Effectiveness of Group Activity Play Therapy on Internalizing and Externalizing Behavior Problems of Preadolescent Orphans in Uganda

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Abstract
This study investigated the impact of Group Activity Play Therapy (GAPT) on displaced orphans aged 10 to 12 years living in a large children’s village in Uganda. Teachers and housemothers identified 60 preadolescents exhibiting clinical levels of internalizing and externalizing behavior problems. Participants were randomly assigned to GAPT (n = 30) or reading mentoring (RM; n = 30). Preadolescents in both groups participated in an average of 16 sessions, twice weekly with each session lasting 50 minutes. Children receiving the GAPT intervention demonstrated statistically significant decreases in internalizing and externalizing behaviors from pretest to posttest compared to children who received RM. The GAPT intervention demonstrated a large treatment effect on reducing internalizing problems and a moderate to large treatment effect on reducing externalizing problems. Statistical, practical, and clinical significance of the findings provided strong, preliminary support for using GAPT as a developmentally and culturally responsive intervention for troubled Ugandan orphans.

Keywords: Group activity play therapy, Uganda, behavior problems
Uganda has been particularly plagued by armed conflict, HIV/AIDS and other diseases that have led to a proliferation of internally displaced children. An estimated 23 million children, who constitute 14% of Ugandan children, are orphans (UNICEF, 2006); 50% of Uganda’s population is made up of children under 15 years of age (Uganda Bureau of Statistics, 2006). Both UNAIDS (2004) and UNICEF (2006) cautioned that despite the increasing number of orphans, there was negligible response to orphaned children’s mental health needs. Urgent concerns about the socio-economic needs of orphaned children in Africa in the last decade have overshadowed the psychological impact of orphanhood (Atwine, Cantor-Graae, & Bajunirwe, 2005), leaving orphanages unable to provide for the attachment, social integration, and acculturation needs of the orphaned children in their care (Wakhweya et al., 2002).

An exhaustive review of the literature revealed a paucity of studies conducted with displaced orphan children. The few studies available were mainly focused on identifying mental health problems and symptoms expressed by orphaned children and offered limited attention to interventions (Atwine et al., 2005; Betancourt, Speelman, Onyango, & Bolton, 2009; Derluyn, Broekaert, Schuyten, & Temmerman, 2004; Gupta, 2000; Morgos, Worden, & Gupta, 2007; Musisi, Kinyanda, Nakasujja, & Nakigude, 2007; Pfefferbaum et al., 2008; Yule, 2000; Wolff & Fesseha, 1999, 2005). Researchers identified a host of emotional and behavioral symptoms exhibited by displaced orphans including anxiety, developmental delays, sleep disturbances, behavioral problems, social isolation, depression, sadness, hopelessness, suicidal ideation, decreased interest in activities, and learning difficulties (Atwine et al., 2005; Harms, Jack, Ssebunnya, & Kizza, 2010; Musisi et al., 2007; UNICEF; 2006; Wakhweya et al., 2002).

Children living in orphanages face additional stressors as a result of being isolated from their families and communities, and must cope with further challenges associated with being forced to
adjust to life with new caregivers without counseling services (Wakhweya et al., 2002). Wakhweya et al. (2002) found that only 9% of the institutions they surveyed provided care for orphans that included some form of counseling services.

**Child-Centered Foundations**

Child-centered play therapy (CCPT) is a developmentally sensitive intervention that has been successfully applied in schools in the United States to address children’s early mental health concerns (Bratton, 2010). Child-centered play therapy (Axline, 1947; Landreth, 2002) is founded on person-centered theory developed by Rogers (1951). Rogers believed that individuals and groups have the innate capacity to set their own goals and work toward their own progress (Raskin, Rogers, & Witty, 2011). Person-centered counselors who work with children believe that the provision of a relationship in which children experience genuineness, caring, and profound nonjudgmental understanding helps them attain change (Bratton, Ray, Edwards, & Landreth, 2009; Landreth, 2002; Ray & Schottelkorb, 2009; Ray, 2011).

Ray (2011) explained that child-centered therapy operated on the premise that within an accepting climate provided by the counselor, the child experiences no threat to the self-structure; hence, the child is able to examine experiences perceived as inconsistent with self-structure and then work toward revising and including those experiences. As the child feels positively regarded, he/she is able to behaviorally express and explore feelings and thoughts of incongruence through play/symbolic expression. In this self-exploration process the child is able to integrate a new awareness of self and develop full functioning.

