

CONTAINING THE DEVELOPMENT OF EARLY PRIMARY SCHOOL AGE CHILDREN USING A NON-DIRECTIVE PLAY THERAPY APPROACH

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Abstract

This case study presented the work of a clinical placement play therapist with non-directive approach in containing a 7-year-old boy to encounter his self-expression difficulties. Acceptance of statement such as play is the work of children is the foundation to allow this child to enter playroom and let the client alone leads his self-exploration during his special time. Having said this, a non-directive play therapist has to be truly understand her role in transforming herself into a Good Enough Mother within each therapy session to contain the client. Implementation of Virginia Axline's Principle is crucial, while other psychology approach is not to be set aside. Above all these, helping hand and guidance from a supervisor during supervise session is very much important in crafting out this young adult's future. A 2.5-year-journey of 21 sessions accumulation has been all along being measured by Strength-n-Difficulties Questionnaire (SDQ) in every 6th session. The score of SDQ has shown a significant improvement from 20.5 to 15.0.

Keywords: Play room, special time, Good Enough Mother, Virginia Axline's Principle, Strength-n-Difficulties Questionnaire

MEMBANTU PERKEMBANGAN ANAK USIA PAUD DENGAN PENDEKATAN TERAPI BERMAIN NON DIREKTIF

Abstrak

Studi kasus ini menyajikan karya seorang terapis bermain penempatan klinis dengan pendekatan non-direktif dalam membantu seorang anak laki-laki berusia 7 tahun menghadapi kesulitan ekspresi dirinya. Bermain adalah pekerjaan anak dijadikan sebagai landasan untuk memperbolehkan klien memasuki ruang bermain dan membiarkan klien sendiri yang memimpin eksplorasi dirinya pada waktu istimewanya. Oleh karena itu, seorang terapis bermain non-direktif harus benar-benar memahami perannya dalam mengubah dirinya menjadi ibu yang cukup baik dalam setiap sesi terapi untuk menampung klien. Penerapan Prinsip Virginia Axline sangatlah penting, sementara pendekatan psikologi lainnya tidak boleh dikesampingkan. Di atas semua itu, bantuan dan bimbingan dari supervisor selama sesi supervisi sangatlah penting dalam menentukan masa depan generasi muda ini. Akumulasi 21 sesi perjalanan selama 2,5 tahun selama ini diukur dengan *Strength-Difficulties Questionnaire* (SDQ) pada setiap sesi ke-6. Skor SDQ menunjukkan peningkatan yang signifikan dari 20,5 menjadi 15,0.

Kata Kunci: Ruang bermain, *Good Enough Mother*, Prinsip Virginia Axline

I. INTRODUCTION

The client is a 7-year-old boy in grade 2 of elementary school. Client was reported experiencing obstacles in developing his social skills and having academic stagnancy that were only observable outside home, especially the school as the second home. However, the client's development at home environment was monitored to be fine.

II. LITERATURE REVIEW

1. Home Environment

The client is the eldest from three siblings, with a 5-year-old younger brother and a 2-year-old younger sister. The client's mother and father have professions with long and irregular working hours, causing the client and his younger siblings were mostly cared for by their grandparents who run a restaurant business at home.

From the interviews with the client's mother, the client's growth and development appeared normal until the client was 15 months old. The client's development began to experience disruptions ever since client's mother was expecting her second child. The client, who was initially raised by his biological mother, had to move home, and live with his father's parents (grandparents), 500 meters away from his parents' house. The client's developmental obstacles were only seriously addressed when the client was 30 months old. The diagnosis obtained shows that the client has Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) which is included in the mild-level autism disorder category. During the 2 years of developmental therapy sessions, the client showed significant progress in terms of communication (expressive and repressive), eye contact, and fine and gross motor skills.

2. School Environment

The obstacles reappeared at the beginning of the adaptation phase at an English-based school located 23 km (1 hour of travel by motorbike) from his home. A year later, the school recommended the client to undergo therapy sessions due to aggressive behavior (physical violence and harsh words) towards his classmates, teachers, and school staff. In addition, the client's academic progress was not showing the expected results. Following the school's recommendations, the client returned to behavioral therapy sessions, which only lasted a few months. At the same time, the client's nuclear family situation was not well established. The client's mother admitted that it was very difficult to divide her time between career and family, causing the neglect happened to the client for almost 2 years. The client remained without developmental progress, both in terms of social and academic skills, where the client has not been able to recognize letters, thus inhibiting reading, writing and counting skills. Due to the developmental obstacles above, the school recommended that the client be accompanied by a shadow teacher whose main role is to support the client's development and to ensure class conduciveness.

