer than twenty, the non-probability sampling has an equal effectiveness with the probability sampling. In this study, the static classrooms were assigned randomly to the experiment and control group. However, using a convenience sample type is problematic in terms of generalizability of the results and can be considered as a limitation for this research. The study should be replicated in similar conditions.

5.6 Recommendations for Further Studies

Firstly, the data of this study was based on the parents' evaluation about their children. The classroom teacher's observations are very valuable for the assessment about preschool children. Therefore, in further studies the data deriving from teachers can be added and comparisons of two different evaluations can also be conducted.

Secondly, the treatment process includes only eight sessions and began in the second semester of the school year. The number of sessions could be higher in further studies and the treatment process could be made throughout an entire school year.

Thirdly, the current study used the Static Group Pre-test Post-test Design method and did not include follow up measurements. The placebo group might be added in other studies and follow-up tests could be used. In addition to this, the mixed method design could also be used in further studies, observations might be done and interviews with teachers can be added as an additional data source.

Lastly, the present study had a limited sample size and included children from a single geographical area. In order to make generalization of the results, further studies should include a larger sample size and provide representation from a different part of the country.

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APPENDICES

APPENDIX A: PRESCHOOL AND KINDERGARDEN

BEHAVIOR SCALES

ANAOKULU VE ANASINIFI DAVRANIŞ ÖLÇEĞİ

Lütfen her bir çocuk için bir ölçek formunu, çocuğun son 3 ay süresindeki davranışlarıyla ilgili gözlemlerinizi dikkate alarak işaretleyiniz.

Ölçekteki her madde için 4 seçenek söz konusudur;

Hiç Eğer söz konusu davranışı çocukta **hiçbir zaman** gözlemlemediyseniz işaretleyiniz
Nadiren Eğer söz konusu davranışı çocukta **çok nadir** gözlemliyorsanız işaretleyiniz
Bazen Eğer söz konusu davranışı çocukta **ara sıra** gözlemliyorsanız işaretleyiniz
Sıklıkla Eğer söz konusu davranışı çocukta **sıklıkla** gözlemliyorsanız işaretleyiniz

Sosyal Beceri Ölçeği

		Hiç	Nadiren	Bazen	Sıklıkla
	Faktör 1-Sosyal İşbirliği Becerileri				
1	Gerektiğinde tek başına oyun oynayabilir ya da çalışabilir				
2	İşbirliği yapar				

3	Yetişkinlerin talimatlarına uyar				
4	Boş vakitlerini kitap okuma, resim yapma, oyun oynama vb. şekillerde zararlı olmayacak şekilde değerlendirir.				
5	Hikâye anlatılırken oturur ve dinler				
6	Kendisinden istendiğinde kendi dağınıklığını toplar				
7	Genellikle kurallara uyar				
8	Oyuncaklarını ve diğer eşyalarını paylaşır				
9	Yetişkinlerce alınan kararları kabul eder				
10	Oyuncaklarla ve diğer nesnelerle oynarken kendi sırasını bekler				
11	Yanlış davranışları düzeltildiğinde karşı çıkmaz				
	Faktör 2-Sosyal Bağımsızlık ve Sosyal Kabul Becerileri				
12	Farklı çocuklarla oyun oynar				
13	Sorun çözmede yardım istemeden önce kendi ürettiği çözümleri dener				
14	Kolaylıkla arkadaş edinir				
15	Özdenetim sahibi olduğunu gösterir				
16	Başka çocuklarca oyun oynamaya davet edilir				
17	Farklı ortamlara kolay uyum sağlar				
18	Akranlarınca hayranlık duyulan yetenek ya da becerilere sahiptir				

19	Kendi haklarını savunur				
	Faktör 3-Sosyal Etkileşim Becerileri				
20	Başka çocukların davranışını anlamaya çalışır ("Neden ağlıyorsun?" diye arkadaşına sorabilir)				
21	Üzgün olan başka çocukları teselli eder				
22	Yetişkinlerin sorunlarına karşı duyarlıdır ("Üzgün müsün?")				
23	Başka çocuklara şefkat gösterir				

Problem Davranış Ölçeği

		Hiç	**Nadiren**	**Bazen**	**Sıklıkla**
	Faktör 1-Dışa Yönelim				
1	Başka çocuklara takılır ya da onlarla alay eder				
2	Başkalarını kızdıracak kadar gürültü yapar				
3	Öfke nöbeti geçirir ya da aşırı tepki gösterir				
4	Fiziksel açıdan saldırgandır (vurur, tekme atar, iter)				
5	Kızgın olduğunda bağırır ya da çığlık atar				
6	Başka çocukların eşyalarını elinden zorla alır				
7	Kurallara uymaz				
8	Her zaman kendi bildiğini yapar				
9	Aşırı derecede hareketlidir- yerinde duramaz				

10	Başkalarından kızdığında mutlaka hıncını alır				
11	Annesine, babasına, öğretmenine ya da ona bakan kişiye karşı gelir				
12	Başka çocuklara zorbalık yapar ya da onların gözünü korkutur				
13	Beklenmedik davranışlar sergiler				
14	Başkalarına ait eşyalara zarar verir				
15	Kolaylıkla tahrik edilebilir – çabucak öfkelenir				
16	Başka çocukları kızdırır ya da rahatsız eder				
	Faktör 2-İçe Yönelim				
17	Başka çocuklarla oyun oynamaktan kaçınır				
18	Arkadaş edinme konusunda sorun yaşar				
19	Korkak ya da ürkektir				
20	Başkalarıyla birlikte olmaktan kaçınır				
21	Mutsuz ya da keyifsiz görünür				
	Faktör 3-Antisosyal				
22	Anaokulu ya da kreşe gitmeye karşı direnç gösterir				
23	Yerinde duramaz ve huzursuzdur				
24	Kendinden büyüklere isimleriyle hitap eder				
	Faktör 4-Ben Merkezci				
25	Kaprislidir ya da canı çabuk sıkılır				
26	Eleştiriye ya da azarlanmaya karşı aşırı hassastır				
27	Gereksiz yere sızlanır ya da sürekli şikâyet eder				

APPENDIX B: DIMENSIONS AND GAMES

Dimensions of Theraplay	Games
Structure	Pass A Gentle Squeeze, The Turkish Version Of Peanut Butter And Jelly as 'Kurabiye Süt' (Cookie And Milk), The Eyeball Toss
Challenge	Balloon Balance, Cotton Ball Hockey, Newspaper Punch, Bicycle For Two, Blanket Feather Blow, Slippery-Slippery Slip
Engagement	Hello And Thank You With a Beanbag Pass A Silly Face, Pass A Squeeze, I See Somebody Special With a Mirror, Tootie Ta Eye Contact Game
Nurture	Caring For Feelings Of Hurt, Feather Touch, Food Sharing

APPENDIX C: SESSION STRUCTURES

1st Session

Deciding the group name with the children and discussing about the rules

Greeting Song 'Yıldızlı Gökkuşağı hoşgeldiniz (x 2), İyi ki bizimle oynamaya geldiniz (x 2)'

(Starry Rainbow, Welcome to you (x2), Glad that you came to play with us (x2))

Check Ups: Putting a name tag on each child and talking with them individually in order to get to know them better

Hot Potato Game: Group sits in a circle and the leader puts an imaginary potato in his/her hands and says it is a warm potato. She passes the potato to the next person with a normal pace. While the potato passing to another child she says that the potato gets very hot and the pace of the passing gets faster. The leader controls the pace of passing with her commands.