A non-directive/humanistic approach to group activity/play-therapy with preadolescents is the most prevalent theoretical orientation mentioned in the literature (Bratton et al., 2009; Flahive & Ray, 2007; Packman & Bratton, 2003; Shen & Armstrong, 2008; Wilson & Ryan,
Early proponents of activity therapy espoused a non-directive approach based on the belief that preadolescents would more freely express themselves and benefit from directing their own activities (Slavson & Redl, 1944; Slavson & Schiffer, 1975). Drawing from their humanistically-oriented clinical experience with preadolescents, Bratton et al. (2009) emphasized that opportunities for spontaneous and self-directed creative expression is the primary source of intra- and inter-personal growth and lasting change within an activity group format. Bratton and Ferebee (1999) described this ongoing self-creative process as one in which preadolescents develop inner resources that they can draw from in dealing with future challenges. Additionally, Davis (2002) emphasized that in the context of a non-directive approach using expressive arts, preadolescents should be allowed opportunities for spontaneous creation without pressure from the counselor to move in a certain direction.

The provision of semi-structured activities within a non-directive, humanistic context has received considerable focus in the relatively small body of literature focused on play therapy approaches with preteens (Bratton, et al., 2010; Bratton & Ferebee, 1999; Kottman, Strother, & Deniger, 1987; Wilson & Ryan, 2005). There seems general agreement that the benefits of providing semi-structured activities include: (a) facilitating connections and interaction between group members, (b) reducing anxiety and establishing sense of comfortableness, (c) fostering opportunities for group cooperation and collaboration; and (d) to a lesser degree, exposing participants to a variety of expressive art materials with which they might not be familiar (Bratton et al., 2010). Davis (2002) emphasized the value of structuring expressive art activities within a person-centered approach as a means of facilitating psychological contact. Wilson and Ryan (2005) supported the provision of structured activities with this population, but cautioned that activities needed to be used in response to what preadolescent children were conveying and
experiencing during play therapy as opposed to being utilized as planned techniques in a directive way.

Numerous controlled outcome studies, the majority of which were school-based and targeted children under 10 years of age, have demonstrated CCPT’s effectiveness as a developmentally and culturally responsive intervention for treating varied social, emotional, behavioral, and learning difficulties (Bratton & Ray, 2000; Bratton et al., 2005; Ray & Bratton, 2010). However, limited research has been conducted on the effects of play therapy with older children. Of the few well-designed, preliminary studies targeting preadolescents, a group play/activity-based approach has been shown to be effective as a developmentally responsive intervention to meet the mental health needs of this population (Flahive & Ray, 2007; Packman & Bratton, 2003; Shen, 2003, 2007; Shen & Armstrong, 2008). In particular, these controlled outcome studies have shown beneficial effects of group activity therapy-based interventions on externalized behavior problems, internalized behavior problems, moral reasoning, self esteem and emotional strength (Flahive & Ray, 2007; Packman & Bratton, 2003; Paone, Packman, Maddux, & Rothman, 2008; Shen, 2007; Shen & Armstrong, 2008).

Purpose of the Study

The overarching aim of this study was to identify an effective mental health intervention that was developmentally and culturally responsive to the needs of a growing population of displaced Ugandan children living in orphanages. Specifically, the purpose of this pilot study was to explore the effectiveness of group play activity therapy (GAPT) as a treatment for preadolescent orphans in Uganda exhibiting significant behavioral problems. Two main questions were of concern in this study: a) Will GAPT decrease internalizing problems of orphaned preadolescent students living in Uganda when compared to reading mentoring (RM)?
B) Will GAPT decrease externalizing problems of orphaned preadolescent students living in Uganda when compared to reading mentoring (RM)?

**Methods**

**Participants**

Participants were students from one elementary school located in an orphanage in the central region of Uganda. The school’s enrollment was 624 students in prekindergarten to seventh grade and considered to be among the country’s highest risk children (Wakhweya et al., 2002). The orphanage serves children displaced as a result of losing their parents primarily as a consequence of armed conflict, HIV/AIDS, and other tragedies. Upon receiving research approval from the Ugandan National Council for Science and Technology (UNCST), the participating orphanage, and the university’s institutional research board, a 3-step process for identifying participants was established. First, teachers and housemothers were asked to identify children who were experiencing behavioral difficulties such as disruptive behavior in class, rule breaking, difficulty getting along with others, aggression, withdrawal, and signs of anxiety or sadness. Next, housemothers gave their approval for the identified children’s participation, and last, the orphanage’s education team leader, as the designee of guardianship, gave official consent for the children to participate in the study. The purpose of the study was explained to the children prior to obtaining their assent.

