

Play Therapy Practices in Psychological and Developmental Disorders That Are Common in Preschool Period

Okul Öncesi Dönem Sık Görülen Psikolojik ve Gelişimsel Bozukluklarda Oyun Terapisi Uygulamaları

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Abstract

Preschool period is a period when children start to get to know the environment and gain basic vital skills thanks to their developing cognitive, social, physical and emotional skills. During this period, when the child tries to get to know himself/herself and to control the environment, psychopathological results may occur from time to time. It is seen that the play therapies are getting more and more widespread with the addition of the game, which is the most important occupation of the child, to the treatment stages of the problems experienced in this period. Play therapies are defined as a therapy method in which children's psychosocial problems are treated using the healing power of the game. The most preferred age group for play therapies that can be applied in different age groups such as baby, child, and adolescent is the 3-12 age range. Thus, it is aimed to improve the problem-solving skills of the children and to be reach their psychological well-being with the play therapy techniques prepared considering their current developmental periods. In the current review article, the effectiveness of play therapy on disorders such as depression, attention deficit hyperactivity disorder, childhood period traumas, anxiety disorders, behavioral disorders, autism and learning disability that are common in pre-school period were evaluated in the pre-school period, and then it was concluded that play therapy was effective in the treatment of all disorders examined, especially behavioral disorders and depression.

Keywords: Child, preschool, play therapy

Öz

Okul öncesi dönem, çocukların gelişen bilişsel, sosyal, fiziksel ve duygusal becerileri sayesinde çevreyi tanımaya başladıkları ve temel yaşamsal beceriler kazandıkları bir dönemdir. Çocuğun kendini tanımaya ve çevreyi kontrol etmeye çalıştığı bu dönemde zaman zaman psikopatolojik sonuçlar ortaya çıkabilmektedir. Bu dönemde yaşanan problemlerin tedavi aşamalarına, çocuğun en önemli uğraşı olan oyunun eklenmesiyle oyun terapilerinin giderek yaygınlık kazanmaya başladığı görülmektedir. Oyun terapileri, çocukların psiko-sosyal problemlerinin oyunun iyileştirici gücü kullanılarak tedavi edildiği bir terapi yöntemi olarak tanımlanmaktadır. Bebek, çocuk, ergen gibi farklı yaş gruplarında uygulanabilen oyun terapilerinin en sık tercih edildiği yaş grubu 3-12 yaş aralığıdır. İçinde bulunulan gelişim dönemleri dikkate alınarak hazırlanan oyun terapisi teknikleriyle, çocukların problem çözme becerilerinin geliştirilmesi ve psikolojik iyilik hallerine ulaşmaları amaçlanmaktadır. Oyun terapileri, birçok psikolojik bozukluğun tedavisinde kullanılmaktadır. Mevcut derleme makalesinde okul öncesi dönemde sık görülen depresyon, dikkat eksikliği hiperaktivite bozukluğu, çocukluk çağı travmaları, anksiyete bozuklukları, davranış bozuklukları, otizm ve öğrenme güçlüğü gibi bozukluklar üzerinde oyun terapisinin etkililiği değerlendirilmiş, başta davranış bozuklukları ve depresyon olmak üzere incelenen bütün bozuklukların tedavisinde etkili olduğu sonucuna ulaşılmıştır.

Anahtar sözcükler: Çocuk, okul öncesi, oyun terapisi

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PRESCHOOL age (0-6) is the period when the foundations of personality development are laid and interpersonal relationships and the first actual formations in the external world begin with the development of cognitive, social and emotional skills (Vaskivska et al. 2018). Aral et al. (2000), on the other hand, described the preschool period as a critical period which has the potential of affecting the later stages of personality development profoundly and in which basic vital knowledge and skills are first acquired. The preschool period is considered as a normal period of development similar in all children; however, with different signs (Bozan 2014). It was reported that children pass through the developmental stages very quickly in this period and acquire the achievements that are the foundation of personality traits (Yakar 2019).

Preschool period includes critical developmental stages for children recognize themselves and their social environment better (Sevinç 2003). So much so that during this period, the children begin to acquire basic life skills such as psycho-motor, cognitive, social, emotional development and language development skills (Berrueta-Clement et al. 1984). Especially children between the ages of three and six try to take an active role in social relations and express their ideas using alternative means and various symbolic elements in their interpersonal relationships due to the development of the above-mentioned skills (Sezici 2013). Preschool children who can express their ideas and recognize their environment have the opportunity to gain control over their environment and self-knowledge due to the sense of autonomy and trust (Özdemir et al. 2012). While the child's attempts to control the environment and self-knowledge often include positive memories, sometimes they could be challenging and stressful (Aydın 2018). These challenging and stressful experiences could disrupt the psychological integrity of children and seriously harm their mental health (Şık 2019).

Preschool children are considered in the high-risk trauma group since they are not physically mature and could experience difficulties in accurate analysis of social stimuli (Aydın 2018). Early traumatic experiences such as domestic conflicts, physical and sexual abuse, disproportionate criticism and accusations, and death in this period could lead to psychological disorders (Bernstein et al. 2003). Furthermore, such traumatic experiences could negatively affect cognitive, behavioral, psychological, emotional and physical development of children (Carr et al. 2013). Recent studies reported that the possibility of psychopathologies such as psychotic disorders, social phobia, depression, post-traumatic stress disorder and personality disorders could increase in children who could not complete their developmental stages (Mandelli et al. 2015). In a study conducted with 45 children, Warren et al. (2020) determined that problems were observed in brain functional magnetic resonance scans of the children who were exposed to severe stress and anxiety and their emotion regulation and decision-making skills were negatively affected. In another study conducted with 3988 children who applied to a Child-