Balloon Passing: Each person in the group passes the balloon with different body parts without using their hands in a large group circle.

Balloon Tennis: Children try not to fall the balloon on the ground while throwing them to their friends in a large circle group format.

Feather Blow: In a group of two, a child tries to blow the feather in his/her hands to their partner and their partner tries to catch it.

Food Sharing

Good Bye Song: (Yıldızlı Gökkuşağı hoşçakalın (x2) Haftaya yine buluşalım (x2)

(Starry Rainbow, Goodbye to you (x2), Let's meet again next week (x2))

2nd Session

Greeting Song

Reviewing Rules

Check Ups with lotion rubbing: adults put lotion on the hands of each child and noticing hurts or different things on the child and talking with them, in a small group format.

Slippery, Slippery, Slip: The child's arms and hands are covered with lotion by the adult. The adult tries to hold on to it and due to the slippery lotion children wins each time. The adult emphasizes the strength of the child exaggeratedly with expressions like 'how strong you are, you made it again!' in a small group format.

Kurabiye, Süt (Cookie and Milk): the adult says 'kurabiye' (cookie) and the group reply 'süt' (milk) while imitating the vocal type each time differently; soft, fast, slow, shrill, etc.

Roll Over Together: Two children lie on their tummies on the ground and hold their arms while facing each other. They try to roll together with the signal of the leader while holding their hands and roll back. They pay attention not to hurt their friend while doing this.

Pass a Silly Face: Each child pass a silly face to the child next to him in a circle format.

Food Sharing

Goodbye Song

3rd Session

Greeting Song

Reviewing Rules

Check Ups with lotion rubbing

Blanket Feather Blow: Each child holds a piece of blanket and leader puts a feather in the middle of the blanket. Each person blows the feather to another one while trying not to fall it down.

Cotton Ball Hockey: Two children lie on their tummies turning to each other and adult places a cotton ball in the middle of them. With the signal of the adult '1-2-3-go' the children try to blow the cotton ball to the other child's side.

Weather Forecast: Children sit as everyone is facing the back of the person in front of them with the distance of touching the back of their friends. Leader declare the weather report and accordance with different type of weather, children touch gently on their friends back and imitate the weather type. For a sunny day a sun can be drawn or a rainy day little rain drops with finger tips can be imitated. Leader changes the weather and children act accordingly. The important thing is warning children about only gentle touch is acceptable and reminding the no hurts rule.

Food Sharing

Goodbye Song

4th Session

Greeting Song

Reviewing Rules

Check Ups with feather: Leader puts a feather on different part of the body of the child while their eyes are closed. The leader wants them to guess which part of their body part was touched.

A-Toothie-Ta: It is a song with instructions related with the body parts to make the children dance and have fun while following the instructions like thumbs up, elbows back, knees together etc.

From Ear to Ear: The leader says a word or a sentence to the ear of the child next to him/her silently. Each child passes the word to the next one in a silent format. The last child says the word out loud.

Köfte-Patates (Meatball- Potato): the adult says 'köfte' (meatball) and the group reply 'patates' (potato) while imitating the vocal type each time differently; soft, fast, slow, shrill, etc.

Food Sharing

Goodbye Song

5th Session

Greeting Song

Reviewing Rules

Check Ups with measuring: Adult measures the child's arms, feet, ears, muscles, smiles etc. with the ribbon. While doing this, she praises the kid with the size or beauty of their body parts.

Pass a Gentle Squeeze: leader passes a hand squeeze with different formats or wink to the person on her right; each member passes it to the next person.

Follow the Leader: Each person in the group has a turn to be a leader and decide an action for everyone else to do with him. With the direction '1-2-3-GO!' all the kids follow the leader.

Hello… Thank you: In a circle shape the leader says 'hello ....' with saying someone's name in the group and throw the beanbag to him. The one who receive the beanbag says 'thank you….' with saying thrower's name and tosses the

beanbag another person with saying ‘hello ….’. until everyone in the group receive an hello and thank you.

Food Sharing

Goodbye Song

6th Session

Greeting Song

Reviewing Rules

Check Ups with lotion rubbing

Blanket and Ball: Each member hold the edges of the blanket squarely. Leader put a beanbag in the center of the blanket and says a child’s name. Everyone tries to reach the beanbag to the named child together whit moving the blanket.

Eye Contact: Everyone sit in a circle and each person makes an eye contact with another child. Once they make an eye contact they exchange places with that child without talking.

Bicycle Built for Two: children lie on their backs with their partner while their feet touching each other in the air. In company with the music, the children pedal their imaginary bicycle together.

Food Sharing

Goodbye Song

7th Session

Greeting Song

Reviewing Rules

Check Ups with magnifying glass: the adult examine the body of the children with magnifying glass and notice the different or special things about him and praises them. It might be a speckle or hurt or a nevus.

Detective: Each child takes the magnifying glass and encourage to realize a different, positive and beautiful thing about their friend in a small group format

I See Somebody Special: Leader designs a half closed box covered with scarf and with a mirror inside it. The adult tells the group that when they look from the box they see ‘someone very special’ and encourages them to look for the beautiful nose and big awesome smile etc. Additionally, leader says the kids that not to tell anyone who it is. Each child look from the box one by one.

Musical Hugs: Children dance with the music and when the music stops, each child finds a friend and hug. The leader makes sure that each child finds a partner to hug.

Food Sharing

Goodbye Song

8th Session

Greeting Song

Reviewing Rules

Check Ups

Newspaper Punch: leader stretch a newspaper sheet and with the signal of her the kid punch through the paper. Adult admire the strength of the child with punching small pieces as well.

