Examining the Use of Play Activities to Increase Appropriate Classroom Behaviors

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This 1-group pretest–posttest quasi-experimental study investigated the importance of addressing a child’s social needs at school to increase the occurrence of socially appropriate classroom behaviors. This study involved observation of 5 groups of Kindergarten boys and their interactions with each other during small group play activities and guidance lessons within the classroom. Over 8 weeks of intervention, the boys received 10 mini social-skills lessons to help them practice appropriate behaviors during the play activities. The interventionist observed the boys during 3 time periods, baseline, midpoint, and posttest, within their classroom to document the occurrence of the noted behaviors. Results indicated that the participants’ verbal, motor, and passive off-task behaviors significantly decreased from baseline to posttest observations. Strengths, limitations, and implications of the results are discussed, and future research is also recommended.

Keywords: social skills, elementary school counseling, play therapy, classroom behaviors

Based on current state and national guidelines, educators expect children to meet or exceed necessary academic standards by the end of each grade (Blanco & Ray, 2011). School personnel expect their students to make necessary academic gains despite children’s limited ability to communicate their needs. In an attempt to express their needs, children misbehave to gain control of unresolved emotional and social difficulties. Without the use of play to bridge concrete and abstract thoughts, a child may become overly frustrated with the stressors found in a typical classroom environment. These external stressors, along with other emotional factors, could result in classroom misbehaviors, such as verbal, motor, and passive off-task behaviors, as well as out-of-seat behaviors.

During the transition from pre-Kindergarten to Kindergarten classes, students experience an increased focus on academics, which can bring about problematic changes in their external or internal behaviors within the classroom (Sink, Edwards, & Weir, 2007). Children with disruptive behaviors often present difficulties for their peers and teachers (Cochran, Cochran, Nordling, McAdam, & Miller, 2010). The pressure placed on teachers to ensure that all students succeed inhibits the time necessary to teach social skills, allow for developmental processing time, and provide appropriate activities, such as free-play. In the current study, we attempted
to discover whether addressing 20 Kindergarten boys’ social needs through group play therapy and social-skills classroom guidance lessons would be related to a decrease in motor, verbal, and passive off-task behaviors, thereby increasing their potential for academic achievement.

Through play, children have the opportunity to overcome emotional and social limitations that could potentially impede their academic achievement (Blanco & Ray, 2011). Thus, play can help children make a connection between their concrete understandings, the experiences learned and understood, and abstract events, such as thoughts and feelings (Landreth, Ray, & Bratton, 2009).

**CONTRIBUTORS TO EFFECTIVE PLAY**

Many factors facilitate effective play for children. When play occurs in a safe, caring, and culturally sensitive environment, children can freely express themselves. This expression allows them to work on self-esteem and social anxieties without the fear of breaking rules or pleasing the teacher (Lawver & Blankenship, 2008). Because of the constraints necessary to promote and maintain acceptable behavior, a classroom environment often fails to provide the safe space in which children can work on self-esteem and social anxieties (Partin, Robertson, Maggin, Oliver, & Wehby, 2010). Therefore, children need a different, constraint-free environment where they can express feelings and act out experiences. The establishment of a positive, safe environment where students have the opportunity to express themselves helps support children’s behavior and academic needs (Partin et al., 2010).

Within a safe environment, a child needs to be actively involved in building a relationship with the teacher or school counselor as the play is occurring. The school counselor must use empathy and acceptance throughout the interaction with the students while they play. Empathy on the part of the school counselor helps children feel understood and is another important factor facilitating play (Beaty-O’Ferrall, Green, & Hanna, 2010). The school counselor models empathy and acceptance and, in turn, teaches these skills to the children within the group. As children play in their group, they familiarize themselves with and relate to each other’s experiences, and begin to build empathy for one another.

Chang, Ritter, and Hays (2005) described the importance of fostering a culturally sensitive environment within the playroom and modifying play language and toys for multicultural children. By exploring the child’s cultural identity, the counselor can develop an understanding of the child’s experiences and how these may influence current difficulties (Hinman, 2003). Play therapy is an effective tool that serves children from a variety of cultural backgrounds. If play therapists continue to educate themselves about the cultures in which they serve, they can develop a practice that effectively works with each client (Hinman, 2003).