Adolescent Psychiatry Clinic, it was reported that there was a significant correlation between traumatic events in childhood and pathologies such as attachment problems, substance abuse, behavioral problems and post-traumatic stress disorder (Vivrette et al. 2018). It was emphasized that especially early traumatic events were effective in the development of obsessive-compulsive disorder symptoms (De Silva 2001) and the disruption of thought structures and the development of dysfunctional beliefs (Sasson 2005). To prevent pathological outcomes of the above-mentioned experiences during the developmental stages of preschool children and to allow them to develop a healthy personality, protective measures, productive activities and early interventions were reported to be critical (Kılınç and Saltık 2020). It was emphasized that the constant communication with parents, teachers and secondary caregivers with the children during this period had positive effects (Howe 2005). Due to the limited vocabulary of the preschool children, their self-expression skills are not adequate (Simatwa 2010). Thus, it was emphasized that the most natural and healthy way to understand preschool children who may experience self-expression and communication problems is game play (Solter 2017, Kılınç and Saltık 2020).

Since play is one of the healthiest methods of communication with children and understanding them, it is of critical importance during the development of pre-school children (Kılınç and Saltık 2020). In this period, children start to acquire basic life skills while preparing themselves for the challenges of the external world through play (Yakar 2019). Play contributes to the social relationships, self-expression and spiritual development of the children (Pehlivan 2005). However, it was reported that play contributes to social development due to the relationships the children establish with their peers, to mental development through the recognition of the rules, instructions and causality, to emotional development through the control of extreme emotions that arise due to winning or losing a game, to physical development through activities that develop their muscles, and to language development through the requirement to perceive and express their experiences (Teber 2015). While play supports the development of preschool children, it also has important therapeutic contributions to the treatment of psychological disorders (Schaefer 2013).

According to the description of the Association for Play Therapy in the United States, play therapy is a method that employs the healing power of play to solve psychosocial problems and help reach the desired developmental levels (Association for Play Therapy 2014). Based on another definition, play therapy helps to organize undesired memories of the children and could allow the children to acquire the skills to cope with stress and anxiety when conducted by a specialist (Cohen and Gadassi 2018). On the other hand, it was reported that play therapy improves children's problem-solving skills, aims to alleviate anxiety and fears caused by traumatic experiences, and implemented by a

therapist (Silva et al. 2017). Although play therapy could be conducted with infants, preschool children, school children, adolescents and young adults, it is commonly implemented by 3-12 years old children (Schaefer 2013). During the therapy, play is used as a communication instrument between the therapist and the child, and an intense relationship is initiated between the client and the therapist (Kottman and Ashby 2017). After an emotionally safe environment is prepared, the therapy aims to provide emotional, physical and psychological support in the areas required by the child based on the child's developmental level (Vanfleet et al. 2018). Among the dimensions of the play therapy process, the selection of space and toys is a key factor. It was reported that the play therapy setting should include objects that the child could immediately identify and the room layout should not distract the child, and the size and colors of the toys should be selected to prevent anxiety or stress (Booth and Jernberg 2014). According to Vanfleet et al. (2018), toys that could be used in play therapy include household items such as children's desk, dollhouses, kitchen sets, cradles, beds, communication toys such as telephones, megaphones, walkie-talkies, aggression toys such as knives, sticks, stones, competency toys such as Lego, card games, ringing objects, and creative expression toys such as doctor kits, mirrors, play dough, emergency equipment, vehicles, etc. and they determined the functional use of these toys. In play therapy, several techniques are available based on the different space and toy selections. These techniques include narrative techniques that focus on improving children's verbal skills, expressive painting techniques that facilitate the expression of accumulated energy, play techniques that allow the children to express themselves comfortably, puppet play technique to reflect contradicting emotions, toy and play objects technique based on healing with objects, group play techniques that facilitate adaptation to group dynamics and provide the opportunity to observe the child in peer groups, and other play techniques that would provide information to experts in special cases (Schaefer and Kaduson 2019).

It was reported that play therapy has been successful in the development of a healthy ego that develops with preschool age and is critical in personality development (Chinekeshe et al. 2014). The main objective of play therapy is to provide a sense of reality about the external world and acquire defense mechanisms that the children could adopt against long and short-term stressors (Bonanno et al. 2011). It was suggested that structured play during therapy naturally supports children's emotional expression, cognitive comprehension, and behavioral control skills (Terr 2013). Play therapy also has various goals such as allowing the children to discover and experience their problem solving and self-efficacy skills (Chazan and Cohen 2010). Today, in addition to the psychological health, play therapy is frequently used in the treatment of childhood problems. It was reported that play therapy is an effective treatment method in children with behavioral problems, anxiety disorders, impulse control problems, traumas and attachment problems (Norton and Norton 1997).