Accompanied by a shadow teacher, the client experienced progress in the academic field, but a drastic decline in the client's behavior. The client turned into an individual who was always fear/anxious (often crying and accidentally urinating in class) and got sick (fever) frequently. According to the results of the interview with the shadow teacher, the client was potentially a child who was able to cooperate, unless he came late. The frequency of him being late occurs almost in every school day. Based on this, the client's parents moved the client to a school 500 meters away from home and 10 minutes away by school shuttle bus. In the new school environment, the client's academic and behavioral development remain stagnated.

III. METHODOLOGY

Based on a brief observation, the client's physical growth is generally considered normal. The client's height is about average for a child of his age, while his weight is slightly more than that of other children of his age. No physical defects are found. There are no obstacles in terms of sight and hearing, where the client can respond with interest to objects around him, the client is also able to give a passive response when his name is called.

The therapist chose the play therapy approach because the client is a 7-year-old child, where according to Jean Piaget's view, children often use play to express themselves and navigate the world (Ahmad et al., 2016). Maria Montessori also stated that playing is a child's

work (Liu et al., 2022). This makes play therapy with a non-directive approach an appropriate medium for helping a child to improve social skills. Play Therapy is a form of therapeutic treatment that is effective in helping children to resolve emotional and mental problems or obstacles.

During the therapy session, the therapist allows the client to choose whatever game tools he wants to play, which have been provided in the playroom (child-centered or client-centered). The therapist has to be able to implement an attitude of mutual respect and trust towards the client, so that the client is able to build relationships and find his own strength through the presence of a therapist who positions himself as a temporary support container (contained) for the client's mental development (developmental). When the client feels accepted by the therapist (accept the child as he is), then the client is slowly able to free himself from all pressure and give himself the opportunity to develop based on his abilities. In the playroom, the client is given the freedom to explore himself, using the client's inner potential to build creativity and imagination to release tension and find answers and ways to solve the problems he is facing in his own way. The therapist only acts as a container for the client in resolving the client's problems and life demands, so that one day the client is able to feel the presence of the Good Enough Mother figure (Narvaez, 2022).

In each session, the therapist is required to be able to implement unconditional positive regards to not judge (no-judgment), not direct (non-directive), and not interpret (no-interpretation). Thus, all processes that occur in the playroom are believed to be natural processes that occur in a flowing manner without asking or helping (trust the process). Virginia Axline's theory is the main basis for carrying out this therapy. Empirical studies believe that play therapy can support children's mental development. That is why this case study expects academic development improvement by improving the social skills of the client.

IV. RESULT AND DISCUSSION

The measuring instrument used is the Strength-n-Difficulties Questionnaire (SDQ). SDQ is a psychological scale used to determine the strengths and weaknesses of children aged 4 to 18 years. The purpose of measurement with the SDQ instrument is to detect child behavioral disorders. Table 1 shows that the client has children's strengths in the areas of prosocial and behavior, while the client's obstacles are in controlling emotions and friendship.

Table 1. SDQ Score Results

No.	Evaluator	Result										Acquisition			
		Prosocial		Emotion		Friendship		Behavior		Hyperactivity		Individual	Average		
Pre – Therapy (1) - February 26, 2020															
1.	Mother	6	N	8	Ab	9	Ab	0	N	6	B/L	23	Ab	20.5	Ab
2.	Teacher	6	N	6	Ab	7	Ab	2	N	3	N	18	Ab		

In session 1, the client simply held a ball figurine and tried to survive several meeting sessions over a period of 15 months (starting from March 14, 2020 to June 9 2021). Not only did the client show no desire to play, but the client even wanted to leave the playroom (refused to play). In the 4th session, there was a change in outlook and attitude, even though the client was still holding the ball figurine, the client had begun to open to find answers to the solution at hand by imitating the voices of several animated characters such as Sponge Bob Square Pants and his close friend, Patrick the starfish. In the story, these two characters are often

depicted as kind and obedient characters who are often treated unfairly by other friends. The client began to express himself through movements and imitate the sounds in his mind through these 2 characters (Sponge Bob and Patrick) and the figurine of a batik cloth snake.