Weather Forecast: Children sit as everyone is facing the back of the person in front of them with the distance of touching the back of their friends. Leader declare the weather report and accordance with different type of weather, children

touch gently on their friends back and imitate the weather type. For a sunny day a sun can be drawn or a rainy day little rain drops with finger tips can be imitated. Leader changes the weather and children act accordingly. The important thing is warning children about only gentle touch is acceptable and reminding the no hurts rule.

Hand Printing Together: As the closing activity of the sessions, each child colors their hand with finger paint and they made a hand print together on a large sheet. As the memory of the group the product is exhibited in the facility.

Food Sharing

Goodbye Song

APPENDIX D: HUMAN SUBJECTS ETHICS COMMITTEE

PERMISSON FORM

UYGULAMALI ETİK ARAŞTIRMA MERKEZİ
APPLIED ETHICS RESEARCH CENTER

ORTA DOĞU TEKNİK ÜNİVERSİTESİ
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05 NİSAN 2017

Konu: Değerlendirme Sonucu

Gönderen: ODTÜ İnsan Araştırmaları Etik Kurulu (İAEK)

İlgi: İnsan Araştırmaları Etik Kurulu Başvurusu

Sayın Doç. Dr. Feyza TANTEKİN ERDEN ;

Danışmanlığını yaptığınız yüksek lisans öğrencisi Sümeyye SANÇAK' ın ***"Grup Theraplay uygulamalarının 60-72 aylık okul öncesi çocukların sosyal iletişim becerileri ve problem davranışları üzerine etkisi "*** başlıklı araştırması İnsan Araştırmaları Etik Kurulu tarafından uygun görülerek gerekli onay **2017-EGT-053** protokol numarası ile **24.04.2017 – 30.08.2017** tarihleri arasında geçerli olmak üzere verilmiştir.

Bilgilerinize saygılarımla sunarım.

Prof. Dr. Ş. Halil TURAN
Başkan V

Prof. Dr. Ayhan SOL
Üye

Prof. Dr. Ayhan Gürbüz DEMİR
Üye

Doç. Dr. Yaşar KONDAKÇI
Üye

Doç. Dr. Zana ÇITAK
Üye

Yrd. Doç. Dr. Pınar KAYGAN
Üye

Yrd. Doç. Dr. Emre SELÇUK
Üye

APPENDIX E: CONSENT FORMS

PARENT CONSENT FORM

Sevgili Anne/Baba

Bu çalışma Orta Doğu Teknik Üniversitesi öğretim elemanı Feyza Tantekin Erden danışmanlığında yüksek lisans öğrencisi Sümeyye Sancak tarafından yürütülmektedir.

Bu çalışmanın amacı nedir? Çalışmanın amacı oyun terapisi yöntemlerinden biri olan 'Grup Theraplay' uygulamasının çocukların sosyal becerileri ve problem davranışları üzerine etkisini araştırmaktır.

Sizin ve Çocuğunuzun katılımcı olarak ne yapmasını istiyoruz? : Bu amaç doğrultusunda, öncelikle sizden çocuğunuz ile ilgili bir anket doldurulmanızı talep edeceğiz. Anketler sonrasında çocuğunuzun 8 seanstan oluşan Theraplay uygulamalarına katılımını isteyeceğiz. Theraplay uygulaması dünya çapında kabul görmüş ve çocuklar üzerinde olumlu etkileri bilimsel olarak da kanıtlanmış, çocuğunuzun eğlenceli vakit geçireceği grup oyunlarını içeren bir yöntemdir. Uygulamamız, okul zamanında 45 dakikalık süre ile sınıf arkadaşları ile beraber katılacağı eğlenceli grup oyunlarını içermektedir. Uygulama tamamlandıktan sonra bir anket daha doldurmanız talep edilecektir. Sizden çocuğunuzun katılımcı olmasıyla ilgili izin istediğimiz gibi, çalışmaya başlamadan çocuğunuzdan da sözlü olarak katılımıyla ilgili rızası mutlaka alınacaktır.

Sizden alınan bilgiler ne amaçla ve nasıl kullanılacak?: Sizden alacağımız anket cevapları tamamen gizli tutulacak ve sadece araştırmacılar tarafından değerlendirilecektir. Elde edilecek bilgiler sadece bilimsel amaçla,

yüksek lisans tezinde kullanılacak, çocuğunuzun ya da sizin isminiz ve kimlik bilgileriniz, hiçbir şekilde kimseyle paylaşılmayacaktır.

Çocuğunuz ya da siz çalışmayı yarıda kesmek isterseniz ne yapmalısınız?: Katılım sırasında herhangi bir uygulama ile ilgili bir nedenden ötürü çocuğunuz kendisini rahatsız hissettiğini belirtirse, ya da kendi belirtmese de araştırmacı çocuğun rahatsız olduğunu öngörürse, çalışmaya derhal son verilecektir.

Bu çalışmayla ilgili daha fazla bilgi almak isterseniz: Çalışmaya katılımınızın sonrasında, bu çalışmayla ilgili sorularınız yazılı biçimde cevaplandırılacaktır. Çalışma hakkında daha fazla bilgi almak için Sümeyye Sancak ile (e-posta: sumeyyeaskan@gmail.com) iletişim kurabilirsiniz. Bu çalışmaya katılımınız için şimdiden teşekkür ederiz.

Yukarıdaki bilgileri okudum ve çocuğumun bu çalışmada yer almasını onaylıyorum (Lütfen alttaki iki seçenekten birini işaretleyiniz.

Evet onaylıyorum___ ***Hayır, onaylamıyorum___***

Velinin adı-soyadı: _____ Bugünün

Tarihi:_____

Çocuğun adı soyadı ve doğum tarihi:_____

(Formu doldurup imzaladıktan sonra araştırmacıya ulaştırınız).

VOLUNTARY PARTICIPATION FORM

ARAŞTIRMAYA GÖNÜLLÜ KATILIM FORMU

Bu araştırma, Okul Öncesi Bölümü öğretim elemanlarından Feyza Tantekin Erden danışmanlığında yüksek lisans öğrencisi Sümeyye Sancak tarafından yürütülen bir çalışmadır. Bu form sizi araştırma koşulları hakkında bilgilendirmek için hazırlanmıştır.

Çalışmanın Amacı Nedir? Çalışmanın amacı oyun terapisi yöntemlerinden biri olan 'Grup Theraplay' uygulamasının çocukların sosyal iletişim becerileri ve problem davranışları üzerine etkisini araştırmaktır.