In contrast to a play-centered environment, most elementary school curricula minimize the importance of play. Because of an overall lack of attention to the emotional and social needs of children, many elementary-aged students are likely to become unhappy while at school, as they face their increasing emotional and social pain without support or guidance (Blanco & Ray, 2011; Cochran et al., 2010). Therefore, play therapy interventions may be particularly well-suited to addressing social, emotional, and behavioral concerns within a school setting.
EFFECTIVENESS OF PLAY THERAPY FOR IMPROVING BEHAVIOR AND SOCIAL SKILLS

Children demonstrating social incompetence may display misbehaviors and emotional instabilities, making it harder to relate to their peers. Therefore, creative interventions must not only address social deficits, but behavioral ones as well. Through play therapy, toys become the child’s primary means of expression, giving the child the ability to project his feelings onto ambiguous stimuli. Trotter, Eshelman, and Landreth (2003) describe toys as giving different symbolic meanings to each child’s struggles. Toys are a way for the child to express either negative or positive feelings. The child’s play is not make-believe, but will actually reflect his or her subjective reality (Dougherty & Ray, 2007). An intervention for children exhibiting misbehaviors is essential in helping to decrease the children’s need to externalize problematic behaviors, thereby helping to create more solid relationships with their peers (Ray, Blanco, Sullivan, & Holliman, 2009). When a child expresses painful feelings symbolically rather than behaviorally, the child will be more likely to demonstrate appropriate social skills (Trotter, Eshelman, & Landreth, 2003).

Social competence is often used to describe a child’s social acceptance, social behaviors, the use and understanding of social skills, and the absence of problemmatic behaviors (McAloney & Stagnitti, 2009). Socially competent children play well with others by entering into play groups appropriately, initiating play with others, meeting age appropriate social goals, and responding appropriately to other children (McAloney & Stagnitti, 2009). However, LeGoff (2004) found that even children with more severe behavioral and emotional difficulties could develop social skills when they received social skills instruction within the context of stimulating play activities.

During play, children also develop and strengthen their understanding of appropriate social norms (McAloney & Stagnitti, 2009). McAloney and Stagnitti described pretend play as the child’s way to create imaginary situations that allow the child to test various social skills and their consequences. The researchers found that children who engage in pretend play were more likely to be considered socially component among adults and peers. The authors encouraged play therapists to develop more complex pretend play sequences that utilize conventional toys to assist children with their social peer play. McAloney and Stagnitti also promoted the use of unstructured toys during play therapy sessions, because this facilitates the development of problem solving skills, flexibility, and the ability to make connections to reality. Because play is emerging as a primary treatment for children, play therapists are becoming more equipped with skills necessary to engage and assist children in their behavioral, emotional, social, and academic development.

PLAY THERAPY WITHIN SCHOOLS

There is evidence to suggest that childhood disruptive behaviors lead to academic failure, which elevates the risk for depressed mood and continued misbehaviors (Cochran et al., 2010). Therefore, schools must work to implement effective
interventions that address emotional and social concerns and disruptive behaviors, thereby increasing student academic achievement. Currently, teachers use various classroom management techniques, such as token reward systems, color-coded rating scales, punishments, or teacher-managed/directed interventions, to address disruptive behaviors that occur within the classroom. Although the above techniques can be effective for changing behavior, these techniques are teacher-managed and based on extrinsic rewards; they do not facilitate personal growth within the child. These extrinsic rewards work to temporarily prevent undesirable behaviors, but such rewards do not help children internalize appropriate behaviors, such as respect and responsibility. Therefore, as a student continues to misbehave despite the teacher’s efforts, the teacher may interact less with the student to avoid triggering or escalating the current misbehaviors (Partin et al., 2010). The child inadvertently learns that he or she is not worthy of respect, attention, or a caring relationship, which can directly affect the child’s developing self-worth.

Although the use of therapeutic play originated in clinical settings, research has documented that elementary-aged children respond positively to creative interventions used in schools to promote academic, social, and emotional development (Green & Christensen, 2006). For example, Ray, Muro, and Schumann (2004) described a yearlong child-centered play therapy program provided to a group of 750 multicultural, multiaged students in an elementary school. The study involved three components: play therapy, filial therapy for teachers and parents, and teacher education. Students who participated in the intervention were identified and referred based on previous behavioral disturbances within the classroom. After the play therapy intervention and completed research, Ray et al. (2004) analyzed and documented office referrals for behavioral disturbances and found a decrease in the amount of referrals among the children who participated in play therapy compared with their records before the intervention. In addition, final teacher interviews demonstrated positive changes in classroom behaviors among the children receiving the play therapy intervention. Ray et al. (2004) found support for the idea that play therapy is a developmentally appropriate intervention for elementary-aged children experiencing behavior problems. Interventions, like the one found in Ray et al.’s (2004) study, offer the ability to intervene with a child who may be struggling with behavior, in a safe and accessible environment that is either preventive or remedial in nature.