Historical development of play therapy

Sigmund Freud was the first to propose a play therapy, which was first employed in the development of child psychotherapy in the early 1900s (Landreth 2011). After Freud, Helmunt began his work on play therapy using children's toys and drawings (Kneel 1993). After the publication of Sigmund Freud's Little Hans, play therapy was initially implemented with a psychoanalytic approach. As catharsis that Freud aimed with a focus on free associations in the therapy was also employed by Anna Freud and Melaine Klein, leading to the further prevalence of play therapy in psychoanalysis. Klein (1955) developed psychoanalysis-based play therapy techniques claiming that play therapy would facilitate the manifestation of unconscious elements. He claimed that the psychoanalytic play therapy developed allows the acquisition of an inner awareness of suppressed desires and conflicts, and defense skills against negative experiences, and this idea accelerated the development of the next generation play therapy approaches. Later, Levye's (1976) play therapy studies based on the free release allowed the child to be active and laid the foundation for the development of a new school. On the other hand, it was emphasized that the child-oriented play therapy developed by Virginia Axline (1947), influenced by the individual-oriented approach, laid the groundwork for the decline of traditional psychoanalytic approaches and the prominence of the humanist/individual-oriented play therapy that constitute the basic philosophy of the current approaches (Landreth et al. 1995, Bratton et al. Dafoe 2016, Candan 2017). Thus, after Anna Freud's (1946) initial systematic use of play therapy, Virginia Axline (1947) developed child-oriented play therapy, Gove Cambridge (1955) developed structured play therapy, David Levye (1976) developed free release-based play therapy, Margaret Lowenfield (1979) developed Jungian play therapy, and Dora Kalf (1980) developed sand play therapy until today (Nash and Schaefer 2013). The play therapy became popular around the world in the 1930s and introduced in Turkey in the 2000s (Teber 2015). The first book written in Turkey to draw attention to the interaction between children and games in was "Physical Education and School Games" by Selim Sırrı Tarcan (1913). Berka Özdoğan authored "Children and Play," which comprehensively integrated play therapy for the first time in literature (Özdoğan 2009).

Different play therapy approaches

Several play therapy approaches are available in the literature. Several play therapy techniques that include psychoanalysis-oriented play therapies and child-oriented play therapies have been developed. The most common play therapy methods include child/individual-oriented play therapy, psychoanalytic play therapy, cognitive behavioral play therapy (CBPT), and filial play therapy. In individual-oriented play therapy, the therapist

plays a role that accepts the child as is and conducts empathic projections. Unstructured games are frequently preferred in individual-oriented play therapy based on the approach where the child is considered unique. In a comprehensive study conducted in the USA, Humble et al. (2018) reported that individual-oriented play therapy was an effective method in early age self-efficacy and internalization problems and post-traumatic stress disorders. In psychoanalytic play therapy approach, the focus is different from the other approaches. It aims to capture the emotions and thoughts of the child by encouraging projections in individual relationships, thereby discovering the children's repressed desires and dreams and providing emotional relief (Klein 2003). The effective role of psychoanalytic play therapy in the treatment of somatic complaints, attachment problems and mood disorders has been proven in certain international studies. Wu et al. (1995) reported that long-term psychoanalytic play therapy conducted with children who were admitted with separation anxiety complaints during the preschool period led to significant improvements in anxiety and attachment problems. In another study, parent-child interactive psychoanalytic play therapy sessions conducted with 25 4-10 years old children diagnosed with anxiety disorder led to a reduction in internalization problems and anxiety levels in the experimental group children (Göttken et al. 2014).

Although cognitive behavioral therapy was initially developed for adults, it was subsequently used with children as well. In cognitive behavioral play therapy conducted with adolescents, games and toys are effectively employed to develop functional ideas and behavior (Cavett 2017). CBPT is frequently applied in childhood problems such as abuse, anxiety, enuresis, and selective mutism (Knell 2017). Filial therapy was developed through the integration of several play therapy theories (child-oriented, psychoanalytic, cognitive behavioral, etc.). The objective of filial therapy, which has a structured dynamic that progresses with mutual interactions of parents and children, is to create a functional process by improving child-parent communications (VanFleet and Faa-Thompson 2017). Filial therapy could be applied in almost all types of problems except families with severe neurodevelopmental problems or abuse history (Özkaya 2015). Öztekin and Gülbağçe (2019) concluded that the stress level of the parents and the developmental problems of the children reduced and the parent-child interaction improved after ten filial therapy sessions conducted with 3-10 years old children with developmental problems and their parents.

It was emphasized that play therapy improves the ability of preschool children to cope with the negative events they experience during adaptation to school and controlling their emotions of social inadequacy (Stone and Stark 2013). Recent studies concluded that various play techniques provide insight for children with ASD, hyperkinesia and attention deficit hyperactivity disorder and alleviate the symptoms (Panksepp 2017, Pittala et al. 2018). In the literature, it was reported that play therapy was effective in

disorders such as “oppositional defiant disorder, anxiety, acute traumas, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), attachment problems, and developmental disorders” (VanFleet et al. 2018).

While selecting the topics of discussion in the present article, the diagnostic system classified in DSM-5 was examined, and then it was considered adequate to address anxiety disorder, depression, childhood traumas and behavioral disorders, which are the most common problems experienced in the preschool period. Attention deficit and hyperactivity disorder was discussed in the present article, since there has been a serious increase in its prevalence and the research on alternative techniques to pharmacological treatments in recent years, there are limited treatment possibilities and play techniques have been popular in the alleviation of negative symptoms. An in-depth literature review was conducted to include a book that included play therapy studies conducted between 1955-2020 on neurodevelopmental disorders and psychological disorders that could be observed in preschool period, specialty theses, websites and electronic databases (Google Scholar, Web of Science, PsycInfo, Springerlink PubMed, Yöktez), and studies published in English and Turkish. The employment of play therapy in the treatment of several childhood disorders has been increasingly more prevalent. The present study aimed to determine which play therapy methods with different application techniques were more effective in the treatment of the above-mentioned disorders to obtain a general framework for the employment of play therapy methods in psychological disorders experienced in childhood. The main aim of the present literature review was to investigate the efficiency of play therapy in pre-school age psychological and developmental disorders.