Children who were included in the study met the following inclusion criteria: (a) orphan between 10 and 12 years of age (and enrolled in Grades 3-5) and living permanently in the participating orphanage; (b) child not more than 2 years behind grade level; (c) clinical or borderline level of behavior concern reported by teacher or housemother; (d) presenting problem and current functioning deemed appropriate for group intervention; (e) currently not receiving
mental health services; and (f) housemother not receiving parent education during the time of the study. Of the 101 preadolescents referred to the study, 60 met all criteria and were selected to participate. Participants were 28% third graders \((n = 17)\), 37% fourth graders \((n = 22)\), and 35% fifth graders \((n = 21)\). Participants were 25% 10 year olds \((n = 15)\), 33% 11 year olds \((n = 20)\), and 42% 12 year olds \((n = 25)\). Males represented 50% of participants.

**Instruments**

**Child Behavior Checklist--Parent Version (CBCL).** The Child Behavior Checklist--Parent Version (CBCL; Achenbach & Rescorla, 2001) for children aged 6 to 18 years version was administered to the participants’ housemothers. The CBCL reports clinical behavior using the three domains of Internalizing Problems, Externalizing Problems, and Total Problems which consist of eight syndrome subscales, including Anxious/Depressed, Withdrawn, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule Breaking Behavior, and Aggressive Behavior. The syndrome subscales are categorized into one of the two classifications. Internalizing Problems refer mainly to problems within the self. Externalizing Problems refer to children’s outwardly expressed behaviors and the children’s behaviors that conflict with adults’ expectations. Syndrome scales are established through the 118 clinical behavior items, and each subscale is computed to determine T scores. T scores above 63 are considered to be in the clinical range and scores between 60 and 63 are considered to be in the borderline range. Clinical scores highlight the crucial need for treatment, and borderline scores point to areas of concern.

The test-retest reliability of the scaled score for the CBCL empirically based problem scales was supported by test-retest correlations of .90. The test-retest reliability coefficients were established at .91 for internalizing behavior problems scores and .92 for Externalizing
behavior problems scores. The internal consistency of the empirically based problems scales was supported by alpha coefficients of .78 to .97. Strong validity evidence for CBCL scores has been established through varied research studies (Achenbach & Rescorla, 2001).

**Teacher Report Form.** The *Teacher Report Form* (TRF; Achenbach & Rescorla, 2001) is a teacher report instrument used to assess academic performance, adaptive functioning, and behavioral and emotional functioning for children between the ages 6 and 18. The TRF generates adaptive scores, similar to the competence scores of the CBCL, problem scores, and Diagnostic and Statistical Manual of Mental Disorders (DSM) oriented scores. The TRF syndrome scales are computed and presented in the same way as the CBCL scores except that norms are based on teacher reports of nonreferred children (Achenbach & Rescorla, 2001).

Achenbach and Rescorla (2001) reported adequate internal consistency for the TRF with an alpha of .90 on the TRF Total Adaptive scale; for the problem scores, alphas of .72 to .95; and for the DSM-oriented scores, alphas ranging from .73 to .94. The test-retest reliability for the TRF was high, and the scaled scores were stable. The content, criterion-related, and construct validities of the TFR have been strongly supported by research.

**Procedures**

Upon referral, teachers completed the TRF and housemothers completed the CBCL for identified children with consent to participate during the fourth week of school; teachers and housemothers provided demographic data on each student. Because the GAPT treatment protocol called for same-gender preadolescents to receive the intervention in small groups composed of three children (Flahive & Ray, 2007; Ginott, 1994; Packman & Bratton, 2003), participants were stratified by gender and randomly assigned to the experimental GAPT group \( n = 15 \) males and \( n = 15 \) females) or active control Reading Mentoring (RM) group \( n = 15 \) males
and \( n = 15 \) females) using a random table of numbers. Criteria for assigning experimental and control participants to the intervention groups of three followed recommendations of Bratton et al. (2009) and Ginott (1994) and included: (a) same gender, (b) not more than 1 year apart in age, and (c) not classmates. In addition, members’ presenting issues were considered in an effort to maximize therapeutic effect within the intervention groups (Ginott, 1994). Thus, the GAPT group was divided into five groups of three males and five groups of three females for the purpose of receiving the intervention. The RM group was likewise divided to receive mentoring.

Participants in both GAPT and RM conditions participated in an average of 16 sessions which occurred twice weekly for 50 minutes per session over a 10-week period. Consistent with the procedures used by Packman and Bratton (2003), the length of the sessions was accommodated to the school schedule and thus shortened from the 1.5 hour group activity therapy format suggested in the literature (Bratton & Ferebee, 1999; Schiffer, 1969; Slavson & Redl, 1944). Measures were taken to insure that teachers and housemothers, as sources of pretest and posttest data, would be blinded to the study as follows: (a) teachers and housemothers were not informed of children’s group assignment; (b) all children left the classroom for the same length of time and in the same manner; (c) treatment facilitators for both conditions were instructed to use identical statements when retrieving children from the classroom, and (d) treatment facilitators for both conditions were cautioned not to discuss the intervention with teachers or housemothers at any time until the study was completed. At the conclusion of the intervention, teachers again completed the TRF and housemothers completed the CBCL.