Bize Nasıl Yardımcı Olmanızı İsteyeceğiz? Araştırmaya katılmayı kabul ederseniz, sizden beklenen, çocuğunuzla ilgili bir anket doldurmanızdır. Bu anketi tamamlamak ortalama olarak 30 dakika sürmektedir. Sonrasında çocuğunuza okul saatleri içerisinde haftada 2 kez toplamda 8 seans sürecek bir Grup Theraplay uygulaması yapılacaktır. Uygulama bitiminde sizden tekrar bir anket doldurmanızı isteyeceğiz.

Sizden Topladığımız Bilgileri Nasıl Kullanacağız? Araştırmaya katılımınız tamamen gönüllülük temelinde olmalıdır. Ankette, sizden kimlik veya kurum belirleyici hiçbir bilgi istenmemektedir. Cevaplarınız tamamıyla gizli tutulacak, sadece araştırmacılar tarafından değerlendirilecektir. Katılımcılardan elde edilecek bilgiler toplu halde değerlendirilecek ve bilimsel yayımlarda kullanılacaktır. Sağladığınız veriler gönüllü katılım formlarında toplanan kimlik bilgileri ile eşleştirilmeyecektir.

Katılımınızla ilgili bilmeniz gerekenler: Anket genel olarak kişisel rahatsızlık verecek sorular içermemektedir. Ancak katılım sırasında sorulardan ya da herhangi başka bir nedenden ötürü kendinizi rahatsız hissederseniz cevaplama işini yarıda bırakmakta serbestsiniz. Böyle bir durumda çalışmayı uygulayan

kişiye, çalışmadan çıkmak istediğinizi söylemek yeterli olacaktır. Çalışma sonunda, bu araştırmayla ilgili sorularınız cevaplanacaktır. Theraplay uygulaması dünya çapında kabul görmüş ve çocuklar üzerinde olumlu etkileri bilimsel olarak da kanıtlanmış, çocuğunuzun eğlenceli vakit geçireceği grup oyunlarını içeren bir yöntemdir. Bu çalışma Grup Theraplay sertifikası bulunan araştırmacı tarafından yürütülecektir.

Araştırmayla ilgili daha fazla bilgi almak isterseniz: Araştırma hakkında daha fazla bilgi almak için Yüksek Lisans öğrencisi Sümeyye Sancak ile (e-posta: sumeyyeaskan@gmail.com) iletişim kurabilirsiniz. Bu çalışmaya katıldığınız için şimdiden teşekkür ederiz.

Yukarıdaki bilgileri okudum ve bu çalışmaya tamamen gönüllü olarak katılıyorum.

(Formu doldurup imzaladıktan sonra uygulayıcıya geri veriniz).

İsim Soyad Tarih İmza

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APPENDIX F: TURKISH SUMMARY / TÜRKÇE ÖZET

GRUP THERAPLAY METODUNUN SINIF ORTAMINDA UYGULAMASININ OKULÖNCESİ ÇOCUKLARIN SOSYAL BECERİLERİ VE PROBLEM DAVRANIŞLARI ÜZERİNE ETKİSİ

GİRİŞ

Oyun, çocuğun hayatındaki temel değerlerden biri olmakla birlikte; sosyal, duygusal, fiziksel ve psikolojik gelişimine çok büyük katkılar sunar. Her yaştaki çocuk oyun oynamaktan keyif alır ve kendi dünyalarını anlamlandırmak için oyunu kullanır (Copple & Bredekamp, 2009). Gerçek hayat becerilerini oyun ile deneyimleyen çocuklar, dünyayı algılayış biçimlerini ve onları rahatsız eden problemleri oyun sırasında yansıtarak, problem çözme becerilerini geliştirir (Bettleheim, 1987). Gary Landreth (2002) oyunu çocuğun dili ve oyuncakları ise kelimeleri olarak tanımlar. Çocukların duygularını ifade etmesi ve yetişkin dünyası ile iletişim kurmaları için oyun çok sağlıklı bir araçtır. Oyunun çocuğun yaşadığı zorluklardan kurtulmasını sağlayan iyileştirici gücü bir tedavi yöntemi olarak 'oyun terapisi' ismiyle kullanılmaktadır (Landreth, 2002).

Oyun terapisi; çocuğun psiko-sosyal sorunlarını çözmek yahut önlemek ve çocuğun gelişimine katkıda bulunmak için, eğitimli bir terapist tarafından sistematik bir model kullanılarak oyunun iyileştirici gücünün kullanılması olarak tanımlanır (The Association for Play Therapy, t.y). Oyun terapisi çocukların kendilerini ifade etmeleri ve sorunları ile başa çıkmaları için etkili bir yöntemdir. Yapılan meta-analiz çalışmaları, oyun terapisinin yaşa, cinsiyete, klinik ve klinik olmayan düzeydeki uygulamalara göre oldukça etkili olduğunu göstermektedir

(Ray, Bratton, Rhine & Jones 2001). Ayrıca sürece ebeveyn katılımı bu etkiyi daha da artırmaktadır (Leblanc & Ritchie, 2001; Bratton at al., 2005).

Oyun terapisi, yapılandırılmış/yönlendirmeli ve yapılandırılmamış/çocuk-merkezli olmak üzere iki grupta incelenebilir. Yapılandırılmış ve yapılandırılmamış oyun terapisi çeşitlerindeki temel fark terapistin müdahale seviyesidir (Rasmussen & Cunnigham, 1995). Yapılandırılmış oyun terapisinde kontrol terapistin elindedir ve süreci çocuğun ihtiyaçlarına göre planlanmış aktivitelerle sürdürür. Yapılandırılmamış oyun terapisi yönteminde ise merkezde çocuk vardır ve terapist çocuğu yönlendirebilecek herhangi bir müdahaleden kaçınarak yalnızca koşulsuz kabul gösterir (Jones, Casado & Robinson, 2003). Yapılandırılmış oyun terapisi örneklerinden yaygın kullanılan yöntemlerden biri ise Theraplay yöntemidir.

Theraplay, ebeveyn ve çocuk arasındaki ilişkiyi geliştirmeyi amaçlayan, çocuğun öz saygısını, sosyal becerilerini ve başkalarına güven seviyesini yükselten bağlanma temelli bir oyun terapisi çeşididir. Theraplay, çocukların duygularını regüle etmelerine yardımcı olarak sağlıklı bir yetişkin çocuk iletişimi oluşturur. Önceden planlanmış ve yetişkin tarafından yönlendirilen, çocuğun ihtiyacına göre düzenlenmiş oyunlara dayanan seanslar genellikle yarım saat kırk beş dakika kadar sürer (Jernberg & Booth, 1999). Theraplay yöntemi sağlıklı ebeveyn çocuk ilişkisindeki dört temel unsuru esas alarak etkileşimlerini tanımlar. Bunlar; 'Yapı, Bağlılık, Besleme ve Mücadele'dir. Sağlıklı ebeveyn çocuk ilişkisindeki bu alanlardaki eksikliklerin yaşanan sorunların kaynağı olduğu düşünüldüğünden, tasarlanan oyunlar çocukta eksikliği tespit edilen bu esaslar üzerine kurgulanır. Theraplay yöntemi çok farklı yaş grupları ve sosyal ihtiyaçlara göre uyarlanabilen bir yapıya sahiptir (Munns, 2011).