Depression and play therapy

Childhood depression is a disorder characterized by loss of pleasure, poor peer relationships, social inadequacy, distraction, suicidal ideation, and depressive mood that leads to serious impairments in daily functions of the child (Forman-Hoffman and Viswanathan 2018). Diagnostic and Statistical Manual of Mental Disorders (DSM 5) (APA 2013) describes childhood depression as depressive mood that lasts most of the day, reluctance towards the outside world, serious increase or decrease in body weight, sleep problems, inability to move, fatigue-weakness, guilt, distractibility, the presence of mortal or suicidal thoughts. Children who are experienced at least 5 or more of the specified diagnostic criteria within a period of two weeks and functional impairment are diagnosed with childhood depression. It was reported that the general prevalence rate of depression, which is one of the most common and compelling childhood disorders, was about 3% in children younger than 13 and 8% in adolescents (13-18) (Merikangas et al. 2010). A systematic study conducted with 1427 children reported

that the prevalence of depression in preschool children was 1.2% (Domènech-Llaberia et al. 2009). Depression, which is one of the most prevalent health problems among individuals under the age of 18, is a disorder that needs to be diagnosed and treated as early as possible due to its high relapse rate, academic and social consequences, and its close association with obesity and developmental problems (Rohde et al. 2013).

The fact that childhood depression has several causes such as familial, environmental, individual, psycho-social and genetic factors has led to the development of alternative treatment methods. Although cognitive behavioral therapy (CBT), family therapy, behavioral therapy, psycho-education and pharmacotherapy are commonly used in depression experienced in adolescence and middle childhood, it was observed that play therapy is often preferred in the treatment of depression in preschool children (Schaefer and Kaduson 2019, Weersing et al. 2017). Play therapy aims to improve children's skills to actively cope with stressful events, problem-solving, and to approach events from different perspectives in the treatment of depression (Landreth et al. 2009). The establishment of a warm and safe relationship between the therapist and the child initiates the play therapy. The therapist employs structured games that would make it easier for the child to explore the inner world, recognize her or his emotions and express these more easily. Games such as black box, black house-white house, psychodrama with puppets, toy theater, etc. are the examples of commonly used techniques in the treatment of childhood depression (Alpaslan and Erol 2016, Schaefer and Kaduson 2019). Play therapy is terminated after the child acquires cognitive and psychological maturity that facilitates coping with stressful daily events. Recently, several studies were conducted on the effectiveness of play therapy in the treatment of depression. As a result of interventions that combined art and play therapies conducted with 21 children who were exposed to domestic violence and diagnosed with depression in the USA and South Africa, it was concluded that parent-child interaction was strengthened and post-traumatic stress disorder and depression symptoms were alleviated (Woollet et al. 2020). Chari et al. (2013) reported a decrease in the indisposed and depressed mood, improvement in communication skills and a decrease in self-confidence problems after a three-month play therapy conducted with a four-year-old child diagnosed with cancer and experienced emotional problems. Çelik (2017) determined that play therapy conducted with children in need of protection had a significant impact on controlling the depressive mood of children due to trauma and reducing their emotional stress levels. Another study reported that play therapy contributed to the alleviation of depression symptoms and improvement of self-expression in 3-10 years old children with developmental problems (Candan 2017). In a meta-analysis that included play therapy research conducted between 1942 and 2000, it was reported that play therapy was an effective method in the treatment of depression and improvement of psychological disorders associated with depression (Ray 2017).

ADHD and play therapy

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder where the child experience difficulties with concentration and control of movements (Crosby and Lippert 2017). The prevalence varies between 8 and 12% worldwide, while it was determined as 13.8% in Turkey (Ercan 2010). In a study conducted by Lauth and Schlottke (2001), it was concluded that the prevalence of ADHD was 3% among preschool children, 3-7% among school age children, and 6% in adolescents. In a study conducted in Turkey with children with ADHD, the prevalence of the disorder was three times more among males when compared to females (Toros and Tataroğlu 2002). ADHD is considered as a disorder that needs to be treated immediately, otherwise leading to serious consequences such as substance use, bodily injury, involvement in crime and professional failures (Semerci and Turgay 2011).

Several pharmacological and psychotherapeutic techniques were developed in ADHD treatment. It was reported that only drug therapy was not adequate for children, and more effective results are obtained with the addition of play therapy to drug treatment (Butcher et al. 2013, Bekeç 2018). After play therapy was conducted with 20 4-13 years old children diagnosed with ADHD and did not live with their biological parents, it was determined that children experienced a significant improvement in attention deficit problems (Coleman 2017). Play therapy conducted with 20 primary school age children diagnosed with ADHD in Turkey led to improvements in ADHS induced behavioral and emotional stress levels (Bekeç 2018). Zorlu (2016) conducted 16 play therapy sessions with 10 children diagnosed with ADHD and reported that their emotional and behavioral problems improved after the sessions. It was emphasized that systematic play therapy interventions (play ring technique) conducted with 14 5-12 years old children between diagnosed with ADHD, including preschool children who applied to the pediatric clinic in Tabriz, Iran in 2010 was effective in reducing the symptoms of attention deficit and hyperactivity disorders in children (Barzegary and Zamini 2011).

It was observed that parent-child interactive play therapy has been preferred frequently with preschool children diagnosed with ADHD recently. In the first stage of play therapy, observation reports are requested from teachers of school-age children and parents of preschool children, and home modules and home follow-ups could be organized in clinical play therapy that lasted about 6-10 weeks (Wilkes-Gillan et al. 2016). Since children with ADHD have a short attention span and high energy, therapy last between 25-40 minutes on average (Wilkes-Gillan et al. 2016, Rajeh et al. 2017). In interactive play conducted under the supervision of the therapist, five important skills (positive behavioral imitation, mirroring, explicit praise, reflection of joy, explanation) that prolong attention span and facilitate control of destructive

behavior could be developed in studies conducted by parents and children (Gündoğdu et al. 2016). The dough and painting games developed for hyperactive children with self-expression problems could allow children to acquire habits of waiting for their turn due to directives based on rules, and suppressed emotions could be expressed more easily through activities that include shaping and deforming (Terwiel 2010, Koçkaya and Siyez 2017). It was reported that speech-based therapy was not effective in children with ADHD due to their low insight, and alternative play therapy methods are employed more frequently (Brown 2010, Akçakoca 2020).