Elementary-aged children’s perception of play therapy in the school setting is an important aspect of the research on play therapy. Green and Christensen (2006) conducted a study to investigate elementary-aged children’s perceptions of play therapy when utilized by their school counselor. The participants indicated several factors related to the therapeutic relationship, emotional expressiveness, and creative play to which they attributed their successes in play therapy. The children described the process of change as being linked to their perceptions of how they made better choices, experienced a decrease in anxiety, changed their misbehaviors, experienced an increase in self-worth, and noticed an increase in empathy for others.

In light of the positive implications of these studies, Shen (2008) researched the factors that prevented Texas elementary school counselors from implementing play therapy in their guidance curriculum. She found that school counselors apply play therapy techniques for many positive reasons, such as intervention advantages,
rewarding counseling outcomes, and empirical data. However, the participants also indicated “counselor competencies” and “resource constraints” as reasons to avoid implementation of play therapy. Although participants specified more positive than negative reasons, the negative reasons dominated the school counselors’ ability to confidently apply play therapy techniques. Shen’s (2008) results supported the idea that elementary school counselors’ lack of time and training, as well as the out-of-pocket costs associated with obtaining play therapy materials, contributed to their lack of confidence in practicing play therapy techniques. Play interventions that are easily implemented and time- and cost-effective are needed to address these barriers.

**PURPOSE OF THE STUDY**

In this study, we investigated the outcome of teaching play-based social skills strategies, taught through 30-min social-skills lessons, to address children’s social needs at school. We hypothesized that after receiving these lessons, the boys would choose classroom behaviors that promoted learning and achievement. The behaviors observed for this study were a decrease in motor off-task, verbal off-task, passive off-task, and out of seat behaviors, and therefore, an increase in on-task behaviors. Students met in small groups to practice social skills through play activities. The play activities promoted appropriate interactions and communication as the children interacted during play. Throughout their play, the interventionist reminded the boys of their social-skills lessons to help ensure that they practiced appropriate social interactions during the play activities. The participants’ sessions focused on the development of social skills, limit setting, and self-expression.

**METHOD**

**Participants**

Of 26 boys in two Kindergarten classrooms, 20 students participated after parents provided permission for the use of these students’ data. It must be noted that the parents were not permitting their child to participate in the activities, as all activities (monthly guidance lessons, mini social-skills lessons, and play activities) were a portion of the regular Kindergarten guidance program implemented at the school. Therefore, the parents were only permitting the use of their child’s data in the study.

The participants’ ages ranged from 5 to 6 years old ($M_{age} = 5.4, SD = 0.50$). The majority of the participants were White (55%), Hispanic (28%), mixed-racial (11%), and Asian (6%). “Mixed-racial” was defined as the parent or child’s identification with two or more races. The selected participants attended a private, Catholic boys’ school with an enrollment of 261 boys in an urban, affluent community. The participants attended regular classes in addition to supplemental guidance lessons, mini social-skills lessons, and play activities.
Participants’ names are not used in this study. Any behavior exhibited during the study that may result in the identification of a participant has been changed to describe similar behaviors while reporting observations or other relevant information.

There were five study groups. Group 1 and Group 2 each consisted of four 6-year-old boys who met on alternating Mondays. Group 3 consisted of four 6-year-old boys and Group 4 of four 5- or 6-year boys, both of whom met on alternating Tuesdays. Group 1 and 3 each contained a participant diagnosed with Attention Deficit Hyperactivity Disorder. Neither participant was taking medication for the condition. The four 6-year-old students in Group 5 met every other Wednesday during the duration of the study. All groups met at the same afternoon time period, which occurred at the end of the day right before dismissal. By the end of the study, each group had met for a total of four guidance lessons and four play activity sessions that also incorporated a mini social-skills lesson, for a total of eight lessons.

**Measures**

We developed a coded observation form (see Figure 1) to standardize the recording of indicated behaviors within the classroom. The length of observation, time of day, day of the week, and setting of observation were all consistent for the duration of baseline, midpoint, and posttest periods for each participant.