Theraplay yöntemi 1970 li yıllarda Amerika'da Kilinik psikolog Dr. Ann Jernberg ve Phyllis Booth tarafından geliştirilmiştir. O yıllarda dezavantajlı gruplara eşit eğitim fırsatı sağlamayı amaçlayan Head Start programının

geliştirmekle görevli olan Dr. Jernberg, bazı çocukların sosyal ve psikolojik sıkıntılarının onları eğitimin gerisinde bıraktığını fark ederek pratik bir çözüm arayışına girmiştir. Süreçte, Phyllis Booth'un John Bowlby ile olan çalışmaları etkisinde, yaklaşıma bağlanma temelli unsurlar da eklenerek ko-regulasyon ve uyumlanma yönleri de dâhil olmuştur (Tucker, 2016). Theraplay Enstitüsü, 1971 yılında Amerika merkezli olarak kurulmuş olup, dünyanın çeşitli yerlerinden Theraplay uzmanları yetiştirmektedir.

Grup Theraplay yöntemi ise, Theraplay metodunun genişletilmiş bir versiyonu olup, grup içerisinde kullanımına yönelik oyunlarla tasarlanmış bir şeklidir (Rubin & Tregay, 1989). Grup Theraplay, sınıf ortamındaki kullanımlarında 'Günışığı Çemberleri' (Sunshine Circles) olarak da adlandırılmaktadır. Tucker ve arkadaşları (2017) tarafından yapılan bir çalışmada, okulöncesi sınıf ortamında yıl boyunca uygulanan yöntem, çocukların sosyal becerilerinin yükselmesini sağlamış ve öğretmen çocuk arasındaki ilişkide de gelişim gözlemlenmiştir. Ayrıca çocukların gösterdiği davranış problemlerine karşılık öğretmenlerin yaşadığı stres seviyesinde de düşüşe yol açmıştır. Grup Theraplay yönteminin çocukların sosyal becerileri ve davranış problemleri üzerindeki etkisi kanıtlanmıştır.

Okulöncesi dönemde sosyal, duygusal ve davranışsal problemlerle karşı karşıya kalan çocukların oranı %9.5 ile %14.2 arasında değişmektedir (Brauner & Stephens, 2006). Bu ortak sorun, çocuklar, aileleri ve okul ortamını içine alarak birbirini etkileyen bir probleme dönüşmektedir. Davranış sorunlar içsel ve dışsal olarak nitelendirilebilirken, her iki türü de çocukların hayatında önemli bir yer tutmaktadır. Eğer davranışsal problemler erken dönemlerde tedavi edilmezse sonrasında ciddi psikolojik problemlere yol açabilir (Peth-Pierce, 2000; Thompson, 2002). Bu nedenle, yaşanan sorunlara erken müdahalede bulunmak sadece etkili olarak kalmamakla beraber, gereklilik arz etmektedir.. Oyun terapisi davranışsal sorunları düzenlemekte etkili bir yöntemdir. Çalışmalar oyun terapisi yönteminin çocukların dışsal problemlerine (Bratton at al., 2013; Ray et al.,

2009), içsel problemlerinde (Garza & Bratton, 2005; Flahive & Ray, 2007) ve genel problem davranışlarında (Packman & Bratton, 2003; Muro et al, 2006; Blanco, 2010) etkili olduğunu göstermektedir.

Problem davranışlar, sınıf ortamında hem çocuklar hem de öğretmen açısından zorlayıcı konumdadır. Çocukların akran ilişkilerinde sorun yaşamalarına neden olan davranış bozuklukları, aynı zamanda sosyal becerilerini de olumsuz etkilemektedir (Abidin & Robinson, 2002). Aynı zamanda sosyal becerilerdeki eksikliklerin problem davranışlara sebep olduğuna dair çalışmalar da bulunmaktadır (Spence, 2003). Bu bağlamda, problem davranışlar ve sosyal becerilerin birbiriyle etkileşim içerisinde olduğunu söylemek mümkündür. .

Çalışmanın Amacı

Bu çalışmanın amacı, oyun terapisi uygulamalarından biri olan Grup Theraplay metodunun, okul öncesi sınıf ortamında kullanıldığında çocuklar üzerinde oluşturduğu etkiyi nicel olarak incelemektir. Uygulamanın 60-72 aylık okul öncesi çocuklarının; sosyal becerileri, sosyal etkileşim becerileri, sosyal işbirliği becerileri ve problem davranışları üzerinde nasıl bir etki oluşturduğu araştırılmaktadır. Bu amaç doğrultusunda aşağıdaki sorulara cevap bulunmaya çalışılacaktır:

1. Okulöncesi sınıf ortamında Grup Theraplay uygulaması alan 60-72 aylık çocukların ön-test ve son-test sosyal beceri skorları arasında herhangi bir değişiklik var mıdır?
2. Okulöncesi sınıf ortamında Grup Theraplay uygulaması alan 60-72 aylık çocukların ön-test ve son-test sosyal işbirliği becerileri skorları arasında herhangi bir değişiklik var mıdır?
3. Okulöncesi sınıf ortamında Grup Theraplay uygulaması alan 60-72 aylık çocukların ön-test ve son-test sosyal etkileşim beceri skorları arasında herhangi bir değişiklik var mıdır?

4. Okulöncesi sınıf ortamında Grup Theraplay uygulaması alan 60-72 aylık çocukların ön-test ve son-test problem davranış skorları arasında herhangi bir değişiklik var mıdır?