Childhood trauma and play therapy

Childhood trauma was first described by Kempe and Hefler (1972) as the harm children are exposed to due to the action or inaction of the parents or primary caregivers. Traumatic events, neglect and abuse, especially when experienced in early childhood, could negatively affect the physical, psychological, emotional and social development of children (Kara et al. 2004). Neglect and abuse in childhood are described as any ethically inadequate act by primary caregivers (mother, father, caregiver) that impairs the child's health (Tıraşçı and Gören 2007, Pirdehghan et al. 2015). In the literature, it was emphasized that childhood neglect and abuse, described as a disorder that could develop due to individual, environmental and multiple psychosocial factors, is also a product of dysfunctional family dynamics (Sarı et al. 2016). Although the rates of neglect, abuse and exposure to maltreatment differ based on geography, the prevalence among children varies between 1% and 35% globally (Gilbert et al. 2009). It was emphasized that children who are victims of neglect and abuse, without early intervention and deprived of expert support, experience intense traumas and in certain cases commit acts that lead to death (Harford et al. 2014, Koc et al. 2014). In a study conducted by Bulut (2008) on early childhood abuse, it was emphasized that play therapy was an effective treatment technique that could be employed in the identification and treatment of sexual abuse. It was reported that traumatic experiences in childhood were associated with subsequent psychiatric disorders and psychological risk factors (Güz et al. 2003). Thus, it could be suggested that childhood trauma is a phenomenon that requires early intervention for the children to establish healthy personality traits.

It was reported that play activities that support child development were beneficial in the improvement of traumatic experiences and behavioral anomalies (Drewes 2006). According to Özdoğan (2009), children benefit most from the therapeutic power of play and self-heal while struggling with the negative events they encounter. The prevalence of developmental play therapy in the treatment of childhood traumas has been increasing. The basic process in developmental play therapy is based on therapeutic contact. In this technique, where toys are not usually employed, the therapist attempts to establish a

safe means of communication with tender contact with the child (Altun et al. 2019, Senko and Bethany 2019). After the communication is established during the therapy process, the therapist should prepare a suitable play environment for the child to express her or his feelings comfortably in a second step. Recognition of the emotions expressed by the child, discovering the problem-solving skills, development of an insight into the child, and finally allowing the child to lead in the play without guidance are considered as the most important steps that a play therapist should follow (Kernberg et al. 2012, Yanof 2013). Another play therapy technique that aims to improve the pathologies that develop due to childhood trauma is the role play technique. In this technique, the child could express negative feelings induced by the trauma more comfortably by acting the role of a protagonist that she or he could identify with (Scheafer and Kadusan 2019).

Several studies were conducted on play therapy that plays an active role in the treatment of traumatic stress, conflicting emotions and withdrawal (Yanof 2013). For example, in studies conducted on children with a history of trauma, it was concluded that play therapy was effective in reducing the negative symptoms of trauma (Ogava 2004, Landreth 2011). In a study conducted with 31 refugee children with a history of trauma, Schottelkrob et al. (2012) stated that play therapy had significant contributions to the reduction of trauma symptoms and comfortable expression of emotions. In a study conducted with 32 3-10 years old orphans with a history of trauma, it was reported that play therapy had significant effects on the reduction of post-traumatic emotional and behavioral symptoms and acquisition of functional communication skills (Çelik 2017). It was concluded that 14 play therapy sessions conducted with preschool children who were exposed to domestic violence and traumatic events in the USA improved the children's skills of coping with trauma and reduced the negative symptoms of traumatic experiences (Huth-Bocks et al. 2001). In a study conducted by Altun (2017) with 30 children aged 4-8 who resided in orphanages and in need of protection, it was determined that play therapy had significant contributions to the reduction of the negative symptoms of traumatic experiences and prevented psychological disorders that could develop due to trauma.

Anxiety disorder and play therapy

Anxiety is considered as one of the most critical emotions required for a healthy childhood (Alisinanoğlu and Ulutaş 2003). Multidimensional events such as having a new sibling, starting school, separated from the mother, obtaining the consent of the parents, and acceptance/rejection of new groups of peers could lead to anxiety in children (Van Gastel et al. 2009). Uncontrolled anxiety could lead to deterioration of interpersonal relationships and decrease in life satisfaction over time (Tolan 2015). Anxiety disorders are considered among the most common problems in child and

adolescent psychology (Emiroğlu and Baykara 2008). In international studies, it was reported that the prevalence of anxiety disorder is between 8.6% and 17.7% in childhood (Leung et al. 2008). Childhood anxiety disorder without early intervention could lead to the development of psychiatric disorders with chronic symptoms such as substance use and depression (Ramsawh et al. 2010).

The effects of CBT and pharmacological treatments in anxiety disorder have been evidenced in various studies (Beidel et al. 2007, Borza 2017, Egenti et al. 2019) It was concluded that play therapy was also effective in the treatment of anxiety disorder in children (Baggerly et al. 2010, Li et al. 2016). The aim of the play therapy conducted with children with anxiety disorder is to help the child to remove the emotional state that disrupts psychological integrity and exceeds defensive skills (Da Silva et al. 2017). In play therapies developed with a focus on “here and now”, initially, the objects and events that cause intense anxiety are determined, and in the next stage, toys that the child could easily identify or self-expression with are selected (Scheafer and Kadusan 2019). Play therapy begins with the interaction between the expert and the child, after the preparation of anxiety-inducing object and the strategic scenario. Toys selected to represent objects and events that cause anxiety in idea and behavior dimensions (e.g. dolls, drawing materials, clay and dough, etc.) and scenarios (role play, vocalizations, imaginary stories, etc.) are actively employed in the therapy (Vaezzadeh et al. 2011, Li et al. 2014). Puppets and blocks are among the activities mostly preferred by specialists for the participation of the preschool children in play within a short time and to express their emotions more easily (Li et al. 2016). The play, which lasts between 15 and 60 minutes, aims to allow the children to face events that lead to anxiety and fear in a safe therapeutic environment. Negative feelings and ideas that lead to intense anxiety are replaced by coping with problems, high adaptability skills, and feelings of security, and interviews are terminated based on the requirements of the child (Butcher et al. 2013).