**Experimental treatment: GAPT.** GAPT was designed as a developmentally responsive intervention for preadolescents and was based on the group play/activity therapy research protocol used by Packman and Bratton (2003). In the present study, CCPT (Landreth, 2002)
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principles and procedures provided the framework for conceptualization and practice. In response to the preadolescents’ unique social, emotional and cognitive developmental needs, the GAPT intervention provided an integration of unstructured and semi-structured activities. According to the GAPT protocol, the counselor is flexible and allows group members to use expressive materials in their own way. Consistent with Rogers’s (1951) teachings, principles guiding the GAPT process included the therapeutic belief in preadolescents’ capacity for positive self-growth and their ability to set their own goals and work toward their own progress and the therapeutic belief in the significance of the therapeutic relationship in facilitating clients’ released potential for movement toward personal growth—a relationship in which the therapist experiences and communicates genuineness, empathy, and acceptance.

Sessions occurred in a specially-equipped room at the school located within the orphanage complex. Consistent with Packman and Bratton (2003), the structure for the sessions included opportunities for self-directed and group-directed activities as well as semi-structured activities offered by the counselor. Approximately 10 minutes at the end of each session was allocated for closure and sharing among group members and to facilitate transition back to the classroom. Overview of the GAPT session protocols are included in appendix A.

Throughout the 16 session protocol, the counselor used facilitative responses characteristic of a child-centered approach, as evidenced by adherence to the GAPT skill checklist. Following recommendations for setting up the space and materials for group activity therapy, materials and toys selected were consistent with the developmental needs of preadolescents (Bratton et al., 2009; Packman & Bratton, 2003). As suggested by Hinds (2005), culturally sensitive toys and materials for African children were provided in the playroom.
including African dolls, variety of African music instruments, African clothes/outfits for dress up, beads, and toys representing animals found in Africa.

The GAPT intervention was provided by a doctoral level counselor who had received education and supervision in CACREP core coursework, and who had received specialized, advanced training and supervision in play therapy interventions including group play/activity therapy. For the purpose of supervision and treatment fidelity, all sessions were video recorded. Approximately 10% of sessions were randomly selected for viewing by a designated supervisor who was an expert in play therapy and group activity therapy. Through the video-recorded sessions and the use of the Group Play/Activity Skill Checklist (GPASC; Bratton, 2010), the supervisor provided on-going supervision to the GAPT counselor and ensured that the counselor was following GAPT protocol.

**Active control: Reading Mentoring.** Reading mentoring (RM) was designated as the active control group to control for time and attention, rather than a comparison treatment. Thus, RM participants were offered the GAPT intervention after study completion. Students assigned to the active control participated in RM for the same amount of time as students in the experimental group; however, five children received 15 sessions due to illness or change in class schedule. A graduate-level college student trained according to the Reading Mentoring Protocol used by Meany-Walen (2010) provided RM to participants. The mentor documented all sessions using the reading mentoring track form included in the protocol. A research supervisor observed all RM sessions and provided on-going supervision to mentor to ensure adherence to the reading mentoring protocol.
Data Analysis

Combined between/within-subjects analysis of variance (ANOVA; i.e., split-plot analysis; Pallant, 2007) was used in data analysis. For each dependent variable, a two (group) by two (repeated measures) split plot ANOVA was performed in PASW statistics 18 to analyze group differences, changes across time, and interaction effect of group membership with change across time. In the analysis, treatment group (GAPT or RM) served as the between-subjects variable and time (pretest to posttest) served as the within-subjects variable. I ran separate analyses for the TRF Internalizing Problems, TRF Externalizing Problems, CBCL Internalizing Problems, and CBCL Externalizing Problems scales as dependent variables. The required assumption of sphericity was assumed because there were only two points of measurement. Methodological assumptions that accompany split-plot ANOVA were considered and evaluated (Armstrong & Henson, 2005).

A more conservative a priori alpha level of .025 was established as the criterion for determining statistical significance to avoid Type I error resulting from multiple hypotheses testing (Thompson, 2002). A priori power analysis determined that 60 participants should yield appropriate power (.80) for the specified analysis. Effect size was reported according to partial eta-squared and interpreted according to Cohen’s (1988) guidelines of .01 as a small effect, .06 as moderate effect, and .14 as large effect (Cohen, 2002; Sink & Stroh, 2006). To ascertain if GAPT treatment modality positively impacted children, the number and percentage of participants who moved from clinical or borderline levels of behavioral problems to normal functioning were used as an indicator of the clinical significance of group activity play therapy intervention on the lives of participants (Kazdin, 2003). Participants’ T-scores on the
Internalizing and Externalizing Problem Behaviors scale on the TRF and CBCL were examined to establish the clinical significance of GAPT on children’s behavior.