Çalışmanın Önemi

Literatürde, farklı oyun terapisi yöntemlerinin çocukların gelişimine ve problem davranışları üzerine etkisini inceleyen değerli çalışmalar yer almaktadır. Ancak Theraplay diğer yöntemlere nazaran daha yeni ve nispeten hakkında daha az çalışma olan bir yöntemdir. Grup Theraplay yöntemi ise çalışma konusu olarak alanda daha da az yer bulmuştur. Grup Theraplay yönteminin özel eğitim sınıfında (Siu, 2014), ilkokullarda (Siu, 2009) ve klinik ortamlardaki (Cort & Rowley, 2015) etkisi incelenmiştir. Diğer ortamların yanı sıra normal okul öncesi sınıfındaki etkisini inceleyen sadece bir çalışma mevcuttur (Tucker ve arkadaşları, 2017) ve çocukların sosyal becerileri ve öğretmenlerin perspektifine odaklanmıştır. Bu nedenle, bu çalışma, Grup Theraplay yönteminin okul öncesi sınıf ortamındaki etkisini incelemesi ve çocuklar üzerindeki etkisine odaklanması bakımından diğerlerinden ayrılmaktadır ve alana katkı yapmayı amaçlamaktadır. Araştırmacının ulaştığı kadarıyla, Türkiye'de yapılmış herhangi bir Grup Theraplay araştırmasına rastlanmamıştır ve bu çalışma bu alanda ilk olmayı hedeflemektedir.

Oyunun sayısız faydaları ve iyileştirici gücünün bilinmesine rağmen, okul öncesi müfredatında oyunun yeterince yer bulmadığı düşünülmektedir. Okul öncesi eğitim kurumlarında yükselmekte olan akademik odaklı eğitim trendi ve bazı özel okulların okuma yazma eğitimini okulöncesi müfredatına dahil edişi, oyuna ayrılması gereken zamanın göz ardı edilmesine yol açmaktadır. Çocukların sosyal duygusal becerilerini geliştirmek için sınıf içi aktivitelerine ek olarak daha fazla oyunun dahil edilmesi gerekmektedir. Grup Theraplay etkinlikleri sınıf ortamına uygulaması en elverişli oyun terapisi yöntemi olması nedeniyle (Wettig et al.,

2008) oyunun gücünün sınıf ortamına aktarılmasına olanak sağlayabilir. Grup Theraplay'in etkisini araştırmak; iyi hazırlanmış, organize ve iyileştirici gücü yüksek aktiviteler içeren bu yöntemin alandaki öğretmenler tarafından kullanılmasına olanak sağlayabilir.

Ayrıca son yıllarda okul öncesi çocukların yıkıcı davranışlarındaki artış yükselen bir endişe halini almıştır (Barfield et al., 2012). Davranış problemleri sınıf atmosferini direk olarak etkilemekte olup öğretmen ve çocuk arasındaki ilişkiyi de zedelemektedir (Abidin & Robinson, 2002). Erken dönemlerde problem davranışları en aza indirmek ve uyumlu bir sınıf ortamı oluşturmak öğrenme ortamına da olumlu etki yapacaktır. Grup Theraplay yönteminin problem davranışlar üzerindeki herhangi bir etkiye sahip olduğu tespit edildiği takdirde, bu alandaki öğretmenlerin yaşadıkları güncel soruna bir çözüm önerisi getirilmiş olacaktır.

Önemli Terimlerin Tanımı

Sosyal Beceri: Çocukların akademik ve göreve ilişkin başarıları, akranlarıyla olan uyumları, akranlarının davranışlarına verdikleri destek ve sosyal kabul becerilerini içerir. (W. Merrell, 1994)

Sosyal İşbirliği: Çocukların yetişkinlerden komut alma becerileri, işbirliği, akranlarıyla uzlaşmaya varma ve kendine hakim olma becerilerini içerir. (W. Merrell, 1994).

Sosyal İletişim: Çocukların akranlarıyla olan ilişki kurma yetileri ve arkadaşlık kurma becerilerini kapsar (W. Merrell, 1994).

Problem Davranış: Çocukların içsel ve dışsal anormal davranışlarının tümünü kapsar (W. Merrell, 1994).

Theraplay: Theraplay kökeni sağlıklı ebeveyn çocuk ilişkisine dayanan ve aralarındaki ilişkiyi kuvvetlendirmeyi amaçlayan, bağlanma temelli ve yapılandırılmış bir oyun terapisi yöntemidir. Çocuğun öz saygısını yükseltmeyi ve diğerleriyle daha sağlıklı ilişkiler kurmasına olanak sağlar (Jernberg & Booth, 2010).

Grup Theraplay: Grup Theraplay sosyal ve duygusal gelişmeyi sağlayan, yetişkin yönetiminde ve yapılandırılmış grup oyunları içeren eğlenceli, iyileştirici ve destekleyici bir oyun terapisi yöntemidir. Grup Theraplay grup üyelerinin aidiyetini ve birbirine güvenini güçlendirerek bireylerin özsaygılarını artırmayı amaçlar (Rubin, 2010).

YÖNTEM

Araştırma Deseni

Bu araştırma 2016-2017 Eğitim-Öğretim yılı 2. Döneminde Ankara ili Yenimahalle ilçesinde özel bir anaokuluna devam eden 60-72 aylık yirmi sekiz okul öncesi çocuğuyla yapılmıştır. Araştırma deneysel bir çalışma olup statik grup öntest-sontest desen kullanılarak tasarlanmış, deney ve kontrol gruplarının ataması seçkisiz olarak yapılmıştır. Toplam yirmi sekiz katılımcının; ondördü deney grubu diğer ondördü ise kontrol grubunda bulunmaktadır. Deney grubundaki katılımcılara sekiz seanslık bir Grup Theraplay programı uygulanırken, kontrol grubu rutin eğitim programına devam etmiştir. Uygulama Grup Theraplay uygulama sertifikası bulunan araştırmacı tarafından sekiz hafta boyunca haftada bir seans olmak üzere, her hafta aynı mekânda tamamlanmıştır.

Veri Toplama Aracı

Veri toplama aracı olarak Anaokulu ve Anasınıfı Davranış Ölçeği (PKBS-2) kullanılmış olup, formlar veliler tarafından doldurulmuştur. Uygulama öncesi ve sonrası olmak üzere iki adet form ailelere ulaşmış ve veriler elde edilmiştir. Anaokulu ve Anasınıfı Davranış Ölçeği üç altı yaş çocuklarını hedef alan, norm-referanslı ve standardize bir davranış değerlendirme ölçeği olup, sosyal beceri ve problem davranış başlıklarına sahiptir (Merrell, 2003). Sosyal beceri ölçeği; sosyal işbirliği, sosyal etkileşim ve sosyal bağımsızlık alt başlıkları içerir. Bu çalışmada, sosyal işbirliği, sosyal etkileşim becerileri alt başlıklarıyla toplam sosyal beceri puanları değerlendirmeye alınmıştır. Problem davranış başlığı ise yine toplam puan üzerinden hesaplanmıştır. Ölçek Türkçeye Alisinanoğlu & Özbey (2009) tarafından çevrilmiş olup, çalışmanın geçerlilik ve güvenilirlik çalışmaları tamamlanmıştır (Fazlıoğlu ve arkadaşları, 2011).