It was observed that several systematic studies were conducted recently on the effectiveness of play therapy in anxiety disorders. In a child-oriented play therapy conducted with 53 6-8 years old children with high anxiety symptoms, it was reported that the anxiety levels of the children in the experimental group significantly decreased when compared to the control group children (Stulmaker and Ray 2015). In another study by Tural (2012), it was determined that after the play therapy sessions conducted with children with high pre-surgery anxiety, a significant decrease was observed in children's fear and anxiety levels. In another study conducted by Altun (2017) with children in need of protection, it was concluded that play therapy was effective in the treatment of ADHD and anxiety disorders. In a study on 52 children between the ages of 3 and 7, Aydın et al. (2017) reported that play therapy improved the attention deficit and focused anxiety control of the children. In a study conducted by Orhan (2014), play

therapy was conducted with 40 children who were treated in the pediatric oncology department and experienced intense fear and anxiety before vascular access. At the end of the therapy, it was determined that the reactions of the children in the experimental group were more adaptive and could control their anxiety when compared to the control group. Play therapy was conducted in 2-12 years old children who lost their fathers in the Soma disaster in Turkey, it was reported that children with separation anxiety experienced less difficulties in separating from their mothers and displayed more adaptive behavioral patterns (Gürbüz et al. 2015).

Behavioral disorders and play therapy

In the literature, it was reported that children with behavioral disorders exhibit undesired behavior that cause problems for themselves or people around them (Derman and Baçal 2013). It was reported that most pre-school children experience moderate and low-level behavioral problems (Seven 2007). Introversiön, noncompliance, loss of appetite, jealousy, stubbornness, nail biting, hair pulling, wetting, adaptation to school, and lying are among common behavioral problems in childhood. Non-treatment of childhood behavioral disorders could sustain these problems in adolescence and lead to several mental disorders in the long run (Hughes and Ensor 2006, Lee et al. 2007). Play therapy has long been used to treat behavioral problems. In the initial systematic studies on the brain and nervous system, it was reported that play activities reinforce children's sensory-cognition systems and contribute to children's ability to control their problem behavior (Panksepp 2017). On the other hand, in parent and child interactive play therapy, it was emphasized that mutual emotional transfers allow the behavioral flexibility of the children and reduce behavioral problems (Cohen and Shulman 2019).

The primary objective of the therapist in play therapy employed in the treatment of behavioral disorders is to develop self-awareness and acceptable behavior to replace the problem behavior (Şahin and Tortop 2019). For more effective outcomes in the treatment of behavioral disorders, the therapist should develop a multidimensional perspective where both the parents and the child are included in the therapeutic process (Scheafer and Kadusan 2019). The therapist should cooperate with the parents in understanding possible problematic behavior during the treatment and prepare an adequate household environment for change (Cohen and Gaddasi 2018). One of the most frequently employed techniques in play therapy conducted with children with behavioral problems is the limitation technique. In children with behavioral problems such as destroying objects and harming others, tantrums, hitting, breaking, injuring, and breaking social rules, the therapist allows the child to develop the idea that personal freedoms do not allow them to do everything they want using the limitation technique (Scheafer and Kadusan 2019, Yanıt 2020). The toys and the playground employed in play

therapy should remain the same between the sessions in behavioral disorders (Halfon et al. 2016). Consistency allows the children to perceive the external world better and have a chance to express their suppressed emotions and behaviors (rage, anger, jealousy, lying, etc.) easily. The therapist aims to raise awareness about unconscious beliefs, attitudes and compelling impulsive responses by allowing the child to lead the play during the therapeutic process (Scheafer and Kadusan 2019). Play therapy is terminated when the child begins to acquire an insight about inadequate ideas and behavior during the play and starts to exhibit more functional behavior rewarded by the therapist.

Several applied studies were conducted for the treatment of behavioral disorders with play therapy. In a study conducted with 52 children and their parents, Duff (1996) reported that family play regulated interpersonal relationships and contributed to spending more productive time. In an experimental study conducted with 12 groups of children for 6 weeks, Kwon (2004), determined that play therapy contributed to children's ability to control their maladaptive behavior and to express themselves better. In a study conducted with the children of 52 low socio-economic level families, it was observed that children who received play therapy controlled their anger and their destructive behavior more easily (Bratton et al. 2013). In a study conducted by Teber (2015), play therapy was conducted with 30 children who applied to a private counseling center, and it was reported that there was a significant improvement in behavioral disorders and especially non-compliant behavior. In 2011, 5 family play therapy sessions were conducted with 4-12 years old children in China and Taiwan and their parents to improve aggression and conflict-related problems, and it was determined that both parents and children acquired emotional control skills and their behavioral problems were alleviated (Wu et al. 2017). In another experimental study conducted by Sancak (2019) with 28 children in the 5-6 age group, it was determined that play therapy led to a significant improvement in social communication skills and problem behavior of the children.