**Results**

Table 1 presents pretest and posttest means and standard deviations for the experimental group \( (n = 30) \) and control group \( (n = 30) \) on the Internalizing and Externalizing Problems scales of the TRF and CBCL.

**Internalizing Problems**

*TRF Internalizing Problems.* A mixed between-within subjects (split-plot) ANOVA was conducted to examine the impact of the GAPT intervention over time on participants’ scores on the TRF Internalizing Problems, when compared to the RM group. Results indicated a statistically significant interaction between treatment group and time with Wilks’ Lambda = .787, \( F(1, 58) = 15.720, p < .001, \text{ partial } \eta^2 = .213 \). According to teacher report, GAPT demonstrated a large treatment effect on orphaned children’s internalizing problems when compared to students who received RM. Of the 16 children in the treatment group who presented in the borderline \( (n = 7) \) or clinical range \( (n = 9) \) at pretest, 12 moved to normal functioning levels after treatment, 2 moved from clinical to borderline, 1 remained at borderline level, and 1 child stayed in clinical level. Thus, 12 out of 16 (75%) identified at normative functioning levels at posttest.

*CBCL Internalizing Problems.* Results of the split-plot ANOVA on the Internalizing Problems scale of the CBCL revealed a statistically significant interaction effect between treatment group and time with Wilks’ Lambda = .756, \( F(1, 58) = 18.697, p < .001, \text{ partial } \eta^2 = .244 \). According to housemother reports, students who participated in the experimental group (GAPT) showed a large, statistically significant decrease in internalizing problems from pretest
to posttest when compared to students who were in the active control group (RM). A total of 19 GAPT students were identified by housemothers as demonstrating clinical ($n = 17$) or borderline ($n = 2$) levels of concern at pretest. At posttest, 14 moved to normal functioning level, 2 moved from clinical to borderline, 1 remained at borderline level, and 2 stayed in the clinical level. Hence, 14 out of 19 (74%) GAPT participants who demonstrated clinical levels of internalizing behavior problems prior to treatment identified at normative functioning levels at posttest.

**Externalizing Problems**

**TRF Externalizing Problems.** Results of the split-plot ANOVA on the Externalizing Problems scale of the TRF revealed a statistically significant interaction effect between treatment group and time with Wilks’ Lambda = .879, $F(1, 58) = 8.01$, $p < .006$, partial $\eta^2 = .121$. Students who participated in the experimental group (GAPT) showed a moderate, statistically significant decrease in externalizing behaviors compared to students in the active control group (RM). Of the 21 GAPT students who presented in the clinical or borderline range at functioning, 13 moved to normative functioning, 3 moved to borderline, 2 remained at the borderline range, and 3 remained at the clinical level. Thus, 13 of 21 (70%) children in the GAPT group moved to the normal range of functioning after their participation in GAPT.

**CBCL Externalizing Problems.** Regarding CBCL externalizing problems, a visual inspection of means suggested a possible difference in the groups at pretest. Results from a one-way between groups ANOVA to compare pretest means revealed no statistically significant difference, $F(1, 58) = .790$, $p = .379$. Thus, I proceeded with the split-plot ANOVA as planned. Results of the split-plot ANOVA on the Externalizing Problems scale of the CBCL revealed a statistically significant interaction effect between group and time with Wilks’ Lambda = .783, $F(1, 58) = 16.118$, $p = <.001$, partial $\eta^2 = .217$. Children who participated in GAPT showed a
large, statistically significant decrease in externalizing behaviors compared to RM students as reported by housemothers. Of the 23 children in the GAPT group who presented in the clinical range, 13 moved to normative functioning, 2 moved to borderline, and 8 remained at clinical level with an average of a 5-point decrease in scores. Hence, 13 of 23 (57%) children in the GAPT moved to normative functioning after their participation in GAPT.

Discussion

Based on the results of this study, GAPT demonstrated positive treatment effects with orphaned Ugandan preadolescents exhibiting behavioral problems. Teachers and housemothers reported statistically significant improvement on internalizing and externalizing behavioral problems for preadolescents who participated in GAPT over children who received reading mentoring. Overall, the results from the present study were consistent with findings from Bratton et al.’s (2005) meta-analysis which showed that play therapy demonstrated a large treatment effect on children’s internalizing behavior problems and on children’s externalizing behavior problems and that humanistic child interventions demonstrated a large effect size.