Each observation lasted 30 min. Observations were divided into 60 30-s intervals, in which the child’s behaviors were recorded as on-task (O), motor off-task (M), verbal off-task (V), passive off-task (P), or out-of-seat (S). The activities were also recorded during the observation of the child: independent work, small group activity, large group activity, or large group instruction (see Figure 1). A summary form for each group and participant facilitated calculation of the overall percentage of time the student was observed doing one of the identified behaviors. Standard-
Design

The current study involved a one group pretest–posttest design to determine the relationship between play activities and social skills lessons and students’ behaviors within the classroom. The treatment for this study was the boys’ participation in play activities and social skills lessons. The outcome variable was the number of observed occurrences of motor off-task, verbal off-task, passive off-task, or out-of-seat behaviors during the baseline, midpoint, and posttest periods.

Procedure

Baseline Period

The current study was approved by the Human Subjects Committee of the authors’ university and by the campus administrator of the school. Parental consent for the use of the children’s data was obtained before the baseline phase, and all information remained strictly confidential throughout the study. After parents provided informed consent, in vivo observations were done on 20 children in their classrooms by the interventionist (the first author). The completed observations and summary forms were compiled and locked in a filing cabinet for further review during the midpoint period.

During the baseline period, the interventionist observed each participant on his scheduled day in the morning. The specific observation time differed between groups because of their school and class schedules, but all occurred before lunch. Baseline observations began during the second and third weeks of the school year. During the baseline observations, participants did not receive any extra behavior modifications or interventions other than standard classroom procedures. During this time, the interventionist conducted a rapport-building activity, consisting of a developmentally appropriate board game, with each small group to ensure proper relationships were built and promoted, while establishing developmentally appropriate group norms.

Treatment Period

The treatment consisted of two components: the whole-group social skills lessons and the small group play activities. The social skills lessons were taught during regular whole-group classroom guidance lessons twice a month. Developmentally appropriate activities created by Richardson (1996) and supplemented with activities from Jelleberg (2006) guided the whole-group classroom social skills lessons. Each lesson lasted for 30 min and occurred once a week for the duration
of the treatment. These lessons focused on promoting effective classroom behaviors by decreasing targeted behaviors. The participants then attended a 30-min play session twice a month, which emphasized and reviewed new social skills in groups of four boys. These sessions allowed the children nondirected child-centered play time in a small group. During play, the interventionist promoted and encouraged limit setting and inclusion when necessary. This treatment took place each afternoon before dismissal and was consistent for each group throughout the duration of the study. The interventionist observed participants after 2 weeks of the intervention on their regularly scheduled days and times within their classrooms and recorded the targeted behaviors on the observation form for each child.

Posttest Period

After 6 weeks of the intervention, posttest observations occurred, following the same schedule as the pretest observation periods. The interventionist noted behavior improvements for each participant.

RESULTS

After examining the raw data, we converted the occurrences of each observed behavior to percentages. The percentages were used to find the means and SDs for the three time points (see Table 1).

Small group play activities continued for 4 weeks with two guidance lessons occurring during these 4 weeks. On the fifth week of the intervention, the interventionist collected midpoint data each morning before the students attended their playgroup. Four more weeks passed before collecting posttest observational data on the participants. During Weeks 5 through 7, two more social skills lessons supplemented the small group play activities. During the eighth week, posttest observations occurred.

Data analysis focused on determining if there were differences between the means of each of the identified off-task behaviors. A repeated measures analysis of variance (ANOVA) was conducted with each of the four off-task behaviors at baseline, midpoint, and posttest times. Mauchly’s test of sphericity was conducted for each of the analyses to assess homogeneity of variance. These values can be found in Table 1. In the event that the sphericity assumption was not met for an analysis, we used the Greenhouse-Geisser correction to calculate the significance.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Baseline M</th>
<th>SD</th>
<th>Midpoint M</th>
<th>SD</th>
<th>Posttest M</th>
<th>SD</th>
<th>ANOVA F(2, 38)</th>
<th>p</th>
<th>Mauchly’s W</th>
<th>χ²(2)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td>9.25</td>
<td>8.85</td>
<td>8.85</td>
<td>6.36</td>
<td>3.70</td>
<td>4.81</td>
<td>4.92</td>
<td>.013</td>
<td>.95</td>
<td>.96</td>
<td>.62</td>
</tr>
<tr>
<td>Motor</td>
<td>12.90</td>
<td>8.11</td>
<td>7.45</td>
<td>5.35</td>
<td>4.90</td>
<td>4.92</td>
<td>7.68</td>
<td>.002</td>
<td>.80</td>
<td>4.02</td>
<td>.13</td>
</tr>
<tr>
<td>Passive</td>
<td>12.45</td>
<td>8.50</td>
<td>6.65</td>
<td>7.13</td>
<td>5.25</td>
<td>4.19</td>
<td>7.66</td>
<td>.002</td>
<td>.92</td>
<td>1.52</td>
<td>.47</td>
</tr>
<tr>
<td>Out-of-seat</td>
<td>3.30</td>
<td>5.79</td>
<td>2.10</td>
<td>2.49</td>
<td>0.65</td>
<td>1.76</td>
<td>2.53</td>
<td>.119</td>
<td>.40</td>
<td>16.53</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