The large mirror facility in the playroom played a very important role, where the client could see his reflection, and reassuring him that the therapist was always in the playroom and provided uninterrupted attention during the session. In the 5th session and beyond, the client started talking and telling stories to the therapist. The client also explained to the therapist the arrangement of the solar system and outer space planets. The client challenged himself by preparing reading books from home to read to the therapist. Having a mediocre reading ability, with a flat voice (no intonation) and halting (lots of spelling errors), the client was able to finish reading the book he brought from home. In this condition, the therapist simply listened and had no intention of correcting spelling mistakes or the like. The process of building self-confidence was developed because of the unconditional trust that the therapist provided to the client.

During play sessions, clients always involved ball games. Even if he was interested in other games, a small ball figurine the size of a marble is always in his left hand. This shows that the ball is an attachment figure for the client in the replacement process. In everyday practice, the same thing is frequently observable as how a child shows great interest in a doll, or pillow, or milk bottle, or pacifier. The same thing happens to adults, such as using perfume, or watches, or certain objects that can give the owner a feeling of security.

Not until the 14th session, did the client completely let go of the ball figurine and focused his attention on playing the jig-saw puzzle which was repeatedly taken apart and put together. The client spent the entire session with just one type of game, the jig-saw puzzle @ 20 pieces. There is a process going on there, but the therapist responds to the process by not interpreting it. Overall, the therapist considered this as a message from the client that the client had been able to build resilience to deal with the school environment.

In session 15, the client chose a painting activity. At the beginning of the painting there was free drawing, but in the end the client covered the entire surface of the canvas paper with orange as can be seen in figure 2. below. The black color (sunlight) was added by the client a few moments after the painting activity was completed. There was a hidden message that the client wanted to convey, but again the implementation of the concept of non-interpretation must be carried out by the therapist. The play process plays an important role in the client's development, where the ability to communicate verbally is beyond the client's capabilities. In general, elementary school age children do not have a large vocabulary to express their desires. In fact, there are many elementary school age children who are able to pronounce several vocabulary words, but still fail to understand the meaning contained in the words they say.

From the 16th session onwards, the client showed interest in sandplay therapy. According to Freedle (2022), sand play therapy offers a free and protected space for healing. Kalff (2020) also noted that previous research explained that the healing process in pediatric patients with lost attachment problems and academic problems at school occurred through touching, squeezing, and building or shaping from sand dunes. As concluded from previous research conducted by Tan et al. (2021), the therapeutic technique of playing with sand returns children to a situation where children have complete freedom to play within safe boundaries combined with the reality of social and community life.

The client continued to progress in the sand game until the 21st session. Change after change was visible starting from session 16 to session 21. Changes in play patterns that initially only occur in the sand filtering process, then turn into a game of burying and searching (hide-n-seek) treasure boxes containing stones, to changing the pattern of life in the sea where there are many predatory fish surrounding a treasure box containing coral reef fish

and starfish. All sand play therapy processes contain symbolic or metaphorical meanings that the client arranges in a sandbox. In session 21, the client built a coral reef fish kingdom in a sea where there were no predatory fish.

The client did not complete the play therapy session because the client's mother moved to Jakarta to continue her Master's degree in Jakarta. However, occasionally the client's mother still reports the client's progress to the therapist.

During 21 sessions that took 2 years and 5 months starting from February 26, 2020, to July 15, 2022, the client showed significant progress which could be seen from the acquisition of the SDQ score. Before the play therapy session was carried out, the SDQ score was at 20.5. Over time, the client's SDQ score gradually dropped to 15.0.

From the entire therapy session, it can be concluded that clients mostly choose game media to solve his problems. The types of games used by clients consist of games that involve the client's imagination, such as imitating the sounds and body movements of figurines chosen by the client while in the therapy room. Among the figurines most often played by the client, the ball was the client's main one at the beginning of the session. But slowly the therapist saw the role of the ball decreasing. By the end of the session, the client preferred to play with the sandbox. The therapist was also able to feel a process that occurred when the therapist read the Therapeutic Storytelling to the client with title of "We are Proud of You" in Session 11th..