Verilerin Analizi

Elde edilen veriler SPSS.23 programı kullanılarak düzenlenmiştir. ANOVA ile yapılması planlanan veri işleme süreci, testin gerekliliklerinden olan normalliği sağlamaması nedeniyle araştırmacıyı parametrik olmayan alternatif yöntemlere yöneltmiştir. Deney ve kontrol grubu verilerinin ön-test son-test farklarının karşılaştırılması için Mann-Whitney U testi kullanılmıştır. Her bir araştırma sorusu için, deney ve kontrol grubunun ön-test ve son-test karşılaştırmaları ise Wilcoxon Signed Rank testleri kullanılarak analiz edilmiştir.

BULGULAR VE TARTIŞMA

Bu araştırma Grup Theraplay uygulamasının çocukların sosyal becerileri ve problem davranışları üzerindeki etkisini incelemektedir. Çalışmanın sonucunda

elde edilen bulgular sosyal beceriler ve problem davranışlar başlıkları altında aşağıdaki şekilde değerlendirilmiştir.

Sosyal Beceriler

Sosyal beceri alanındaki incelemede, deney ve kontrol grubunun ön-test son-test farkları arasında anlamlı bir değişiklik bulunmuştur. Ayrıca deney grubunun uygulama sonunda gösterdiği sosyal becerilerinin anlamlı ölçüde yükseldiği gözlemlenmiştir. Ancak kontrol grubuna bakıldığında olumsuz bir etki olduğu gözlemlenmektedir. Bu sonuçlardan yola çıkarak Grup Theraplay uygulamasının çocukların sosyal becerileri üzerinde olumlu bir etkiye sahip olduğu söylenebilir. Alanda yapılan diğer çalışmalarla (Thorlakson, 2004; Siu, 2014; Tucker at al., 2017) da benzerlik gösteren bu sonuç, Theraplay'in yapısı irdelendiğinde beklenen bir veri olarak karşımıza çıkmaktadır. Deney grubundaki sonucun yanı sıra kontrol grubundaki düşüşün muhtemel bazı nedenleri olduğunu söylemek mümkündür.. Kontrol grubu katılımcılarının bazı denetlenemeyen sebeplerden ve olaylardan etkilenmiş olmaları muhtemeldir, ayrıca kontrol grubundaki velilerin çocuklarının uygulamaya katılmamaları sebebiyle formları doldururken çok fazla özen göstermeme ihtimallerini de göz önünde bulundurmak gerekmektedir..

Sosyal becerilerin alt başlıkları olarak sosyal etkileşim ve sosyal işbirliği becerileri de değerlendirmeye alınmıştır. Sosyal işbirliği alanında deney ve kontrol grupları arasında anlamlı bir fark bulunmuştur. Kontrol grubundaki on dört katılımcının on biri sosyal işbirliği skorlarında yükselme sağlamıştır. Buradan çıkarılacak sonuca göre, Grup Theraplay uygulamasının sosyal işbirliği alanında olumlu bir etkisi olduğu söylenebilir. Bu çalışma sonucunda, Howard ve arkadaşları (2018) ve Tucker ve arkadaşları (2017) tarafından yapılan çalışmalarla aynı doğrultuda bir sonuç elde edilmiştir.

Sosyal etkileşim becerileri incelendiğinde deney ve kontrol grupları arasında anlamlı bir farka rastlanmamıştır. Buna ek olarak deney grubunun ön-test ve son-

test sonuçları arasında da anlamlı bir farka rastlanmamıştır. Bu sonuçlar göstermektedir ki, Grup Theraplay uygulaması bu grupta sosyal etkileşim becerilerine anlamlı bir katkı sağlamamıştır. Alandaki çalışmalar incelendiğinde bu sonuç diğer çalışmalarla tutarsızlık göstermektedir. Thorlakson (2004) ve Kwon (2004) tarafından yapılan çalışmalarda sosyal etkileşim becerilerinin olumlu yönde etkilendiği bildirilmiştir. Bu sonuç araştırmacı tarafından beklenmedik bir veri olarak değerlendirilmiştir. Theraplay'in ilişki bazlı yapısı ve etkileşimin önemli bir yer tutması sebebiyle (Munns, 2011) bu alanda olumlu bir gelişim beklenirken, sosyal etkileşim becerisi alanında karşılaşılan bu sonucun farklı nedenleri olabileceği düşünülmektedir. Öncelikle, planlanan oyunların grup ilişkilerine dayanan noktalarının tekrar gözden geçirilmesi gerekebilir, planlanan grup oyunlarına daha çok ilişki odaklı oyunlar dahil edilmesi farklı bir sonuca yol açması ihtimal dahilindedir. Ek olarak, Grup Theraplay uygulamalarında grup içerisindeki yetişkinin davranışları ve birebir etkileşim zamanındaki yaklaşımı büyük önem arz etmektedir. Karşılaşılan bu sonucun, grup sayısının fazla olması ve birebir etkileşimin yeterli düzeyde gerçekleşmemesinden kaynaklanmış olması muhtemeldir. Bir diğer neden ise ölçekte yer alan sosyal etkileşim alt başlığı soru sayısının yetersizliği olabilir. Ölçek sosyal etkileşim alt başlığında yalnızca dört madde içerirken diğer alt başlıklarda on bir ve sekiz madde yer almaktadır. Ölçekteki bu yapısal durumun, elde edilen bilgiyi kısıtlamış olma ihtimali de göz önünde bulundurulabilir.

Problem Davranışlar

Araştırmanın sonucunda elde edilen problem davranış skorları incelendiğinde, deney ve kontrol grubu verilerinin aralarında anlamlı bir fark olduğu gözlemlenmiştir. Ayrıca deney grubu katılımcılarının problem davranış skorları anlamlı bir şekilde azalırken, kontrol grubundaki çocukların sonuçları ise ilginç bir şekilde artış göstermiştir. Bu çalışmanın sonucu alandaki diğer çalışmalarla tutarlılık göstermektedir. Zira Mahan (1999), Vieriko (2005), Siu, (2009) ve