a Because of the significant χ² value for Mauchly’s Test of Sphericity for out-of-seat behaviors, the Greenhouse-Geisser correction was used to calculate the significance level of this F test.
level, for an appropriately conservative estimate of \( p \). The ANOVA showed a significant difference for the verbal, motor, and passive off-task behaviors. Although out-of-seat behaviors did not change significantly, it is worth noting that the mean level of this behavior at posttest was nearly zero (see Table 1).

Paired samples \( t \) tests determined which pairs, baseline-midpoint, midpoint-posttest, and/or baseline-posttest, showed significant differences. The paired samples \( t \) tests revealed significant decreases for all three behaviors, verbal, motor, and passive from baseline to posttest observations \( t \) test (see Table 2).

Cohen’s \( d \) determined effect size, or the measure of \( SD \) units between baseline and posttest paired \( t \) tests for each off-task behavior. The results indicate that there was a large effect size for all three variables (see Table 2).

In summary, the data indicate a significant decrease in three out of four off-task behaviors after the 8-week intervention. The nonsignificant decrease found for out-of-seat behaviors could be a result of low means in the area (means indicate the behavior occurring almost zero percentages of the time), or perhaps the intervention did not address this concern specifically.

**DISCUSSION**

This study involved a one-group pretest–posttest design to determine the relationship between play activities and social skills lessons and students’ behaviors within the classroom. We hypothesized that there would be a decrease in off-task behaviors by addressing the social needs of children through play. The findings supported the research hypothesis, which is also consistent with the literature. In a meta-analytic review of play therapy, Bratton, Ray, Rhine, and Jones (2005), found that, on average, children who participated in play therapy performed more than three-fourths of a \( SD \) higher than their peers in a control group. Three of the four effect sizes in the current study were more than a full \( SD \).

Gmitrova, Podhajecka, and Gmitrov (2009) described school-aged children’s play as a “well-established curriculum component of childhood education” (p. 339). Gmitrova and colleagues also made a connection between a child’s cognitive competence and his or her quality of play. They described pretend play as the ability to transform objects symbolically and act out emotions or experiences. Consistent with the results of Landreth et al.’s (2009) study, Gmitrova et al. (2009) found that pretend play is an integral component of helping a child develop language skills and cognitions. Therefore, play is important for academic readiness.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>( df )</th>
<th>( t )</th>
<th>( p )</th>
<th>( t )</th>
<th>( p )</th>
<th>( t )</th>
<th>( p )</th>
<th>Cohen’s ( d )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td>19</td>
<td>0.19</td>
<td>.850</td>
<td>2.97</td>
<td>.008**</td>
<td>2.66</td>
<td>.015*</td>
<td>1.36</td>
</tr>
<tr>
<td>Motor</td>
<td>19</td>
<td>2.36</td>
<td>.029*</td>
<td>1.65</td>
<td>.116</td>
<td>3.47</td>
<td>.003**</td>
<td>1.59</td>
</tr>
<tr>
<td>Passive</td>
<td>19</td>
<td>2.63</td>
<td>.017*</td>
<td>0.80</td>
<td>.435</td>
<td>3.87</td>
<td>.001***</td>
<td>1.78</td>
</tr>
</tbody>
</table>

* Note. Cohen’s \( d \) represents the standardized difference between baseline and posttest means.
* \( p < .05 \). ** \( p < .01 \). *** \( p \leq .001 \).
and success in school. In the current study, a focused social skills program that incorporated play, helped students learn how to express themselves and develop interpersonal skills that would transfer into the classroom, helping to keep these students actively engaged in learning.