Effects on Internalizing Problem Behaviors

Teachers and housemothers reported significant decreases in internalizing behavior problems among preadolescents who received GAPT compared to those who received RM. Findings were consistent with earlier outcome studies which showed that similar group play-based interventions were effective treatments for preadolescents with internalizing behavior problems (Flahive & Ray, 2007; Packman & Bratton, 2003). The current findings were strengthened by the fact that both housemothers and teachers reported a statistically significant therapeutic impact for GAPT on preadolescents’ internalizing problems. Similarly, Packman and Bratton (2003) found consistently statistically significant results between parents and
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teachers, whereas Flahive and Ray (2007) differed in that teachers reported statistically significant between group differences in the internalizing behaviors of fourth and fifth graders while parents reported changes that were not statistically significant. Outcome results for the present study were also similar to findings from controlled studies following CCPT protocol in which play therapy demonstrated positive outcome with an ethnic minority population of children exhibiting internalizing behavior problems (Garza & Bratton, 2005) and children with a trauma history (Tyndall-Lind et al., 2001; Landreth, & Giordano, 2001).

Consistent with child-centered principles, the GAPT counselor established a group climate characterized by acceptance, empathic understanding, and genuineness. Expression of these attitudes within a supportive group climate may have allowed preadolescents to experience these attitudes as activators of change (Ray, 2011). In addition, the experimental group preadolescents were offered varied materials chosen for developmental responsiveness and opportunity for creative self-expression (Bratton & Ferebee, 1999; Ginott, 1994; Kottman et al., 1987). In traditional Ugandan culture, free expression of negative feelings and emotions is discouraged including internalized feelings such as sadness, grief, and depression that result from traumatic or devastating experiences. Thus, provision of varied expressive media during the GAPT intervention along with therapeutic conditions associated with CCPT seemed to provide participants with a safe, permissive, and developmentally responsive means to express and work through previously internalized feelings. Specifically, the inclusion of traditional African musical instruments seemed to facilitate expression of difficult emotions through music. The use of music, rhythm and dance is a customary and important means of expressing emotions in African culture. Other African materials that were used extensively by the children to express themselves in their therapeutic journey included beads and collage materials, especially fabrics.
Findings demonstrated particular significance for the population studied in view of research that has shown that internalizing problems such as depression, anxiety, and sadness are the most often reported disorders in orphaned children in Uganda (Atwine et al., 2005; Cluver & Gardner, 2007; Musisi et al., 2007). The present study appears to be the first of its kind and offers promise as a solution to preventing the unnecessary suffering of preadolescent orphans.

Effects on Externalizing Problem Behaviors

Both teachers and housemothers reported statistically significant improvements in the experimental group’s externalizing problems as compared to the active control group. Housemothers’ reports showed a stronger effect size (|p| = .217) for the experimental treatment when compared to the active control than did the teachers’ reports (|p| = .121). However, in examining outcomes for individual children, clinical significance findings indicated that teachers saw improvements in the day-to-day functioning of more children (70%) than did housemothers (57%). Nonetheless, the majority of orphaned children receiving GAPT moved from the clinical level of externalizing behavioral concerns to normal levels of functioning following treatment. Findings were consistent with previous controlled outcome studies which showed that similar group play-based interventions had moderate to large treatment effects for preadolescents exhibiting externalized behavior difficulties (Flahive & Ray, 2007; Packman & Bratton, 2003). Interestingly, both Packman and Bratton (2003) and Flahive and Ray (2007) reported differences between parent and teacher perceptions of externalized behaviors.

Outcome results for the present study are similar to findings from controlled studies following CCPT protocol in which play therapy demonstrated positive outcomes on externalized problems of children (Flahive & Ray, 2007; Garza & Bratton, 2005; Kot, Landreth, & Giordano, 1998; Ray et al., 2007, 2009; Tyndall-Lind et al., 2001). Both Ray et al. (2009) and Tyndall-
Lind et al. (2001) attributed the decline in aggressive behavior to an increased experience of empathy within the CCPT context and the provision of materials that allowed children to express aggressive feelings and behavior. Similarly, in the present study, materials were selected to facilitate expression of a range of feelings that might have helped group members to develop their capacity to express themselves in socially appropriate ways.

Additionally, findings were consistent with group counseling literature which suggested the importance of a group format for preadolescents exhibiting aggression and difficulties in relationships (Akos, Hamm, Mack, & Dunaway, 2007). Not only were the findings regarding GAPT’s effectiveness on externalized problems of displaced children promising, the present study appears to be the first of its kind to respond to the call by Ugandan researchers to identify mental health services for orphaned children who tend to display high levels of aggression, conduct problems, and relationship difficulties (Atwine et al., 2005; Doku, 2007).

**Limitations of the Study**

The sample size was small and recruited from a single geographic area, limiting the generalization of the results to other children living in other contexts. A larger sample selected from multiple sites would strengthen generalizability of outcomes. Replication would add to the reliability of the current findings.