Figure 1. Painting Activities in a Special Play Therapy Room

SCORE ACQUISITION

Table 2. Results of SDQ Scores during 21 Play Therapy Sessions

No.	Rating by	Result										Acquisition		
		Prosocial		Emotion		Friendship		Behavior		Hyperactivity		Individual	Average	
Pre 1 - Therapy: February 26, 2020 (stopped due to the Covid-19 Pandemic)														
1.	Mother	6	N	8	Ab	9	Ab	0	N	6	B/L	23	20.5	Ab
2.	Teacher	6	N	6	Ab	7	Ab	2	N	3	N	18		
Pre 2 - Therapy: June 01, 2021 (continuing in the New Normal Period)														
1.	Mother	9	N	8	Ab	8	Ab	2	N	2	N	20	18.0	Ab
2.	Father	10	N	6	Ab	2	N	2	N	7	Ab	16		
Mid 2 - Therapy: August 01, 2021														
1.	Mother	9	N	4	B/L	10	Ab	2	N	2	N	18	17.5	Ab

2. Father	10	N	4	B/L	2	N	5	Ab	6	B/L	17		
Mid 3 - Therapy: September 15, 2021													
1. Mother	8	N	2	N	9	Ab	2	N	2	N	15	15.0	B/L
2. Father	10	N	2	N	4	Ab	5	Ab	4	N	15		
Mid 4 - Therapy: February 25 2022													
1. Mother	9	N	8	Ab	8	Ab	2	N	2	N	20	19.0	Ab
2. Father	10	N	6	Ab	2	N	2	N	8	Ab	18		
Mid 5 - Therapy: April 19 2022													
1. Mother	8	N	2	N	9	Ab	2	N	2	N	15	15.0	B/L
2. Father	10	N	2	N	4	Ab	5	Ab	4	N	15		
End - Therapy: July 15 2022													
1. Mother	8	N	2	N	9	Ab	2	N	2	N	15	15.0	B/L
2. Father	10	N	2	N	4	Ab	5	Ab	4	N	15		

Notes:

1. N = Normal
2. Ab = Abnormal
3. B/L = Border Line

In conducting play therapy sessions with clients, the therapist always uses a non-directive approach as developed by Virginia M. Axline through a book he wrote in 1964 entitled "Dibs in Search of Self". The non-directive approach developed by Virginia Axline as stated in the 8 principles must be adhered to and implemented during the session. Apart from adhering to Virginia Axline's 8 core principles, supervisors also invite therapists to study more deeply other psychological theoretical approaches such as Child Development Theory, Ecological Theory, and Psycho-analytic Theory. All these theories are introduced to therapists with the main aim of supporting the process of finding answers to the problems being faced by clients. Therefore, therapist realizes that the presence of a supervisor in supervision sessions is very helpful in the client's development process. In the implementation of play therapy, nonverbal communication through play is always prioritized because playing aims to build self-development in children that supports self-confidence. Therefore, they can integrate well into social life in the future.

Table 3. Types of play during 21 play therapy sessions

Session	Type of play												
	1	2	3	4	5	6	7	8	9	10	11	12	13
1.				√									
2.				√									
3.				√									
4.				√								√	
5.				√		√						√	

6.	√		√			√
7.			√		√	√
8.			√			√
9.		√	√	√		
10.			√	√		
11.			√			√
12.		√		√		
13.			√			√
14.			√			
15.	√				√	
16.						√ √
17.					√	√
18.						√
19.						√
20.						√
21.						√

Notes:

1. Drawing and Painting
2. Clay
3. Creative Visualization
4. Dance & Movement
5. Drama/Role Play/Dressing up
6. Games/Board Games
7. Mask
8. Music
9. Puppets
10. Sand Tray
11. Story Telling (Therapeutic)
12. Talking
13. Others

Observations carried out by the therapist are a discourse to gain a deep understanding of the client's problems through observing how to play, body movements, the client's energy level when playing, and the type of play chosen by the client. In the playroom, the therapist offers the client a feeling of safety and protection. At the same time, there are boundaries that clients must adhere to, such as clients must not hurt themselves or the therapist, and clients must not break toys.

VI. CONCLUSION

Play therapy is a developmental appropriate approach for children and empirical findings have shown that it has beneficial therapeutic effects. In implementing play therapy practices, therapists must firstly understand and explore the emphasis on how to be a strong container, so as to be able to create a conducive environment during the play process in the playroom. The client expressed himself or communicated through fantasy, imagination and play media

(toys). All of this provides an opportunity for the client to be able to separate reality from fantasy in the therapeutic space. Over time, from the results of observations, the therapist can connect fantasy and reality through game media (tools) that are appropriate to the client's development such as therapeutic story-telling, creative visualization, drawings, and sand play to provide corrective experiences that have the potential for positive change construction. Therapist believes that as part of nature, a child, just like an adult, can receive various approaches to the natural healing process, and there is no single strategy that can be implemented for all children other than play.

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