Other disorders and play therapy

Children express themselves better in the play language' since their perception skills and ability to express their problems are not fully developed (Mirror and Mirror 2017). It was reported that play therapy plays a key role in understanding child psychology, observation of their developmental status, and determination of an adequate intervention when necessary (Halmatov 2016). Play therapy could be employed in the treatment of common psychological problems in childhood as well as those that are uncommon or unresponsive to alternative treatments. The determination of the play therapy technique is important in the treatment of psychological disorders that are not common in childhood. For instance, the employment of group games in mental

disabilities, personal therapies in the treatment of speech disorders, and family-child interactive games in eating disorders could directly affect the outcome (Butcher et al.2013, Parsons et al.2019). In a study conducted on the difficulties that preschool children experience in the classroom environment, social inadequacies, and problems associated with the lack of participation in the classroom, it was determined that play therapy had a significant impact on the removal of these problems (Stone and Stark 2013).

Both international and national studies were conducted to improve the functionality of the children with developmental problems. In recent studies abroad, and it was determined that play therapy contributed to the development of social communication skills as well as language skills in children with common developmental disorders (Fung 2015, Parsons et al. 2019). In a focused family play therapy conducted with a 5-year-old girl diagnosed with anorexia nervosa and major depressive disorder, the patient overcame anorexia and the therapy alleviated depression symptoms (Chatoor et al. 2019). In a study of communication problems in the family, it was found that play therapy led to a significant improvement in the behavior of both the mother and the child (Akgün and Yeşilyaprak 2010). The increasingly popular video feedback games that aim the acquisition of social skills by children with autism, games that employ thematic material developed for children with cancer, and animal-assisted games for children with language/speech disorders are the examples of play therapy applications that could be employed in non-common childhood disorders or those that do not respond to alternative treatments (Fung 2015, Parsons et al. 2019, Scheafer and Kadusan 2019). Since specific treatment alternatives in autism, learning difficulties and mental retardation is limited, the increasing interest in alternative techniques such as play therapy is remarkable.

Autism spectrum disorders and play therapy

Autism is a common developmental disorder observed in early childhood and characterized by repetitive behavior, social skill, speech and non-verbal communication disabilities (Famitafreshi and Karimian 2018). American Psychiatric Association (2013) defined autism as a disability that could not be explained with mental disabilities or retardation where social communication and social skill problems are observed with stereotypical and repetitive behavior within the disability groups. In a recent epidemiological study, it was reported that the prevalence of autism was 66/10.000, in other words, 1 child in 152 is with ASD (Hill et al. 2014). In a study conducted with 55.266 children in South Korea, it was determined that the general prevalence of autism was 2.64%, the prevalence among females was 1.47% and the prevalence among males was 3.74% (Kim et al. 2011). In various epidemiological studies, it was commonly

concluded that the prevalence of autism was 1% (Mukaddes 2014). In 70% of children with autism, it was observed that symptoms were prevalent after the age of 2, while in 30%, the symptoms were observed between the 18th and 24th months (Yosunkaya 2013).

Speech and communication skills lag in 1/4th of children with autism diagnosed in early childhood, while 75% of children with autism at school age experience retardation in socialization and communication skills when compared to their peers, and these problems may require children to receive psycho-social support for a long period of time (Yosunkaya 2013, Howlin et al.2014, Schaaf and Case-Smith 2014). The need for lifelong support for children with autism in basic care, communication and education has accelerated studies on the treatment of autism. Today, although a significantly effective method for the treatment of neurodevelopmental disorders has not been developed yet, drug therapies that alleviate the severity of negative symptoms and control their frequency are preferred by specialists (Miles 2011, Şener and Özkul 2013). The limited use of pharmacological treatments in autism led to the more frequent employment of individualized programs such as language and speech therapies, occupational therapies, play therapies, and behavioral therapies.

The significance of play therapy recently increased in the determination of the basic needs of children with autism and the discovery of their strengths (Freeman and Kasari 2013, Kondolot 2014, Schaefer and Kaduson 2019). Individualized play techniques developed for children with autism with limited play skills and severe repetitive behavior aim the acquisition of communication skills and self-awareness by the child. It was observed that play therapy techniques developed for children with autism mainly include skill development activities and self-regulation practices (Schaefer and Kaduson 2019). Role play games for children with autism with limited observational learning skills were preferred recently (Hobson et al.2013, Lin et al. 2017). Thanks to the role play technique, children with autism could have an opportunity for self-development in perception of verbal instructions, self-expression, and observational emotional expression. In a comprehensive study conducted by Jung and Sainato (2013), it was reported that the frequency of interpersonal interactions and adaptation skills improved in children with autism who were instructed play skills. Animal-assisted play therapy conducted with a 7-year-old child with autism led to significant improvement in attention and waiting times and acquisition of new social skills (Fung 2015).

Learning disability and play therapy

The employment of play therapy in the improvement of the adaptation skills and reduction of negative symptoms in children with learning disability became popular (Schaefer and Kaduson 2019). Learning disability is characterized by lower than

expected performance in motor skills, reading and writing, mathematics, and self-expression and communication skills despite a normal or above normal intelligence score (Bender 2012, Özyeşil 2015). According to DSM-5 (2013), the child could be diagnosed with learning disability when one of the five criteria (difficulty or excessive effort in reading words, difficulty in the comprehension of the sentences, frequent grammatical or syntax errors, and problems in recognition of numbers or calculations) is observed for six months despite interventions. Learning disability is a prevalent problem among school-age children. The prevalence of learning disabilities among school-age children in Turkey was between 1% and 30% and it is more frequent among male children (Merten 2019).