Research procedures were structured to minimize the possibility of teachers or housemothers being aware of participant’s treatment groups. However, it was difficult to completely control for teachers and housemothers’ recognition of children’s group assignments. For example, researchers could direct treatment facilitators not to discuss the study with teachers but could not control for what participants might say to their teachers or housemothers. In addition, several children in the experimental condition took their expressive arts creations with
them at the end of their group sessions. The study population had a history of extreme deprivation that may have influenced what appeared to be a strong, but unanticipated, need for some preadolescents in the experimental group to take their creations with them. Future research designs with this population should consider a comparison treatment that used art materials. The possibility of teachers or housemothers discovering group assignments may have affected their judgements and perceptions of the participants, although it is important to note that teachers and housemothers viewed reading mentoring as a valuable intervention for these children.

Finally, although the literature supported the positive impact of mentoring on children’s behavior (Cavell, Elledge, Malcolm, Faith, & Huges, 2009), study rigor would have been increased by the use of a comparison counseling intervention with an evidence base to support its use with children with behavioral problems. Replication of this research with a larger sample in a multi-site setting and compared to a well-established child counseling intervention, particularly one that involved some type of art materials, would answer the majority of the study’s limitations and is needed to provide a strong evidence base for GAPT with this population.

**Implications for Future Practice and Research**

Although the outcome of this study showed positive support for the effects of GAPT on the behavioral problems of orphaned youth in Uganda, further research in this area is needed in order to offer this intervention as an evidence-based practice for similar populations of troubled preadolescents. Even though this study was focused on a very specific population of children, orphaned Ugandan preadolescents exhibiting clinical externalizing and internalizing behavior concerns, future studies could explore more specific diagnosis or symptom categories.
This research study presented promising results regarding application of a child-centered approach to GAPT in a real world setting and advanced support for the effectiveness of this intervention in reducing behavioral problems with preadolescents. However, the study did not include an examination of the process of change, which suggests a possible direction for future research on child-centered GAPT. The use of a controlled, pre-post research design with randomization of participants contributed to the strength of findings on GAPT’s treatment effects. Time constraints did not allow for follow up assessments to establish sustainability of treatment benefits; incorporating follow up would strengthen future GAPT outcome research.

Based on study outcomes, orphaned preadolescents benefitted from experiencing acceptance and empathic understanding inherent in a child-centered counseling relationship. This finding offered practical implications for child counselors in Uganda. Communication of acceptance, along with materials that fostered symbolic expression, seemed to have encouraged exploration of issues that were most meaningful for the preadolescents in this study including religious and spiritual beliefs. In traditional Ugandan culture just like in other African societies, religion and spirituality are embedded in the human existence (Ahia, 2006) and viewed as an essential part of their support and coping process. Thus, counselors who work with this population are encouraged to provide an environment that communicates acceptance of Ugandan values and promotes free expression, including expression of negative feelings such as aggression and anger typically not encouraged in Ugandan societies.

A noteworthy observation made through conducting this research was that preadolescents tended to select different media as sessions progressed. Interestingly, their selections were consistent with recommendations provided by Bratton et al. (2009) and Landgarten (1987) on movement from media with most control to least control. Given that observation, counselors
working with preadolescents should consider providing varied, expressive media to meet this age group’s developmental and therapeutic needs.

Although empathy was not a variable measured in this study, I noticed that participants expressed increased empathy toward each other as sessions progressed. A related and unexpected happening was the housemothers’ reports of preadolescents showing increased empathy toward them. Further, I observed what appeared to be a relationship between group members’ demonstrations of empathy with each other and their increased exploration of personal difficulties as they processed or shared their expressive arts creations. While these observations are not substantiated by data, they lend credence to the use of a child-centered approach and bear further investigation.

**Conclusion**

Reports from both housemothers and teachers indicated that they noticed a marked improvement in the internalizing and externalizing behavior problems of children receiving GAPT when compared to the group who received reading mentoring. The majority of participants receiving GAPT moved from clinical levels of behavioral concern to normal functioning indicating the clinical utility of the intervention on the day-to-day functioning of troubled orphans. Findings further suggested that GAPT is responsive to the developmental and cultural needs of Ugandan preadolescents residing in a large children’s village. Results of this study are promising, particularly in light of the critical need to identify effective interventions for displaced children living in Ugandan orphanages.
References