In the current study, a group format helped the boys practice their social skills in a safe, nonthreatening environment that allowed free expression and understanding among group members. Harpine, Nitza, and Conyne (2010) studied how group prevention for disruptive behaviors helps children understand that they are not alone in their experiences, emotions, or struggles. Through group play, children begin to understand that they all share similar fears, emotions, experiences, and problems (Harpine et al., 2010). These authors noted that prevention group interventions are helpful in acquiring new skills, such as social skills practiced during play. Harpine et al.’s study helped us develop an age appropriate learning experience by focusing on new social skills and interactional patterns with their play therapy groups. Elementary-aged children who participated in prevention groups exhibited higher academic achievement because of early intervention for their emotional and social distress (Harpine et al., 2010).

In a preventative playgroup, children learn essential social skills similar to the ones promoted in the current study, as well as Landreth et al.’s (2009) study. As children play together, they live out their moments with toys. The play represents past experiences and associated feelings (Landreth et al., 2009). Therefore, the counselor can facilitate and promote the use of appropriate social skills as the children play and relate to each other. Group play intervention is also a culturally sensitive approach, as the child has the freedom to communicate through play in a way that is most comfortable and typical for his culture and experiences (Landreth et al., 2009).

**Strengths and Limitations**

We aimed to measure the effectiveness of play within the schools as a means of promoting appropriate classroom behavior. This study specifically differs from previous studies because of its quasi-experimental design, larger sample size, and multicultural sample. There have been multiple studies of play therapy, but many of them are case study reports.

The current study also entailed a few limitations, which were consistent with limitations found in similar studies. A notable limitation is the lack of a control group within the study. Consistent with Muro, Ray, Schottelkrob, Smith, and Blanco’s (2006) study on long-term child-centered play therapy, this study should be considered exploratory because of the lack of a control or comparison group. Similarly, the current study’s results indicated a decrease in off-task behaviors, supporting the research hypothesis, but because of a lack of a control group it cannot be determined whether the outcome is a result of the intervention or because of maturation effects. In future research, it may be more beneficial to conduct similar research as a delayed-start design. Furthermore, the use of a single observer who also served as the interventionist may have decreased the reliability of results. Future studies using more than one observer would help to gauge the reliability of the observations and decrease possible observer bias.
Previous research also indicated that the limited number of play intervention sessions in the current study may also appear to be a limitation. This limitation was because of the time period in which the study was performed. According to Ray et al. (2009), it is ideal to have 11–18 sessions, which produces more of a statistically significant difference. Ray et al. (2009) also suggested that more than 19 sessions would result in even more gains by the participating students. In addition, Muro and colleagues (2006) found that a lengthy duration of play therapy improved the child’s behaviors and the child’s relationship with the teacher. More progress could be made if 8 to 12 more sessions were allotted and added. Future researchers may wish to perform a follow-up study with a larger class size. This would allow the students to be divided into more groups, including a control group. This could also allow the possibility of adding more play sessions into the schedule at regular intervals.

**Recommendations**

Based on our findings, we recommend that school counselors, teachers, and principals collaborate to establish a social skills curriculum for students in kindergarten and first grade that incorporates play. Students given the opportunity to learn, model, and practice a set of social skills through play showed significant decreases in problematic classroom behaviors over an 8-week time period. Bratton and colleagues’ (2005) research also supported play therapy as a method for changing behaviors, improving social adjustment, and developing personality. In this capacity, play therapy in the schools can be viewed as a preventative and consulting method, not just remediation (Ray et al., 2004). In addition, students’ small group work promoted rapport and relationship building. This provided the students a trusting relationship in which they began to resolve their own problems through nondirective play (Bratton at al., 2005). Landreth and colleagues (2009) suggested starting the school year by having staff development training focused on explaining the importance of play for children, as well as including the emotional, academic, and behavioral outcomes. Sharing this information helps initiate teacher and administrator support for such a program.

The current study served as a starting point for further exploration in the effectiveness of play interventions within the guidance program at the elementary level. The strengths of the current study present a base for future research on play therapy within the schools. School counselors would benefit from staying updated on current trends in play therapy, to incorporate these methods into play interventions within the guidance program, and to document the changes seen with each class, group, or individual. Documentation and data are essential for guiding such a program, especially when the school counselor is advocating for the use of play interventions within the program.

This study presented school counselors with a developmentally appropriate intervention that provided the students with an opportunity to build secure social skills, which may have impacted classroom behaviors by providing the child with acceptable forms of interaction in which to use in the classroom. This study also highlighted necessary understandings about play in the elementary school setting and how the opportunity for play may address the emotional and social needs of students, promoting appropriate classroom behaviors and increasing student achievement.
REFERENCES


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