The analysis of the factors that lead to learning disability revealed that although the significance of anxiety, depression, social and economic deprivation had been frequently emphasized, general approach prioritized genetic factors (Salman et al. 2016, McDowell 2018). Children with learning difficulties often experience difficulties in learning and recognition of concepts such as numbers, colors, sounds, space and time (Volden 2013, Deniz et al. 2015). These difficulties, which deeply affect daily functions, could weaken children physically and psychologically over time and lead to various problems (lack of self-confidence, academic failure, etc.) (Russel et al. 2017). The importance of early diagnosis and structured interventions is obvious to reduce their destructive outcomes and allow the children to have a successful academic profile (Handler and Fierson 2011).

Although drug therapies are seldom used in the treatment of learning difficulties, pharmacological treatments could be employed in case of high destructive behavior (Salman et al. 2016). In the development of treatment programs, it was observed that educational techniques are more frequently employed, unlike other disorders. The educational techniques include several principles such as parenting, schooling, cooperation with the teacher, prioritization of long-term goals and individual/group activities that alleviate behavioral problems and acquisition of new achievements (Karande et al. 2011, Logan 2019, Salman et al. 2019). In the treatment of learning difficulties, it was reported that the need for play therapy has increased recently in the treatment of psychological problems such as anxiety, depression and lack of self-confidence that lead to learning difficulties, in addition to drugs and educational techniques (Schaefer and Kaduson 2019, Yeşilyurt 2019). Techniques such as “school bag team game, spontaneous metaphors, emotions photo game” are employed for depression and self-confidence problems observed in children with learning disability due to problems in self-expression, limited attention span, and academic failure (Aslan 2015, Schaefer and Kaduson 2019). In a study conducted by Yeşilyurt (2019) with 7 children with learning difficulties, child-oriented play therapy was significantly effective on attention span, anxiety levels and planning skills of the children. In another

study, it was determined that role-play-based technique conducted with 8 children with learning difficulties in language and speech improved their learning skills and emotional awareness (Abdoola et al. 2017).

Mental retardation and play therapy

With the popularity of play therapy in several fields, it has also been used in mental retardation. Mental retardation is characterized by limited mental capacity due to abnormalities in brain structure or functions, observed in early childhood and continues throughout life, weakening the adaptive skills of individuals (Shea 2012, Tosun 2020). In a recent comprehensive study conducted in several nations, it was reported that the worldwide prevalence of mental retardation was 1% (Pitchford et al. 2018). According to the Ministry of Family, Labor and Social Services data, there are 353.610 individuals with mental disability in Turkey, which corresponds to about 0.42% of the population (Ministry of Family and Social Services 2019). Diagnostic and Statistical Manual of Mental Disorders (DSM 5) (2013) includes four mental disability categories: very severe mental disability (IQ less than 20-25), severe mental disability (20-25 to 35-40 IQ), moderate mental disability (35-40 to 50-55 IQ), mild mental disability (50-55 to 70 IQ).

Several genetic, hereditary and environmental factors have been suggested for mental disorders. Mental disorders could occur due to a single factor, as well as several interacting biological, psychological and social factors (The Arc 2011). Prenatal factors, birth factors, postnatal factors, genetic and psychological/sociological conditions are among the main causes of mental retardation. Recently, several studies on prevention of mental retardation (parental studies), early diagnosis and rapid treatment programs became of interest (Demirbilek 2013). Although the development of mental retardation due to more than one factor complicates treatment, search for alternative methods has been initiated. Thus, it was observed that in addition to parental programs to ensure psycho-social health of family members and interactive family studies that aim to provide self-care requirements of children with mental retardation, play therapy that includes activities to control the destructive behavior due to mental retardation could be adopted (Landreth 2011, Demirbilek 2013, Çelik 2017, Schaefer and Kaduson 2019). Play therapy applications for children with mental retardation are limited, and games that aim behavioral change and improvement of self-care skills are played (Marrus and Hall 2017). Animal imitations, catching and binding games that aim to develop fine motor skills, and structured painting are the examples of play therapy techniques that could be conducted with children with mental retardation (Schaefer and Kaduson 2019). In Turkey, an experimental study conducted with 40 3-6 years old children with intellectual disabilities employed play

therapy and reported that perceptual and motor skills and daily functions of the children significantly increased (Kaya 2005).

Conclusion

The significance of the preschool period in mental health is increasing every day, since it is a period where the foundations of personality traits are laid and children begin to get to know the outside world. Early detection and treatment of problems that may occur during this period are critical for children. So much so that when the psychological problems experienced during this period are not treated, they may lead to several mental problems in adolescence and adulthood. Many pharmacological and psycho-social treatment methods were developed for preschool age psychological disorders. It was observed that the importance of play therapy has increased recently, since play is the most important occupation in early childhood and preferred method in interpersonal relationships. It was reported in several international and national studies that the most effective treatment method in childhood trauma was play therapy. When compared to other treatment methods, play therapy was proven to reduce depression symptoms and anxiety disorders during the preschool period. In the treatment of ADHD, which is one of the most common problems in early childhood, the contribution of play therapy to focused attention and reduction of excess mobility when implemented with pharmacological treatment was evidenced in experimental studies. The history of play therapy in the treatment of behavioral disorders is relatively old when compared to other disorders. Although the effectiveness of play therapy in mental retardation and learning disability was demonstrated in certain studies, the number of studies is limited in the literature. Play therapy, which could also be employed in the treatment plans of specific disorders such as abuse, anorexia nervosa, selective mutism, and autism, has limited adverse effects when compared to alternative therapies in the treatment of childhood psychological disorders both in pre-school and later periods, and it is a low cost treatment that leads to results in a short period of time. Thus, it could be employed as a safe alternative method.

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Authors Contributions: The authors attest that they made an important scientific contribution to the study and have assisted with the drafting or revising of the manuscript.

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.