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GROUP ACTIVITY PLAY THERAPY


Table 1

*Mean Internalizing and Externalizing Scores on TRF and CBCL*

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRF Internalizing</td>
<td></td>
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<tr>
<td>Mean</td>
<td>59.930</td>
<td>49.630</td>
<td>60.000</td>
<td>58.730</td>
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<tr>
<td>SD</td>
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<td>7.449</td>
<td>10.147</td>
<td>10.130</td>
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<tr>
<td>CBCL Internalizing</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
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<td>52.070</td>
<td>62.03</td>
<td>62.730</td>
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<tr>
<td>SD</td>
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<td>8.554</td>
<td>8.438</td>
<td>11.441</td>
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<tr>
<td>TRF Externalizing</td>
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</tr>
<tr>
<td>Mean</td>
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<td>53.700</td>
<td>64.630</td>
<td>61.070</td>
</tr>
<tr>
<td>SD</td>
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<td>7.548</td>
<td>10.046</td>
<td>8.630</td>
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<tr>
<td>CBCL Externalizing</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
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<td>55.930</td>
<td>66.470</td>
<td>66.530</td>
</tr>
<tr>
<td>SD</td>
<td>12.470</td>
<td>10.954</td>
<td>7.167</td>
<td>8.072</td>
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</tbody>
</table>

*Note.* Decreases in mean scores indicated improvements in behavior.
Session 1. Consistent with Ray and Schottelkorb’s (2009) recommendation for child-centered work with preadolescents, participants were introduced to the playroom and the structure of the counseling relationship. Objectives for the first session included allowing group members to explore the playroom and materials in their own way and time, to develop a sense of safety, and to connect with the counselor and each other.

Session 2 through 6. The next five sessions generally followed the format described by Packman and Bratton (2003) through offering a semi-structured activity and allowing approximately 20 minutes for completion, followed by approximately 20 minutes of self-directed or group-directed activity. Consistent with the literature’s choices of expressive media offered, the media offered participants most control in Session 2 and proceeded to media that offered them less control as the sessions progressed (Bratton et al., 2009; Landgarten, 1987) according to a pre-developed gapt protocol and guidelines for presenting and processing activities from a child-centered perspective. A brief rationale for including both semi-structured activities and unstructured time for self-directed activity follows.

From a child-centered orientation, semi-structured activities were offered tentatively and with the intent of (a) facilitating connections and interaction between group members, (b) reducing group members’ anxiety and establishing sense of safety and comfort, (c) fostering opportunities for group cooperation and collaboration, and to a lesser degree, and (d) exposing participants to variety of expressive art materials with which they might not have been familiar. The main aim of providing semi-structured activities was to facilitate psychological contact and to release preadolescents’ inner-directed and constructive potential for growth. The intent was
never to direct the individual or group process. Group members were free to participate or not participate and to change the course and process of an activity at any time.

Self-directed activity is considered the heart of a child-centered approach. Bratton et al. (2009) emphasized that opportunities for spontaneous and self-directed creative expression is the primary source of intrapersonal and interpersonal growth and lasting change within an activity group format. The GAPT protocol allowed a minimum of 20 minutes for self-directed and group-directed activity during Sessions 2 through 6 to facilitate preadolescents’ self-creative expression. Packman and Bratton (2003) emphasized that a humanistically-oriented group provides preadolescents a microcosm in which to experience self and others in genuine interactions that foster self-understanding. Packman and Bratton posited additional benefits of self-directed activity as providing preadolescents with opportunities to initiate contact, gain an enhanced understanding of self in relationship to peers, enhance social skills, learn self-control, confront difficulties that naturally emerge, problem-solve, make decisions, and perhaps most important, develop internal resources that they can draw on long after the group is over.

Sessions 7 through 16. The GAPT protocol offered guidelines for allowing self-directed activities to emerge naturally on the premise that once group members felt a sense of safety and acceptance and were comfortable with materials that semi-structured activities would become less needed. In the present study, by Session 7, all 10 groups seemed to be functioning with a felt-sense of safety, and the participants appeared comfortable with the spontaneous use of materials and toys as demonstrated by an increase in group-initiated activities. Thus, the remaining sessions followed a self-directed and group-directed process. No additional activities were offered by the counselor.
Outstanding Research Award

Abstract

Effectiveness of Group Activity Play Therapy on Internalizing and Externalizing Behavior Problems of Preadolescent Orphans in Uganda

This study investigated the impact of Group Activity Play Therapy (GAPT) on displaced orphans aged 10 to 12 years living in a large children’s village in Uganda. Teachers and housemothers identified 60 preadolescents exhibiting clinical levels of internalizing and externalizing behavior problems. Participants were randomly assigned to GAPT (n = 30) or reading mentoring (RM; n = 30). Preadolescents in both groups participated in an average of 16 sessions, twice weekly with each session lasting 50 minutes. Children receiving the GAPT intervention demonstrated statistically significant decreases in internalizing and externalizing behaviors from pretest to posttest compared to children who received RM. The GAPT intervention demonstrated a large treatment effect on reducing internalizing problems and a moderate to large treatment effect on reducing externalizing problems. Statistical, practical, and clinical significance of the findings provided strong, preliminary support for using GAPT as a developmentally and culturally responsive intervention for troubled Ugandan orphans.