Lassenius-Penula & Makela (2007) da farklı örneklemlerle benzer sonuçlara ulaşmışlardır. Bu çalışmanın ve yukarıda bahsi geçen diğer çalışmaların sonuçları göz önüne alındığında; Grup Theraplay uygulamasının, çocukların problem davranışları üzerinde azaltıcı yönde etkisi olduğu çıkarımı yapılabilir. Problem davranışların azalması durumu Grup Theraplay'in yapısı ile doğrudan ilişkili olarak değerlendirilebilir. Çocukların mücadeleli, besleyici ve eğlenceli aktivitelerde bulunurken oyunun sessiz bir kuralı olan, yetişkinin yönetimde olması durumunu hissetmeleri ve ona göre davranmaları grup içindeki kurallara uyma eğilimlerini etkilemiş olabilir. Grup içerisindeki ahenk ve uyum çocuklarda davranış iyileşmelerine sebep olmuş olabilir. Ayrıca çocukların oyunun dört temelinden biri olan 'birbirimizi incitmiyoruz' kuralını içselleştirdikleri de gözlemlenmiştir. Her ne kadar bu çalışma gözlemlere dayanmasa da, deney grubundaki çocukların herhangi olumsuz ya da hırçın bir davranışla karşılaştıklarında, birbirlerine bu kuralı ilgili el işaretiyle birlikte seanslar dışında da hatırlattıkları ve birbirlerini uyardıkları sınıf öğretmeni tarafından rapor edilmiştir. Bu örnek de, deney grubundaki öğrencilerin davranışlarının olumlu yönde etkilendiğine ve pratik yaşam becerilerine eklenerek içselleşmesine katkıda bulunduğuna dair bir gözlem olarak değerlendirilebilir.

Başlangıçta, deney grubundaki katılımcıların problem davranışlarındaki bu anlamlı değişikliklerle birlikte, kontrol grubu katılımcılarının da hemen hemen aynı ya da az bir değişiklik göstermesi beklenmekteydi. Ancak sonuçlar gösteriyor ki, beklenmedik şekilde, kontrol grubunun skorlarında anlamlı bir artış meydana gelmiştir. Kontrol grubundaki bu sonuç, sosyal becerilerdeki sonuçla birlikte değerlendirildiğinde, statik olarak rastgele atanan kontrol grubunun yapısı hakkında bazı sorgulamalara yol açmaktadır. Kontrol grubunda yer alan öğrencilerin denetlenemeyen bazı olaylara maruz kalmış olma ihtimali bulunmaktadır. Son-test raporlarında yer alan bir ifade ile, uygulamanın yapıldığı süre boyunca çocukların hayatlarında onları etkileyebilecek herhangi bir değişiklik (taşınma, boşanma, evcil hayvan kaybı, kardeş doğumu vb.) olup

olmadığının rapor edilmesi istenmiştir. Kontrol grubundaki hiçbir veli ve sınıf öğretmeni yaşanan büyük bir değişikliği rapor etmemiştir. Bir diğer ihtimal ise toplanan verinin kaynağı ile ilgilidir. Aileler tarafından doldurulan anketlerde, çocuğu kontrol grubunda yer alan veliler, çocuklarının her hangi bir uygulama almaması nedeniyle bilgileri aktarırken yeterli özeni göstermemiş olabilirler. Bu sorunun toplanan verilerden yanıltıcı bir bilgi elde edilmesine yol açmış olabileceği düşünülmektedir.

Sonuç

Sonuç olarak, yapılan bu çalışmada oyun terapisi yöntemlerinden biri olan Grup Theraplay metodunun okul öncesi sınıf ortamında uygulanmasının, çocukların sosyal becerileri ve problem davranışları üzerinde nasıl bir etki oluşturduğu incelenmiştir. Deney ve kontrol grubu katılımcılarının velileri tarafından doldurulan anketlerle yapılan ön-test ve son-test değerlendirmelerine göre, Grup Theraplay metodunun çocukların sosyal becerileri ve sosyal işbirliği becerilerinin artışında anlamlı şekilde etkili olduğu söylenebilir. Ayrıca, uygulanan yöntem çocukların problem davranış skorlarında anlamlı bir düşüşe sebep olmuştur. Öte yandan sosyal işbirliği becerileri alanında anlamlı bir farklılığa rastlanmamıştır.

Grup Theraplay metodu, yapılandırılmış ve yetişkin yönetiminde bir program olması sebebiyle okul öncesi sınıf ortamına uygulanması en kolay oyun terapisi çeşidi olarak nitelendirilebilir. Bu çalışmanın sonuçları ve alandaki diğer nitelikli çalışmaların da gösterdiği üzere çocukların sosyal becerilerini artırmada ve problem davranışlarını azaltmada etkili bir yöntemdir. Sınıf içerisinde öğretmenler tarafından da uygulanabilen Grup Theraplay, düşük bütçeli materyal gereksinimi ve esnek yapısı ile gerekli eğitimler alındığında öğreticiler tarafından kolaylıkla eğitim programına dahil edilebilir. Sınıf içerisindeki uyumu ve işbirliğini artırarak çocukların kimi zaman göz ardı edilebilen duygusal

ihtiyaçlarını karşılamak ve sınıf ortamını etkileyecek olası problem davranışlar için koruyu bir faktör olarak değerlendirilebilir.

Araştırmanın Sınırlılıkları ve Öneriler

1. Çalışma yalnız bir anaokulunda ve küçük bir örneklemle, 28 çocuk üzerinde uygulanmıştır, farklı koşullar altındaki diğer çocuklar için genelleme yapılamaz. Sonraki çalışmalarda değişik coğrafi bölgelerde ve daha fazla örneklemle karşılaştırılmalı çalışmalar yapılabilir.
2. Çocuklara dair bilgilerin yalnızca veliler tarafından alınmış olması araştırmayı sınırlayan unsurlardandır. Velilerle birlikte öğretmen görüşleri de eklenerek karşılaştırılmalı bir çalışma yapılabilir.
3. Araştırmanın örneklemi belirlenirken kolayda örneklem yöntemi kullanılmıştır. Eğitim kurumlarında statik sınıflar bulunmasından ötürü yalnızca deney ve kontrol grubu ataması tesadüfi şekilde yapılabilmiştir. Sonraki çalışmalarda tesadüfi örneklem kullanılarak oluşturulan gruplar kullanılarak çalışma daha kuvvetli hale getirilebilir.
4. Uygulama süreci sekiz Grup Theraplay sayısı ile sınırlı tutulmuştur. Farklı çalışmalarda seans sayısı artırılarak, tüm eğitim yılı boyunca yapılacak uygulama sonuçları incelenebilir.

APPENDIX G: TEZ İZİN FORMU / THESIS PERMISSION FORM

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TEZİN ADI / TITLE OF THE THESIS (**İngilizce** / English) :

Effects of Group Theraplay on Social Skills and Problem Behaviors of Preschoolers in Classroom Environment

TEZİN TÜRÜ / DEGREE: Yüksek Lisans / Master ■ **Doktora** / PhD ☐

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